CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1940

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

Authorization No. 345

REQUEST FOR RETENTION PERIOD

Department: Health

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily.

B. ☐ Dispose of present accumulation, no additional accumulation anticipated.

C. ☐ Microfilm and destroy originals.

D. ☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber M.D. Title: Commissioner of Health 3/18/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	☒	☐

REMARKS:

C P Force 3/18/63
Records Management Officer Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

F 97501 F 20

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860 Registered No. F 97501

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital Balto Md. 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town 214 (If outside city or town limits, write RURAL and give town)
(d) Street No. 4301 Roland Ave. (If rural give location)
(e) Citizen of foreign country? ------ (Yes or No)
If yes, name country ------

3 (a) FULL NAME Mrs. Leila P. Ryan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F.

5. Color or race: W.

6 (a) Single, married, widowed or divorced. Widowed

6 (b) Name of husband or wife James J. Ryan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 4, 1861

8. AGE: Years 81 | Months 3 | Days 7 | If less than one day -- hr. --- min.

9. Birthplace Richmond, Virginia (Town, county, and state)

10. Usual Occupation None

11. Industry or business ----

FATHER
12. Name John A. Pizzine
13. Birthplace Corsica

MOTHER
14. Maiden Name Virginia Wood
15. Birthplace Maryland

16 (a) Informant Mrs. Virginia R. Holloway
(b) Address 24 Locust Ave., Larchmont, N.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Means & Son
(b) 805 N. Calvert Street

19 (a) NOV 11 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 1942, at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 26 1942 to Nov 10 1942, and that I last saw h alive on Nov 10 1942.

Immediate cause of death Arteriosclerotic C.V. disease

Due to Senility

Due to

Other Conditions Fract of femur
Bronchopneumonia
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None.

Duration
16 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Oct 26, 1942 at M
(c) Where did injury occur? at home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury fall from step

23. Signature Theo. J. Siegfano M. D.

Address Mercy Hosp Date signed 11/10/42

H. L. Wollenweber for V. Asst Medical Examiner

F 97502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 a

F 97502 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered or the word "None" or the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Homewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Homewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country Ireland

3 (a) FULL NAME Catherine McGuinness Bourbon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife August C. Bourbon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1859

8. AGE: Years	Months	Days	If less than one day
83	8 9	1	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER
12. Name Patrick McGuinness
13. Birthplace Ireland
14. Maiden Name Winifred Byrne
15. Birthplace Ireland

16 (a) Informant Miss Bourbon
(b) Address 1200 Homewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12, 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 NOV 11 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9th, 1942 at 9.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942, to Nov 9 1942 and that I last saw h e alive on Nov 4 1942

Immediate cause of death Mitro cardiac Cardiac decompensation Chronic nephritis

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. J. Kirby M. D.
Address 110 E. North Ave Date signed 11.10.42

VS 3

F 97503

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 107

F 97503

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 39

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2576 Druid Park Drive (If rural route location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Max Sureff

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-6027

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-2-1905

8. AGE: Years 36 | Months 11 | Days 8 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Clothing

11. Industry or business Cutter

FATHER 12. Name Simon Sureff

FATHER 13. Birthplace Russia

MOTHER 14. Maiden Name Rena Wynowitz

MOTHER 15. Birthplace Russia

16 (a) Informant Abraham Sureff

(b) Address 1820 E. Monument St

17 Burial (Burial, cremation, or removal) (b) Date thereof 11-11-42 (month) (day) (year)

(c) Cemetery or crematory Chizuk Amuno Cong. Location Rosedale

18 (a) Funeral director Jack Levin Inc.

(b) Address 1439 E. Baltimore St

19 (a) NOV 11 1942 (Date rec'd by registrar) Hunting ton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-10 1942 at 7P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1 1942 to 11-10 1942 and that I last saw h. alive on 11-10 1942.

Immediate cause of death: Tonsillitis, Bronchopneumonia, bilateral

Duration
3 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as stated above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Franz Reichman
Address Sinai Hospital Date signed 11/10/42

YS 2

F 97504

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a Registered No. F 97504

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 222 Tunbridge Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 222 Tunbridge Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CALVIN DINSMORE SWANK

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 215-07-5430

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Ethel P. Swank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31, 1888

8. AGE: Years	Months	Days	If less than one day
54	3	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Vice-Pres. & Treas.
11. Industry or business Merchant & Miners S. S. Co.

FATHER
12. Name Thaddeus W. Swank
13. Birthplace unknown

MOTHER
14. Maiden Name Ellen Barteau
15. Birthplace unknown

16 (a) Informant Mrs. Calvin D. Swank
(b) Address 222 Tunbridge Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/42 (month) (day) (year)
(c) Cemetery or crematory DRuid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pine Balto., Md.

19 (a) Date received NOV 11 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9, 1942, at 9:50P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937, to 11/9 1942 and that I last saw h alive on 11/9 1942.

Immediate cause of death Coronary Thrombosis — Duration Sudden death, one hour

Due to Unknown

Due to

Other Conditions acc. for Mental Condition

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 705 Medical Arts Date signed 11/11/42

F 97505 ✓ F 97505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4614 Hazelwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4614 Hazelwood Ave. (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME THERESA PLUMER

3 (b) If veteran, name war .....

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Joseph Plumer
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Mar. 3, 1869

8. AGE: Years	Months	Days	If less than one day
73	8	6	..... hr. ..... min.

9. Birthplace Balto. Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Benjamin Raab
13. Birthplace Bavaria

MOTHER
14. Maiden Name Barbara Schutz
15. Birthplace Bavaria

16 (a) Informant Miss Anna Plumer
(b) Address 4614 Hazelwood Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Nov. 12, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto., Md.

18 (a) Funeral director Leasdale Funeral Home
(b) Address 7401 Belair Road

19 NOV 11 1942 (Date rec'd by registrar) Huntington Williams M.D. (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9, 1942, at 7:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/15 1942 to 11-9 1942 and that I last saw her alive on 10-27 1942

Immediate cause of death Coronary arteriosclerosis — Duration months

Due to .....

Due to .....

Other Conditions Arterial Hypertension Senility — 2 yrs.
(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature John A Machen M.D.
Address 4364 Belair Rd Date signed 11/11/42

F 97506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97506 Registered No. 163M

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20A
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town) 6
(d) Street No. 2918 Wyman Parkway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LYDA ALMA DUBBELDE

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: feamel
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Harry LeRoy Dubbelde
6 (c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): Mar. 31. 1896

8. AGE: Years 46 | Months 7 | Days 8 | If less than one day: hr. min.

9. Birthplace: Baltimore
(Town, county, and state)

10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: John Simpkins
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Bertha Fields
15. Birthplace: Baltimore

16 (a) Informant: Mr. Harry L. Dubbelde
(b) Address: 2918 Wyman Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12. 1942 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway.

19 (a) NOV 11 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH hour. 8 19 42 at 1 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Carbon monoxide poisoning — Duration:
Due to:
Due to:
Other Conditions: no
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence hour. 8, 1942 at 12 20 M
(c) Where did injury occur? home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no
(Specify type of place)
(e) Means of injury auto exhaust gas

23. Signature H. W. Williams M.D.
Medical Examiner.
Date signed 11-8-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 97507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Walter Schmidt 701 N. Kenwood Ave

83 N F [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 609 N. Potomac

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) Co.

(d) Street No. 609 N. Potomac St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Nunzia Fertitta Garbo

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Salvatore Garbo

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 6 1864

8. AGE: Years	Months	Days	If less than one day
77	11	3	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Antonio Fertitta

13. Birthplace Italy

MOTHER 14. Maiden Name Maria Giglia

15. Birthplace Italy

16 (a) Informant Anna Bruno

(b) Address 609 N. Potomac st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 12-42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Frank V. Papitone

Address 1815 E. Baltimore st

NOV 11 1942

19 (a) (Date rec'd by registrar) Quentin Winterling for Hilliard Wright

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9th 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 27 1942, to Nov. 9 1942, and that I last saw h alive on Nov. 2 1942.

Immediate cause of death Cerebral Apoplexy — Duration 1 hr.

Due to Hypertension

Due to

Other Conditions Senile arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature]

Address 701 N. Kenwood Ave Date signed 11/9/42 M/D

F 97508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. F 97508

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. Charles Carroll Hotel (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Nusbaum

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Flora Nusbaum

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/2/63

8. AGE: Years	Months	Days	If less than one day
79	8 mo	9	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Retired Farmer

11. Industry or business

FATHER 12. Name William Nusbaum

13. Birthplace Md

MOTHER 14. Maiden Name Liddie Ann Hesson

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 13 1942 (month) (day) (year)

(c) Cemetery or crematory Baust

Location Mt Lazarus Md

18 (a) Funeral director C. O. Fuss & Son

(b) Address Hanover Md

19 (a) NOV 11 1942 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11 1942 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-11 1942 to 11-11 1942 and that I last saw him alive on 11-10 1942

Immediate cause of death anaemia

Due to Arteriosclerotic heart disease

Due to Congestive heart failure

Other Conditions Auricular fibrillation Hypertension (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Months
1
Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L E Thompson Jr M. D.

Address Johns Hopkins Date signed 11-14-42

VS 280

P 97509

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

46 ✓

F 97509

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town: Baltimore
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 3516 Clifton Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 13 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3516 Clifton Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Marion Stevens Lankford

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Wilmer A. Lankford

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): September 13, 1869

8. AGE: Years	Months	Days	If less than one day
73	1	28	____ hrs. ____ min.

9. Birthplace: Princess Anne, Maryland
(Town, county, state or foreign country)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER — 12. Name: Lewis W. Morris Stevens

FATHER — 13. Birthplace: Maryland

MOTHER — 14. Maiden name: Clara Morris

MOTHER — 15. Birthplace: Maryland

16. Informant: Mrs. Clara Annan

Address: 3703 Chesholm Rd., Balto., Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 13, 1942 (month) (day) (year)

Cemetery or crematory: Manokin Presbyterian Cem.

Location: Princess Anne, Somerset Co., Md.

18. Funeral director: A. Bailey Slade

Address: 4907 York Rd., Govans, Md.

19. NOV 12 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 11 1942, at 4:15 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 19 1942 to Nov 11 1942 and that I last saw h[illegible] alive on Nov. 10 1942

Immediate cause of death	DURATION
Broncho-pneumonia	2 days
Due to	
Due to	
Other conditions: Carcinoma of Colon	4 mos ?

(Include pregnancy within 3 months of death)

Major findings:
(a) operations: Irrigation & digestion
Carcinoma
(b) autopsy: Not performed

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Harold Lonsinger M.D. or other

Address: 9 E Lanvale St., Baltimore Date signed: 11/11/42

Spom.—1-12-39—MAT—500 Blks.

97510

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 97510

CERTIFICATE OF DEATH.

1310

1-PLACE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 21 W. Preston St. ST., WARD 7

2-FULL NAME Alvin B. Huntzinger

(a) RESIDENCE NO. 21 W. Preston St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sallie C. A.

6 DATE OF BIRTH (month, day, and year): Jan – 1873

7 AGE: Years 69 | Months 10 | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Miner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Higins Pennsylvania

PARENTS

10 NAME OF FATHER: J. Huntzinger

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pennsylvania

12 MAIDEN NAME OF MOTHER: Schwalm

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pennsylvania

14 Informant: Ralph Huntzinger

(Address) 21 West Preston St

15 Filed NOV 12 1942. Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 11, 1942

17

I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1942 to Nov. 11, 1942,

that I last saw him alive on Nov. 11, 1942,

and that death occurred, on the date stated above, at 6.30 P.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis - Sudden

Arterio-sclerotic Cardio-Vascular Renal Disease? (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypotension ? (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Joseph L. Blum, M. D.

11/11, 1942 (Address) 1206 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Valley View Roma — DATE OF BURIAL: Nov 12 1942

20 UNDERTAKER: William Cook Jones — ADDRESS: 117 St Paul

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS INFORMATION IS REQUIRED BY LAW. Information should be carefully supplied. AGE should be stated EXACTLY. If less than one day, state hours or minutes. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact spelling of OCCUPATION is very important. See instructions on back of certificates.

97511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. E 97511

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 209 Camel St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 209 Camel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Burns

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-0526

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Roland Park Co.

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Essie Sewell
(b) Address 209 Camel St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-14-1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) Nov 12 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11, 1942 at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to Nov. 11 1942 and that I last saw h— alive on Nov 11, 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 Hrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis E. Schwartzman M. D.
Address 4329 Juneau Ave. Date signed Nov 11-42

F 97512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 b Registered No. F 97512

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered or correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4366 Park Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4366 Park Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary F. Bennett

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anthony W. Bennett

6 (c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.) Mar. 19. 1884

8. AGE: Years: 58 | Months: 7 | Days: 21/20 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: House Wife

11. Industry or business

FATHER
12. Name: Charles E. Bond
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Margaret R. Nash
15. Birthplace: Md.

16 (a) Informant: Anthony W. Bennett
(b) Address: 4366 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 12. 1942 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: City

18 (a) Funeral director: Mc Mus. John W. Geisler Son
(b) Address: 801 W. Fayette St.

19 (a) NOV 12 1942 (Date rec'd by local Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 9 1942, at 5.15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 2 1942, to Nov. 8 1942, and that I last saw her alive on Nov 8 1942.

Immediate cause of death: Angina Pectoris — Duration:

Due to: Coronary Sclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Thos. H. Phillips M. D.

Address: 1439 Edmondson Ave Date signed: Nov. 10 '42

F 97513

AB-77371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. F 97513

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1027 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Georgia Covington or Georgiana Covington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Parker Covington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28-1900

8. AGE: Years	Months	Days	If less than one day
42	9	12 11	hr. min.

9. Birthplace N.C.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Ned McNeill
13. Birthplace N.C.

MOTHER
14. Maiden Name Mary Farmer
15. Birthplace N.C.

16 (a) Informant Baltimore City Hospitals Records
(b) Address

17 (a) Burial (b) Date thereof 11/13/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Dunn, N.C.

18 (a) Funeral director Elroy Wilson
(b) Address 1008 Belvedere Ave

19 (a) NOV 12 1942 (b) Hunting for Williams N.C.
(Date rec'd by registrar) Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-9 1942, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-13 1942, to 11-9 1942, and that I last saw h[illegible] alive on 11-9 1942.

Immediate cause of death Bronchopneumonia — Duration 1 day

Due to Hypertensive C.V. disease — Duration ?

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 11-10-42

F 97514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97514

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure your correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 129 S. Caroline St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EARNEST CARTER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife Carrie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1890

8. AGE: Years	Months	Days	If less than one day
52	5	24	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Carrie Johnson
(b) Address 110 Durham Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Beatty Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9, 1942 at 6 40/60 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Fracture of skull	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 57/1
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov 8, 1942 at 12 45/60 M
(c) Where did injury occur? In street 1400 E Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specific type of place) While at work? No
(e) Means of injury pedestrian struck by auto Auto Coll

23. Signature T. F. Wollenweber M.D.
Chief Medical Examiner.
Date signed 11-9-42

VS 6

97515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13b

Registered No. 97515

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 447 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 Madison Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Johnson 66682

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1914

8. AGE: Years	Months	Days	If less than one day
27	10	4	hr. min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Joe Burgess
13. Birthplace N.C.

MOTHER
14. Maiden Name Liza Eaton
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 11-12-42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Littleton N.C.

18 (a) Funeral director C. Halstead
(b) Address 968 Fund Ave.

19 (Date rec'd by registrar) NOV 12 1942 Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 1 1942, at 6:40A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12, 1941, to Nov. 1 1942, and that I last saw h e alive on Nov. 1 1942.

Immediate cause of death

Pulmonary tuberculosis — Duration 4½ yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N N Hart M.D.
Address Balto City Hosp. Date signed 11/12/42

424133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54

F 97516 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7301 Park Hts Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ruth C. Levy (RUTH CALDWELL LEVY)

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: J. Leo Levy

6 (c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): 1-17-93

8. AGE: Years: 49 | Months: 9 | Days: 23 | If less than one day: hr. min.

9. Birthplace: Richmond, VA (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Frank M. Caldwell
13. Birthplace: Charlotte N.C.

MOTHER
14. Maiden Name: Sophia Meyer
15. Birthplace: Richmond, VA

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/12/42 (month) (day) (year)
(c) Cemetery or crematory: Har Sinai Cem.
Location: Balto., Md.

18 (a) Funeral director: WM J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) NOV 12 1942 (Date rec'd by Registrar) (b) Registrar

VS-180

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 10 1942, at 9:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 20 1942, to Nov 10 1942, and that I last saw h[illegible] alive on Nov 10 1942

Immediate cause of death: Pulmonary Embolism — Duration

Due to:

Due to: Brain Tumor (Malignant)

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: Brain Tumor

of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: K. L. Pickrell M. D.

Address: Johns Hopkins Date signed

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 97517 13 b F 97517

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 614 N Carrollton Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Harcum — If U. S. Veteran specify WAR

(a) Residence: No. 614 N Carrollton Ave Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 8, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Frank T. Harcum

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy Taylor

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Frank Harcum (Address) 1611 Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL. Place Laurel Cem. Date 11-12, 1942

19. UNDERTAKER George E. Nelson (Address) 1303 Eastern Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1942 to Nov 10, 1942

I last saw h alive on Nov 9, 1942 death is said to have occurred on the date stated above, at 1.30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Farrell M. D.

(Address) 601 N Carrollton Ave

N. B.—WRITE PLAINLY, with unfading ink. All information should be carefully supplied. AGE should be stated EXACTLY. State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V8 8

NOV 13 1942

F-97518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 (Registered No.) F 97518

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital of inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 202 N. Fremont. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elsie Queen

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	married

6 (b) Name of husband or wife Richard Queen
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) May 16 1914

8. AGE: Years	Months	Days	If less than one day
28	5	24	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Walter Gray
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Bessie Chase
15. Birthplace Balto., Md.

16 (a) Informant Richard Queen
(b) Address 202 N. Fremont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md.

18 (a) Funeral director Geo. W. Kelly
(b) Address 1303 Pennsylvania Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-10 1942, at 7:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1 1942, to 11-10 1942, and that I last saw h[illegible] alive on 11-10 1942.

Immediate cause of death Uraemia - Renal failure

Due to Malignant hypertension

Due to (a)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: none

of autopsy: none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore Kardash M. D.
Address University Hosp. Date signed 11-11-42

VS 150

F 97519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d ✓ Registered No. F 97519

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1511 N. Washington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 77

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1511 N. Washington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carlos R Rehbein

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 7, 1865

8. AGE: Years 77 | Months 2 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Cigar Maker

11. Industry or business

FATHER
12. Name Richard Rehbein
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name unknown
15. Birthplace ✓

16 (a) Informant Mrs. Ruth Williams
(b) Address 1511 N. Washington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/42 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery
Location North ave & Gay St

18 (a) Funeral director Howard H. Bright Jr.
(b) Address 4914 Belair Road

19 (a) NOV 12 1942 (Date rec'd by registrar) (b) Huntington (Monrovia) Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11 1942, at 12 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 7th 1941 to Nov 11th 1942 and that I last saw h[illegible] alive on 11/11 th 1942

Immediate cause of death	Duration
Pneumonia Edema	2 days
Due to Chronic myocarditis	and years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. & J. Tankersley M.D.
Address 100 N. Milton Ave Date signed Nov 13 1942

VS 3

F 97520 424915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124

F 97520 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 O'Donnell (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Paul Belton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Div

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-9-76

8. AGE: Years	Months	Days	If less than one day
66	4	2	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Fred Belton
13. Birthplace Germany

MOTHER 14. Maiden Name Christina
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 13 42 (month) (day) (year)
(c) Cemetery or crematory Balty. National
Location Frederick Rd.

18 (a) Funeral director John B Connelly
(b) Address 418 Eastern ave. Edgewood

19 (a) NOV 12 1942 (Date rec'd by registrar) (b) Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11 1942 at 6.10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 4 1942 to Nov 11 1942 and that I last saw h.i Malive on Nov 11 1942

Immediate cause of death hemorrhage — Duration 2 days

Due to ~~arteriosclerosis~~ varices — Duration unknown

Due to cirrhosis — Duration unknown

Other Conditions ascites, leg edema, syphilis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: cirrhosis.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. C. Hannan Jr. M. D.
Address Johns Hopkins Date signed 11-14-42

F 97521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 d Registered No. F 97521

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address MONUMENT ST
(c) Hospital or institution: SINAI HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 LEVINDALE RD (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Gerson Bearman (GERSON H. BEARMAN)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-01-3540

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife FANNIE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
41			hr. min.

9. Birthplace BALTO. MD (Town, county, and state)
10. Usual Occupation DENTAL SUPPLIES
11. Industry or business

FATHER
12. Name NOT KNOWN
13. Birthplace BALTO. MD

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace BALTO. MD.

16 (a) Informant FANNIE BEARMAN — WIFE
(b) Address 510 LEVINDALE RD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-12-42 (month) (day) (year)
(c) Cemetery or crematory HEBREW FRIENDSHIP
Location BALTO. CONKLIN STS.

18 (a) Funeral director Jos. Levin Inc
(b) Address 2110 Eutaw Place.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/11/42 1942 at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/10 1942 to 11/11 1942, and that I last saw h in alive on 11/11 1942

Immediate cause of death Circulatory Failure — Duration one day

Due to Dissecting Aneurysm

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Dissecting Aneurysm

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. O. Goldman M. D.
Address Sinai Hospital Date signed 11/11/42

VS 8

97522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

F 97522
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 402 Bloom Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary J. Jones
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 24, 1880

8. AGE: Years	Months	Days	If less than one day
62	6	16	hr. min.

9. Birthplace Virginia (City or county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Robert Jones
13. Birthplace Virginia

MOTHER
14. Maiden Name Lettie Brackson
15. Birthplace Virginia

16 (a) Informant Mary J. Davenport
(b) Address 402 Bloom Street

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Lancaster
Location Va.

18 (a) Funeral director Archibald G. Gaddis
(b) Address 2101 McCulloh St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-10- 19 42, at 8 40 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy - Inquiry find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death — Duration
Acute Pulmonary Edema
Due to
Due to
Other Conditions Cardio-vascular renal disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Nuckles M.D.
Medical Examiner.
Date signed 11-10-42

VS 6

F 97523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 b

F 97523 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Harford Rd. Nursing Home

(c) Hospital or institution: Lyndenhurst Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1514 Hollins St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Dorothy Smith

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 10-1931

8. AGE: Years	Months	Days	If less than one day
11	6	29	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At School

11. Industry or business

FATHER

12. Name Ernest J. Smith

13. Birthplace Unknown

MOTHER

14. Maiden Name Irene L. Gray

15. Birthplace Unknown

16 (a) Informant Mrs Frank Blair

(b) Address 1514 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto Md

18 (a) Funeral director Geo L Bayer Jr

(b) Address 1172 Hollins St

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1942, at 7:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 29 1942, to Nov. 9 1942, and that I last saw her alive on Nov. 8 1942.

Immediate cause of death Tuberculous meningitis

Due to Pulmonary Tbc

Due to Tubercle Bacilli

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)

(e) Means of injury .....

23. Signature K. Kenneth Thulen M. D.

Address Lyndenhurst Hosp. Date signed 11/9/42

F 97524

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

931 Registered No. F 97524

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3202 Moravia Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3202 Moravia Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles W. Murkey
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of ~~husband~~ wife Louise Murkey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1-1866

8. AGE: Years	Months	Days	If less than one day
77	8	9	hr. min.

9. Birthplace Michigan
(Town, County, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Louise Murkey
(b) Address 3202 Moravia Av

17 (a) Burial (b) Date thereof 11-13-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oakdown
Location

18 (a) Funeral director Leonard J. Beatty
(b) Address 5305 Harford Rd.

19 (a) (Date received by local registrar) NOV 12 1942 (b) Registrar, Harlington Williams

VS 114

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/10 1942, at 12:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-8-42, to 11-10 1942, and that I last saw h[illegible] alive on 11-10 1942.

Immediate cause of death	Duration
Myocarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature A. L. Ewald jr. M. D.
Address 56 York Ct. Date signed 11/11

F 97525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 97525

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph Hosp
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) All

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3204 Bayonne Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Edyth Wood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Eli B Woods
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Aug 13 - 1897

8. AGE: Years	Months	Days	If less than one day
45	2	28	hr. min.

9. Birthplace Harford Co Md (Town, county and state)
10. Usual Occupation House Wife
11. Industry or business None

FATHER
12. Name John H Gunther
13. Birthplace Harford Co Md

MOTHER
14. Maiden Name Elizabeth Wheeler
15. Birthplace Baltimore, Md

16 (a) Informant Eli B Wood
(b) Address 3204 Bayonne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location

18 (a) Funeral director Charles P Powell
(b) Address 2427 Edmondson Ave

19 (a) NOV 12 1942 (Date received by Registrar) (b) Hunting for Williams, Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-11 — 1942, at 12 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-3 1942 to 11-11-1942, and that I last saw her alive on 11-10 1942

Immediate cause of death	Duration
Generalized metastatic	
Due to Carcinoma	
Due to Cancinoma, Left Breast	Since 10-38
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 11-25-38
Major findings of operation: Ca - Left Breast
of autopsy: None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Wright M. D.
Address 427 St Joseph Hosp Baltimore Md Date signed

F 97526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 461

F 97526

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2223 MARYLAND AVE. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD ALFRED QUAIL

3 (b) If veteran, name war

3 (c) Social Security Account No. 337-16-9563

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife MRS. EDWARD QUAIL
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 25, 1878

8. AGE: Years	Months	Days	If less than one day
64	5	17	hr. min.

9. Birthplace NEW YORK (Town, county, and state)
10. Usual Occupation SHIP FITTER
11. Industry or business

FATHER
12. Name HENRY QUAIL
13. Birthplace NEW YORK

MOTHER
14. Maiden Name MARGARET SIMPSON
15. Birthplace NEW YORK

16 (a) Informant MRS. QUAIL (WIFE)
(b) Address 2223 Maryland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Road

18 (a) Funeral director Joseph Farace Inc.,
(b) Address 2013 Greenmount Ave.

19 (a) 11-12-1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH NOVEMBER 11, 1942, at 4:25 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from OCT. 12 1942, to NOV. 11 1942, and that I last saw h alive on 19

Immediate cause of death	Duration
CARDIO-RESPIRATORY FAILURE	
Due to ANEMIA + STARVATION	
Due to GASTRIC CARCINOMA + CHRONIC PYELITIS	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John N. Glass M.D.
Address Date signed

VS 8

97527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 Registered No. 97527

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Underline correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State U. S. (b) County
(c) City or town Buffalo
(If outside city or town limits, write RURAL and give town)
(d) Street No. 127 Linwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Schaffer Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	MARRIED

6 (b) Name of husband or wife HENRIETH

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Nov 8, 1882

8. AGE: Years	Months	Days	If less than one day
60	-	3	hr. min.

9. Birthplace New York
(Town, county, and state)

10. Usual Occupation President

11. Industry or business Globe PLASTER Co.

FATHER
12. Name Henry Schaeffer
13. Birthplace New York

MOTHER
14. Maiden Name Lehmann
15. Birthplace New York

16 (a) Informant Private
(b) Address Johns Hopkins Hospital

17 (a) Burial (b) Date thereof 11/14/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Forest Lawn Cem.
Location Buffalo N.Y.

18 (a) Funeral director John O'Neill Undertaking Co.
(b) Address 1900 Eastern Ave.

19 (a) (b)
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11 1942, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Asphyxiation — Duration

Due to food in throat

Due to

Other Conditions Bulbar palsy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov. 11 1942 at 6 35 P M
(c) Where did injury occur? Johns Hopkins Hosp.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? hospital While at work? yes
(Specify type of place)
(e) Means of injury Choking on food

23. Signature Robert Lee Faulkner M.D.
Medical Examiner.

Date signed Nov. 12 1942

97528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 97528 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 St. John's Road
(c) Hospital or institution:
Mrs. White's Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~10 yrs~~
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Union Bridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Murray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1859

8. AGE: Years	Months	Days	If less than one day
82	11	23	hr. min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Rev. John J. Murray, D. D.
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Emory
15. Birthplace Md.

16 (a) Informant Lucy E. Murray
(b) Address 5113 Gwynn Oak Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location North & Greenmount Aves.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) 12 1942 (Date rec'd by registrar) (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/10 1942, at 9 15/60 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/14 1940 to 11/10 1942, and that I last saw h~~e~~r alive on 8/19 1942.

Immediate cause of death: Myocardial failure — Duration 2 hrs
Due to: Hypertension — 2 yrs +
Due to: Arteriosclerosis — ?
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Reitz, D.
Address 3408 Wyndeyve Ave Date signed 11/11/42

F 97329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 c ✓

Registered No. F 97329

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Oakhaven St. & Fayette
(c) Hospital or institution:
Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore. (13)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 610 W 34th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Virginia M. Hanson

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife: George E. Hanson

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years 37 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Saleslady

11. Industry or business Stanley Products Co.

FATHER
12. Name Wood.
13. Birthplace Md.

MOTHER
14. Maiden Name Woodall
15. Birthplace Md

16 (a) Informant George E. Hanson
(b) Address 610 W 34th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Eastern Ave.

19 (a) NOV 12 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/10/42 19 ... at 5:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/8/42 19 ... to 11/10/42 19 ..., and that I last saw h[illegible] alive on 11/10/42 19 ...

Immediate cause of death Heart failure

Conditions Cerebral Thrombosis

Due to Cardiac Hypertrophy

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Coronary thrombosis

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James E. Hanson Jr. M. D.
Address Franklin Sq. Hosp. Date signed

VS 8

F 97530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97631 1400

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Do not abbreviate. Give exact street address or location. If not in a house, give the number of the house nearest to which the death occurred. If in a hospital or institution, give its name instead of street and number. If the deceased was a resident of a city or town, give the name of such city or town, and not of a village or suburb not incorporated. Write the name of the county in which the death occurred. Fill in all blanks for which you have information. If you cannot state definitely, write the best information you can obtain. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3453 Kenwick Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3453 Kenwick Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELIZABETH M. RUBY

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-14-8460

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	MARRIED.

6 (b) Name of husband or wife Roger W. Ruby. 6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) March 21, 1905

8. AGE: Years	Months	Days	If less than one day
37	7	19	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Packer

11. Industry or business Norgyma Plant.

FATHER
12. Name Joseph J. Schoenadel
13. Birthplace md

MOTHER
14. Maiden Name Rose O'Baker
15. Birthplace md

16 (a) Informant Roger W. Ruby
(b) Address 3453 Kenwick Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14 1942 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location

18 (a) Funeral director Chenoweth & Donovan

(b) Address 3615-17 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 10 1942 at 8 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death	Duration
Peritonitis, acute suppurative	
Due to Incomplete abortion	
Due to	
Other Conditions hs	

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. J. Wallenmeyer M.D. Medical Examiner.

Date signed 11-10-42

97531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3 | Registered No. E 97531

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use no abbreviations. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3205 Taylor Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3205 Taylor Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman H. Umbach

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Helena A. Umbach
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4th 1877

8. AGE: Years	Months	Days	If less than one day
65	1	8	hr. min.

9. Birthplace Balto. City Md.
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name George Umbach
13. Birthplace Germany

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs. H. H. Umbach
(b) Address 3205 Taylor Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 14 42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto.

18 (a) Funeral director Jansen Funeral Home
(b) Address 7401 Belair Rd.

19 (a) NOV 12 1942 (Date rec'd by registrar) (b) Hamilton for Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12th 1942, at 4:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 to Nov. 12 1942 and that I last saw him alive on Nov. 11 1942.

	Duration
Immediate cause of death Uraemia	4 days
Due to Uraemia resulting with hypertension & Uraemia	about 8 yrs.
Due to myocarditis	
Other Conditions Cholecystitis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. M. Bacon M. D.
Address 2810 Taylor Ave. Date signed 11/12/42

97532

BALTIMORE CITY HEALTH DEPARTMENT 107 Registered No. F 97532

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use separate sheet if necessary. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hosp. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County B.A.
(c) City or town Balto. Brooklyn Md
(If outside city or town limits write RURAL and give town)
(d) Street No. 538 Belgrove Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lorraine Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-5-1942

8. AGE: Years | Months 2 | Days 7 | If less than one day hr. min.

9. Birthplace Brooklyn Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Beatrice Moore
15. Birthplace Va.

16 (a) Informant Beatrice Johnson
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location B. C. & Co.

18 (a) Funeral director Samuel M. Edmondson & Son
(b) Address 638 N. Gilmor St

19 (a) NOV 12 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1942 at 7.30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest thereon and from the evidence (Autopsy or inquiry) obtained by said autopsy & inquest (Autopsy or inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Interstitial bronchial pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov. 12 1942

VS 6

F 97533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. F 97533

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Type

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Eaton Avenue
(c) Hospital or institution: Jenkins Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) about 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1132 Whelan Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Mary Kunnecke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
85			hr. min.

9. Birthplace Cincinnatti, Ohio (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Bernard Effing
13. Birthplace

MOTHER
14. Maiden Name Adelaide Weiher
15. Birthplace

16 (a) Informant Jenkins Memorial Hospt.
(b) Address 1000 Eaton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 14-1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Rd.

18 (a) Funeral director Henry Hoerle & Sons Inc
(b) Address 1301 E. Eager St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

NOV 12 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11 1942, at 8:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1942 to Nov. 11 1942 and that I last saw h[illegible] alive on Nov. 11 1942

Immediate cause of death: Arteriosclerotic C-V-D — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Arthur Rossberg M.D.
Address St. Agnes Hosp. Date signed Nov 14 1942

F 97534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 b

Registered No. F 97534

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. Information as to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2659 Frederick Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2659 Frederick Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida May Stinsakcomb.

3 (b) If veteran, name war –

3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Geo. T. Stinsakcomb 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1871

8. AGE: Years	Months	Days	If less than one day
70	11	15	hr. min.

9. Birthplace Baltimore County, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Parrish
13. Birthplace Baltimore Co. Md

MOTHER 14. Maiden Name Rebecca Metzgff
15. Birthplace Baltimore Md

16 (a) Informant George T. Stinsakcomb
(b) Address 2659 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director Leonard D. Covington
(b) Address 21 W. 25th St

19 (a) NOV 12 1942 Registered by certificate Attesting for Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 – 1942, at 5:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1942 to Nov 10 1942 and that I last saw h er alive on Nov 10 1942

Immediate cause of death
Carcinoma of Stomach

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
?

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide at M
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Stansman M. D.
Address 20 3 W Fayette St Date signed Nov 12

F 97535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49a

F 97535 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3814 Tudor Arms avenue
(c) Hospital or institution: ------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 2 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Parkton (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3-(a) FULL NAME ELEANOR LEWIN

3 (b) If veteran, name war -----
3 (c) Social Security Account No. ----

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Single ----
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept/ 20, 1896
8. AGE: Years 46 | Months 1 | Days 20 | If less than one day ... hr. ... min.
9. Birthplace Parkton, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Frank Parr Lewin
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Corinne Hooper
15. Birthplace Baltimore, Md.

16 (a) Informant John Henry Lewin
(b) Address Ruxton, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location

18 (a) Funeral director Chas. J. Evans & Son, Inc.
(b) Address 118 N. Mt. Royal Ave

19 (a) Registrar's Signature Hunting Ton Williams, M.D.
(b) Date received NOV 16 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 19 42 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-27 1942, to 11-10 1942, and that I last saw h[illegible] alive on 11-10 1942.

Immediate cause of death: Carcinoma of Ovary — Duration: 12 mos
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation 1941
Major findings of operations: Ca. of Ovary
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John L. Young M. D.
Address 1129 St. Paul St. Date signed 11-11-42

F 97536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 F 97536 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210 Witherspoon Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 16 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 Witherspoon Road
(If rural give location)
(e) Citizen of foreign country? ---- (Yes or No)
If yes, name country ----

3 (a) FULL NAME Edward James Dougherty

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-2158

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Madeline Gaffney
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) August 3, 1889

8. AGE: Years	Months	Days	If less than one day
53	3	8	---- hr. ---- min.

9. Birthplace Haverford, Pennsylvania (Town, county, and state)
10. Usual Occupation Contractor
11. Industry or business E. J. Dougherty Construction Co. Inc

FATHER
12. Name James Dougherty
13. Birthplace Haverford, Pennsylvania

MOTHER
14. Maiden Name Mary Rountree
15. Birthplace Haverford, Pennsylvania

16 (a) Informant Mrs. Madeline G. Dougherty
(b) Address 210 Witherspoon Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/42 (month) (day) (year)
(c) Cemetery or ---- Cathedral
Location Baltimore Md.

18 (a) Funeral director H. W. Means & Son
(b) Address 805 N. Calvert Street

19 NOV 12 1942 (Date rec'd by registrar) Huntington Williams, Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/11 1942, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/6 1942 to 11/11 1942
and that I last saw him alive on 11/10 1942

Immediate cause of death

Coronary Thrombosis

Due to Hypertensive Cardio-Vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Of autopsy:

Duration
Unknown
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos R. Gaskins M. D.

Address 2923 St Paul St Date signed 11/11/42

F 97537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97537 Registered No. 51e

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if possible. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11½ days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore.
(c) City or town Catonsville. (Rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 722 Braeside Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arnoldine Ann Baltus. (Butth 6/4/42)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-31-42.

8. AGE: Years	Months	Days	If less than one day
		11½	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Arnold Frederick Baltus.
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Rubie Amanda Kitchen.
15. Birthplace Newton, Georgia.

16 (a) Informant Mrs Atnold Frederick Baltus.
(b) Address 722 Braeside Ave. Catonsville.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) 11-13-42

(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Ruark
(b) NOV 12 1942 Baltimore Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-12-42. 19 , at 3.50 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-31-42-19 to 11-12-42-19, and that I last saw her alive on 11-12-4219.

Immediate cause of death: Congenital Heart disease — Duration 11½ days.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward J. Kane M.D.

Address 722 Braeside Ave. Date signed 11-13-42

F 97538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. F 97538

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Months
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Norfolk
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3 (a) FULL NAME Jack Furman Joe Furman

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie Steinberg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Broker
11. Industry or business Print + Produce

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant M. Stein
(b) Address 17 N. Camden st.

17 Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Norfolk Va

18 (a) Funeral director Jack Louis Inc
(b) Address 1439 E. Balto st.

19 (a) NOV 12 1942 Huntington Williams Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-12- 1942 at 1:22 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Maddox M.D.
Medical Examiner.
Date signed 11-12-42

VS 6

F 97539 ✓ F 97539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106 B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2408 Guilford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits write R.F.D. and give town)
(d) Street No. 2408 Guilford (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura J. Bishop

3 (b) If veteran, name war None
3 (c) Social Security Account No. None
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Wm M. Bishop
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 2-1857
8. AGE: Years 85 Months 0 Days 9 If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Landon
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Landon
15. Birthplace Maryland

16 (a) Informant Virginia M. Bishop
(b) Address 2408 Guilford Ave
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-13-42 (month) (day) (year)
(c) Cemetery or crematory Pitts Creek Cemetery
Location Pocomoke Md
18 (a) Funeral director Virginia Cook Dr
(b) Address 1217 St Paul St Balto Md
19 (a) NOV 12 1942 (Date rec'd by registrar) (b) Annette Fox Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1942 at 1 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1942 to Nov. 10 1942 and that I last saw her alive on Nov. 10 1942.

	Duration
Immediate cause of death Uraemia	1 Month
Due to Chronic Bronchitis	2 Yrs
Due to Arterial Hypertension	4 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. R. Dr Hutson
Address 403 Medical Date signed 11-12-42 M. D.

F 97540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B

Registered No. F 97540

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st Sts.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 1818 Fleet Street
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RAYMOND LAWRENCE CHLEBUS (Ivan Chlebusta)

3 (b) If veteran, name war WW

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Sophia (Unknown)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1890

8. AGE: Years	Months	Days	If less than one day
52	1	25	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Mechanic Helper
11. Industry or business Bethlehem Steel

FATHER
12. Name Lawrence Chlebus
13. Birthplace Russia

MOTHER
14. Maiden Name Christina (Unknown)
15. Birthplace Russia

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/42 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian Cem
Location Stoney Run Md.

18 (a) Funeral director John M. Weber
(b) Address 48 S. Chester Street

19 (a) 11-9-1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9, 1942, at 11:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 8, 1942, to Nov. 9, 1942, and that I last saw him alive on Nov. 9, 1942.

Immediate cause of death Bronchopneumonia, bilateral — Duration 24 Hours

Contributory Massive Gastric and intestinal hemorrhage — 3 days

Due to Cirrhosis of liver with oesophageal varicies — Unknown

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Davison M. D.
Address US Marine Hospital Date signed 11/11/42
Baltimore, Maryland.

VS 180

F 97541

F 9754

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 9754 Registered No. 159 F 97541

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard + Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 N Pace St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Melvin Johnson (Birth F 6,799)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Infant

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 11-6-42

8. AGE: Years	Months	Days	If less than one day
		6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation infant
11. Industry or business

FATHER
12. Name Melvin Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Eva Peyton
15. Birthplace Md.

16 (a) Informant cousin - name
(b) Address not - gotten

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 11-13-42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore Md.

18 (a) Funeral director Milligan & Jackson
(b) Address 916 Pennsylvania ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1942 at 1:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-11 1942 to 11-12 1942 and that I last saw him alive on 11-12 1942

Immediate cause of death Shock - due to Hemorrhage from umbilical cord — Duration

Due to Hemorrhagic Diseases of Newborn

Due to

Other Conditions Prematurity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Etta C. Funk M. D.
Address Date signed

VS 150

F 97542

425138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. F 97542

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 40yr?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 E. Mt Vernon Pl. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME E. John W. Revell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Anne Carrington

6 (c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Sept 18 1863

8. AGE: Years: 79 | Months: 1 | Days: 24 | If less than one day: 23 hr. min.

9. Birthplace: Md (Town, county, and state)

10. Usual Occupation: LAWYER

11. Industry or business

FATHER
12. Name: DR. W T Revell
13. Birthplace: Md

MOTHER
14. Maiden Name: Rhoda Chairs
15. Birthplace: Md

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 13 42 (month) (day) (year)

(c) Cemetery or crematory: Druid Ridge
Location: Pikesville Md

18 (a) Funeral director: Henry N. Jenkins & Sons
(b) Address: McCulloh & Eutaw Sts

NOV 13 1942 (Date received by Registrar) Huntington Williams M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 11 1942 at 1:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 9 1942 to Nov 11 1942 and that I last saw him alive on Nov 11 1942.

Immediate cause of death: Pulmonary edema — Duration

Due to: Heart failure

Due to: Hypertensive cardio-vascular disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Hope Thurrell

Address: Johns Hopkins Hospital Date signed: 11/11/42

VS 180

F 975 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. F 97543

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 ?
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2728 Tilden Drive (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Spain

3 (a) FULL NAME Mr. Julian Acosta

3 (b) If veteran, name war no

3 (c) Social Security Account No. 215-10-4777

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Dolores Acosta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2 - 1885

8. AGE: Years	Months	Days	If less than one day
57	10	4	hr. min.

9. Birthplace Spain (Town, county and state)
10. Usual Occupation Coast Helper
11. Industry or business Lord Balto Hotel

FATHER
12. Name Joseph Acosta
13. Birthplace Spain

MOTHER
14. Maiden Name Dolores Sanchez
15. Birthplace Spain

16 (a) Informant Eugenia Colina
(b) Address 2728 Tildendrive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

NOV 13 1942 Huntington Williams M.D.
(Date received by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11 1942 at 9.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 6 1942 to Nov 11 1942 and that I last saw him alive on Nov. 11 1942.

Immediate cause of death Congestive Heart Failure — Duration

Due to Arteriosclerotic Heart Disease

Due to

Other Conditions Pulmonary Emphysema Bronchial Asthma
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fiesling M.D.
Address St. Joseph's Hosp Date signed 11-13-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 97514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 B

Registered No. F 97544

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument St & Rutland Avenue

(c) Hospital or institution: Sinai Hospital of Baltimore, Inc.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5800 York Road (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Norman Pasoman

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-12-36[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11-1921

8. AGE: Years	Months	Days	If less than one day
21	3	10	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Auto Mechanic

11. Industry or business

FATHER 12. Name Otto Pasoman

13. Birthplace Germany

MOTHER 14. Maiden Name Dora Patlke

15. Birthplace Hungary

16 (a) Informant Dora Pasoman

(b) Address 5800 York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 16 42 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem

Location Parkville Md

18 (a) Funeral director Wm Cook Inc

(b) Address 217 St Paul St

NOV 13 1942 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11 1942, at 9 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1942 to Nov 11 1942, and that I last saw him alive on Nov 11 1942.

Immediate cause of death Circulatory failure — Duration: 6 mos?

Due to Subacute bacterial endocarditis — Duration: 9 years.

Due to Rheumatic heart disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Mitral & aortic regitation.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Robert A. Moses M. D.

Address Sinai Hosp. of Balto, Inc. Date signed 11-12-42

Monument St. & Rutland Ave.

VS 3

F 97545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 E

Registered No. F 97545

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Colored 4 33 d St.
(c) Hospital or institution:
Union Memorial Hospital 1 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days) 33 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Roanoke (If outside city or town limits, write RURAL and give town)
(d) Street No. R F D # 4 (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME Fred Bonsack Harris

3 (b) If veteran, name war World

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Marie V. Harris 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1893

8. AGE: Years	Months	Days	If less than one day
49	4	24	hr. min.

9. Birthplace West Virginia, Bluefield (Town, county, and state)
10. Usual Occupation Merchant - Feed Business
11. Industry or business Feed

FATHER
12. Name James M. Harris
13. Birthplace Virginia

MOTHER
14. Maiden Name Laura Jeter
15. Birthplace Bonsack, Va

16 (a) Informant Hospital Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/13/42 (month) (day) (year)
(c) Cemetery or crematory
Location Roanoke, Va

18 (a) Funeral director Ivy Jackson & Sons
(b) Address North Roanoke

19 (a) (Signature of registrar) (b) Huntington Williams M.D. Registrar

NOV 13 1942
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1942 at 12:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11 1942 to Nov. 13 1942 and that I last saw him alive on Nov. 12 1942.

Immediate cause of death Cardiac failure — Duration

Due to Prolonged shock, intestinal obstruction

Due to Abdominal post-operative, Carcinoma of sigmoid

Other Conditions Essential hypertension

(Include pregnancy within 3 months of death)
Date of operation Nov. 10, 1942, Oct 16 & 31, 1942
Major findings of operation: Ca. sigmoid
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James M. C. Finney M. D.
Address Union Memorial Hosp. Date signed 11-12-42

F 97546

AB-75899

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97546 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3Mo. 5Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 713 Bruna St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rosa Bell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1-1892

8. AGE: Years	Months	Days	If less than one day
50	10	10	hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name John Bell
13. Birthplace S.C.

MOTHER
14. Maiden Name Sally Jackson
15. Birthplace S.C.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem. Balto Md
Location

18 (a) Funeral director Mrs Frances A Hemby
(b) Address 579 N Bridle St Williamsport, Md.

19 (a) NOV 13 1942 (Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-11 1942, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-6 1942 to 11-11 1942 and that I last saw h er alive on 11-11 1942.

Immediate cause of death — Duration
Diabetes edema — 6 Months
Due to Paraplegia — ?
Due to Meningomyelitis — ?
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H K Rathbun M. D.
Address Balt. City Hosp Date signed 11-12-42

97547 ✓ F 97547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 819 W. Lexington St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 d
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 819 W Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Bowles
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 8, 1869

8. AGE: Years 73 | Months 9 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Robert Gibbons
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Jane Robinson
15. Birthplace Baltimore Md.

16 (a) Informant Eula Bowles
(b) Address 819 W Lexington St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Nov 13 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Samuel O Bowles Son
(b) Address 1014 W Mulberry St

NOV 13 1942 (Date filed by Registrar) for Lawrence Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9 1942 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27 1942 to Nov 9 1942, and that I last saw him alive on Nov 9 1942.

	Duration
Immediate cause of death: Cerebral hemorrhage	12 days
Due to: hypertension	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Sells M. D.
Address 821 S. Eutaw St. Date signed 11/13/42

VS 8

F 97548 ✓ F 97548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 523 N. Stricker Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 523 N. Stricker Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Blanche (Reed) Stevens

3 (b) If veteran, name war —

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	married

6 (b) Name of husband or wife Lucas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 22 1892

8. AGE: Years	Months	Days	If less than one day
50	6	17	hr. min.

9. Birthplace Balto Md
(Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Frank Reid
13. Birthplace Balto Md

MOTHER
14. Maiden Name Fannie Smith
15. Birthplace Balto Md

16 (a) Informant Ruth Drummond
(b) Address 812 Vine Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Isaiah L Brown Son
(b) Address 1018 W Montgomery St

19 (a) NOV 13 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-9-1942, at 12 N

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Chronic Myocardial Degeneration	
Due to	
Due to	
Other Conditions Coryza, Edema of Lungs	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malpas M.D.
Medical Examiner.
Date signed 11-10-42

VS 6

F 97549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 97549 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. Physicians: please write the causes of death clearly and legibly. Give correct age in each case. Information as to age, birthplace, and name of parent is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 526 S. Green
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 526 S. Green (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Effie Scott

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	C.	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1885

8. AGE: Years	Months	Days	If less than one day
56		—	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Scott
13. Birthplace Balto.

MOTHER
14. Maiden Name Harriet Obrian
15. Birthplace Balto.

16 (a) Informant Mamie Mealey
(b) Address 523 S. Green

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 14-42 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem
Location

18 (a) Funeral director James Stavros
(b) Address 1402 Hoffman St

19 (a) NOV 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1942 at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to Nov 11 1942
and that I last saw h alive on Nov 10 1942

Duration

Immediate cause of death Apnea
Due to Myocarditis
Due to Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Stavros M. D.
Address 1402 Lee Date signed Nov 13 1942

F 9755 ✓ F 9755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 12 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. 172 North West Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ——

3 (a) FULL NAME Emmett Trinity Nelson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Audrey Nelson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1899

8. AGE: Years 42 | Months 11 | Days 184 | If less than one day hr. min.

9. Birthplace Annapolis Md (Town, county, and state)

10. Usual Occupation Musician

11. Industry or business

FATHER
12. Name William E. Nelson
13. Birthplace Va

MOTHER
14. Maiden Name Sarah Brown
15. Birthplace Annapolis, Md.

16 (a) Informant James Brown
(b) Address Annapolis, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof November 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Brewerhill Cemetery
Location West Extended

18 (a) Funeral director Ethel L. Hopkins
(b) Address 45 Northwest St Annapolis Md

19 (a) NOV 17 1942 (Date received by Registrar) (b) Huntington, Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1942, at 10:54 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/11/1942, to 11/13/1942, and that I last saw h alive on 11/12/1942

Immediate cause of death: Pulmonary edema — Duration 24 hrs

Due to uremic coma — 2 days

Due to chronic nephritis — ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James D. Carr
Address 517 Walker St Date signed 11/13/42 M. D.

F 97551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

F 97551 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Where exact data cannot be obtained, approximate will be accepted. Be sure to give correct age in years. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 315 Diamond St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 315 Diamond St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY HALL Mrs.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	married

6 (b) Name of husband or wife Wm. Hall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1864

8. AGE: Years	Months	Days	If less than one day
78	10	9	hr. min.

9. Birthplace Queen Anne Co., Md
(Town, county, and state)
10. Usual Occupation Laundress
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace ?

MOTHER
14. Maiden Name Craig ?
15. Birthplace Queen Anne Co., Md

16 (a) Informant Minnie Powers
(b) Address 315 Diamond Street

17 (a) Burial (b) Date thereof 11-13-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem.
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 3229 N. Johnsons Ave

19 (a) 11/13/1942 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 1942, at 2.45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said find that said deceased came
(Autopsy or Inquiry)
to h.s. death on the day stated above.

Immediate cause of death	Duration
Arteriosclerosis	
Cardiovascular	
Due to Disease	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 10-11-42

FL 97852 ✓ F 97552 [redacted]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7Days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 692 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Tallie Hailstolk

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	C	?

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1881

8. AGE: Years	Months	Days	If less than one day
61	1	14	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Washings
11. Industry or business

FATHER
12. Name William Hailstolk
13. Birthplace Va.

MOTHER
14. Maiden Name Virginia Ann Jackson
15. Birthplace Va.

16 (a) Informant B. C. H.
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 13, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Lebanon
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 2424 Pennsylvania Ave.

19 (a) NOV 13 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-8 1942 at 6 09 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-2 1942 to 11-8 1942, and that I last saw her alive on 11-8 1942

Immediate cause of death Tetanus — Duration 14 hrs.

Due to Extension 2nd & 3rd degree burns of legs & perineum — 14 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Abt 10/25/42 at M
(c) Where did injury occur? 692 W. Mulberry Balto. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury clothes got on fire from stove

23. Signature Howard L. Kleinsein, M.D.
Address Balto City Hosp. Date signed 11-10-42 M. D.

VS 160

F 97553 (new) F 97553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1159

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNIVERSITY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 9 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTO.
(c) City or town BALTIMORE Bengies (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~University Hosp.~~ (If rural give location)
P.O. Box 246 - RF 14
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BABY BOY BEASLEY (Birth F-6190)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race BLK

6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-2-42

8. AGE: Years | Months | Days 9 | If less than one day hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER 12. Name Bayard Beasley
13. Birthplace Md

MOTHER 14. Maiden Name Bessie Jones
15. Birthplace Md

16 (a) Informant Bayard Beasley
(b) Address Eastern Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 13 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Mc[illegible] & Elliott Daniels
(b) Address 127 Edgewood

19 (a) NOV 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-11- 1942 at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/2 1942 to 11/11 1942 and that I last saw him alive on 11/11 1942.

Immediate cause of death PULMONARY EDEMA — Duration

Due to PREMATURITY

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature Hugh J. Hall
Address University Hosp Date signed 11/12/42 M.D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct as age is especially important. Physicians: please write the causes of death clearly and legibly.

9 25 54 77840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10-1 122a

F 97554
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 319 E. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ross Bush

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, divorced
M	W	

6 (b) Name of husband or wife Mary Bush
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 23, 1883

8. AGE: Years	Months	Days	If less than one day
59	0	18	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Bush
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Bramble
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 15th 1942 (month) (day) (year)
(c) Cemetery or crematory Balto Mem
Location E. North Ave. Ext

18 (a) Funeral director Leo S. Cook
(b) Address 1701-03 N. Patterson Park Ave.

19 (a) NOV 13 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-11 1942, at 1 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-6 1942 to 11-11 1942, and that I last saw h~~im~~ alive on 11-11 1942.

Immediate cause of death Strangulated hernia, ingrained Pulmonary edema — Duration ?

Due to Hypertensive C.V. Disease — Duration ?

Due to — Duration ?

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Anatomic

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 11-11-42

Huntington Williams, M.D.

VS 180

F 97555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 97555 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St.
(c) Hospital or institution: Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

13
29

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W. 40th St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Oliver P. Dicken

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25 - 1857

8. AGE: Years	Months	Days	If less than one day
85		19	hr. min.

9. Birthplace Henrico Co., Va. (Town, county, and state)

10. Usual Occupation Florist

11. Industry or business Florist

FATHER — 12. Name	Thomas M Dicken
13. Birthplace	Henrico Co., Va.
MOTHER — 14. Maiden Name	Amanda Crafton
15. Birthplace	Hanover Co., Va.

16 (a) Informant R. J. Roe

(b) Address 700 W. 40th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 16th 1942 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cem.
Location Reisterstown Road

18 (a) Funeral director Leo B. Lacock

(b) Address 1901-03 W. Pratt Park Ave

NOV 18 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1942. at 5-45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/3 1942 to 11/12 1942 and that I last saw h. alive on 11/12 1942

Immediate cause of death: Gastroenteritis Third Degree — Duration 1 year

Due to Enterocolitis (Gen.) — 5 years

Due to Anasarca (6 Wks) — 6 Wks

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Grafton Sharpless

Address 214 Medical Arts Bldg Date signed 11/12/42

VS 8

F 97556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

F 97556 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1335 N. Patterson Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1335 N. Patterson Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sally Weaver

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14th 1873

8. AGE: Years	Months	Days	If less than one day
69	8	27	hr. min.

9. Birthplace Md. (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Pleasant Lytle
13. Birthplace Md

MOTHER
14. Maiden Name Annie Rosen
15. Birthplace Md

16 (a) Informant Mrs. Fuller
(b) Address 1335 N. Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14th 1942 (month) (day) (year)
(c) Cemetery or crematory Pine Grove U.B.
Location Middletown Md

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N. Patterson Park Ave

19 (a) NOV 13 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 - 11th 1942, at 3 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1942 to Nov 11 1942 and that I last saw her alive on Nov 11 1942

Immediate cause of death: Paralysis — Duration 9 months

Due to: Cerebral Hemorrhage — Duration 1 day

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: Leo G. Cook
Address 112 W 25th Date signed Nov. 12 1942

VS 3

F 97557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 B

F 97557 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 751 Bartlett Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 751 Bartlett Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah F. Swigert.

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: James H. Swigert.
6 (c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): January 31-1885

8. AGE: Years: 57 | Months: 9 | Days: 11 | If less than one day: hr. min.

9. Birthplace: Penna. (Town, county and state)
10. Usual Occupation: Housewife.
11. Industry or business: At Home.

FATHER
12. Name: Chas. R. Morrison
13. Birthplace: Penna.

MOTHER
14. Maiden Name: Minnie M. Garland.
15. Birthplace: Penna.

16 (a) Informant: Mrs. Earl Bozman.
(b) Address: 5415 Maywood Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof: Nov. 14-42. (month) (day) (year)
(c) Cemetery or crematory: Loudand Memorial Park
Location: Baltimore, Md.

18 (a) Funeral director: Charles J. Schwab.
(b) Address: 505 N. Monroe St.

19 (a) (Date received by Registrar) NOV 15 1942 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11- 1942, at 3 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/26 1942 to 11/11 1942, and that I last saw her alive on 11/11 1942.

Immediate cause of death: Carcinoma of uterus Grade IV — Duration: 7 mos.
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Wm. H. Lammer M.D.
Address: 906 E. 37th St. Date signed: 11/13/42

F 97558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43D

F 97558

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1002 Harford Ave

(c) Hospital or institution: at Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1

(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1002 Harford Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Thomas Burlage

3 (b) If veteran, name war None.

3 (c) Social Security Account No. 214-12-9125

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Susanna O. Burlage nee Ogden

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) July 28, 1888

8. AGE: Years 54 | Months 3 | Days 14 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Watchman at Fairfield

11. Industry or business Ship Yard, Bethelehem

FATHER

12. Name John J. Burlage

13. Birthplace Baltimore Md.

MOTHER

14. Maiden Name Catherine M. Coleman

15. Birthplace Ireland

16 (a) Informant Mrs. Susanna O. Burlage

(b) Address 1002 Harford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 14, 1942 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.

Location 4531 Belair Road

18 (a) Funeral director Edmund W. Canfield Son

(b) Address 924 E. Lafayette St.

19 (a) Filed (b) Huntington Williams, M.D. Registrar

NOV 13 1942

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11th, 1942, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 8 1942, to Nov. 11 1942, and that I last saw him alive on Nov. 11 1942.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Hypertension	
Due to	
Other Conditions Arteriosclerosis	2 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Janet Frahm M. D.

Address 182 S. Washington Date signed 11/12/42

F 97559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97559 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Ward Broadway
(c) Hospital or institution:
Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 d.

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1345 Adams St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maynard Hinn

3 (b) If veteran, name war

3 (c) Social Security Account No. 476-03-6242

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Fay Hinn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15, 1917

8. AGE: Years	Months	Days	If less than one day
25	1	2827	hr. min.

9. Birthplace Minnesota (Town, county, and state)
10. Usual Occupation Assistant business analyst
11. Industry or business

FATHER
12. Name Linc Hinn
13. Birthplace Russia

MOTHER
14. Maiden Name Anna Bindick
15. Birthplace Russia

16 (a) Informant Mrs. Fay Hinn
(b) Address 1345 Adams St, Washington D. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rom
Location Pha. Pike & Bladensburg

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St.

19 (a) [illegible] (Registrar) (b) Huntington Williams M.D.

NOV 13 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12 1942 at 1:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 14 1942 to Nov 12 1942, and that I last saw him alive on Nov 10 1942

Immediate cause of death
Lung abscess, left & pneumonia — Duration 2 wks
Due to Bronchiectasis, right lower — 12 yrs
Due to
Other Conditions ? Brain abscess ??
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Bronchiectasis right lower.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isabella Hyneman M. D.
Address Church Home & Infirmary Date signed 11-12-42

F 97560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (1937)

F 97560 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct; age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring - Belvedere ave
(c) Hospital or institution: Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 E. Fairmont ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 57 years

3 (a) FULL NAME Clara Frankel

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	widow

6 (b) Name of husband or wife Joseph M. Frankle
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day: hr.	min.
74				

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home
11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Sig Feinvelle
(b) Address Greenspring - Belvedere ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-13-42 (month) (day) (year)
(c) Cemetery Jewish Montefiore Assn.
Location Mark Rd

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St.

NOV 13 1942 (Date received by local registrar) (b) Huntington Wilson Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-12 1942 at 3:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-29 1942 to 11-12 1942 and that I last saw h. alive on 11-12 1942.

Immediate cause of death Hypertension
Chr. card. vascular disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Levin
Address Levindale Date signed 11/12/42 M. D.

F 97561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97561
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Sts.
(c) Hospital or institution: South Balto Gen'l Hosp. W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 Scott St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillian May SMITH.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Elmer Edward Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22, 1894

8. AGE: Years	Months	Days	If less than one day
48	9	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name William A Gresham
13. Birthplace Va.

MOTHER
14. Maiden Name Catherine Bohn
15. Birthplace Balto. Md

16 (a) Informant Mr. Elmer Edward Smith
(b) Address 922 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director John J Leamon's Son
(b) Address 941 Hollins St.

19 (a) (Signature of registrar) (b) Huntington Williams M.D. Registrar

NOV 13 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/12 1942 at 3.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/1 1942 to 11/12 1942 and that I last saw h[illegible] alive on 11/12 1942

Immediate cause of death
Bronchopneumonia
Due to Encephalomalacia
Due to Hypertensive cardiovascular disease
Other Conditions Diabetes mellitus

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Andrew Zapf M. D.
Address 1218 Light St. Date signed 11/13/42

F 97562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 97562 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1524 E. Monument St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1524 E. Monument St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Roger Kennedy
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C	Married

6 (b) Name of husband or wife Roy Kennedy (c) If alive, give age 43 years
7. Birth date of deceased (mo., day, yr.) Sept. 25th 1904

8. AGE: Years	Months	Days	If less than one day
38	1	16	hr. min.

9. Birthplace Scottsville Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James L. Taylor
13. Birthplace Va

MOTHER
14. Maiden Name Mandy Fountain
15. Birthplace Va

16 (a) Informant Roy Kenny
(b) Address 1524 E. Monument St

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 11-14-1942 (month) (day) (year)
(c) Cemetery or crematory
Location Scottsville Va.

18 (a) Funeral director Brown-Mangold-Kavanaugh
(b) Address 727 Virginia Ave

19 (a) NOV 13 1942 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 11 1942, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1942 to Nov 11 1942 and that I last saw h alive on Nov 11 1942.

Immediate cause of death	Duration
Bronchopneumonia	1 week
Due to Hypostatic pneumonia	6 months
Due to Myocardial degeneration	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert R. Lafaunt M. D.
Address 822 N. Bond St Date signed 11/13/42

VS 8

F 97563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56B

F 97563

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton Aves.

(c) Hospital or institution:

St. Agnes

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4308 Highview Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Ethel Berryman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Floyd

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8 1899

8. AGE: Years 43 | Months 7 | Days 4 | If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER 12. Name Samuel Bartlett

FATHER 13. Birthplace Pa.

MOTHER 14. Maiden Name Ida Lee

MOTHER 15. Birthplace Pa.

16 (a) Informant Floyd M. Berryman

(b) Address 4308 Highview Ave. Ft. Edward

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director E. B. WIPPERT SON

(b) Address 1300 Eastern Ave.

19 (a) Signature of Registrar (b) Date received NOV 19 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-12 1942 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/8 1942 to 11/12 1942; and that I last saw her alive on 11/12 1942

	Duration
Immediate cause of death: Pulmonary embolism	5 days
Due to: Hypertensive heart disease	31 days
Due to: Fibroid uterus	
Other Conditions: Hypertension	10 yrs
(Include pregnancy within 3 months of death)	

Date of operation 10/13/42

Major findings of operation: Fibroid uterus

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. R. Agnew M.D.

Address 5 W. Lexington St. Date signed 11/12/42

Registrar

VS 180

F 97564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

F 97564 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1712 CARSWELL ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town) 9-9
(d) Street No. 1712 CARSWELL ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY B. BROWN

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife DANIEL BROWN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 17 1868

8. AGE: Years	Months	Days	If less than one day
73 74	11	25 24	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name HENRY DEITZ
13. Birthplace GERMANY

MOTHER
14. Maiden Name CAROLINE RAU
15. Birthplace GERMANY

16 (a) Informant ANNA SCHORDER (DAUGHTER)
(b) Address WENTROTH AVE. PARKVILLE MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 14/42 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Zollenberg
(b) Address 403 S. WOLFE ST.

19 (a) NOV 13 1942 (Date rec'd by registrar) (b) Huntington for Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 11 1942, at 10/30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from autumn 11 19 42, to Nov 11 19 42, and that I last saw her alive on Nov 11 19 42.

Immediate cause of death Decompensated Mitral Regurgitation — Duration 1 mo.
Due to Mitral Regurgitation — 2 mo.
Due to arteriosclerosis — 2 mo.
Chronic Interstitial Nephritis — 2 mo.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Thos. Fa Thomas M. D.
Address 2878 Harford Rd Date signed 11/13/42

F 97565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

460

F 97565

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly!

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bruden
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Baltimore Rosedale
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1023 Chesaco Ave. Rosedale Balto.
(If rural give location)
(e) Citizen of foreign country? Not (Yes or No)
If yes, name country

3 (a) FULL NAME M. Luther Linker

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 215-01-4655

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mrs. Mary Linker
6 (c) If alive, give age? years

7. Birth date of deceased (mo., day, yr.) July 5, 1904

8. AGE: Years	Months	Days	If less than one day
38	4	8	hr. min.

9. Birthplace: Baltimore Maryland (Town, county, and state)
10. Usual Occupation: Pickler Loader
11. Industry or business: Steel Mfg.

FATHER
12. Name: William A. Linker
13. Birthplace: Baltimore Maryland.

MOTHER
14. Maiden Name: Mrs. Margaret Frank.
15. Birthplace: Baltimore Maryland.

16 (a) Informant: Church Home & Infirm. Address Same
(b) Address: Broden Balto. Md.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 16/42 (month) (day) (year)
(c) Cemetery or crematory: OAK LAWN
Location: EASTERN AVE. EXT.

18 (a) Funeral director: Lillyand Gaither & Co.
(b) Address: 403 S. WOLFE ST.

19 (a) NOV 13 1942 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12 1942, at 9:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 30, 1942, to Nov. 12 1942, and that I last saw h.. alive on Nov. 12, 1942.

Immediate cause of death: Mesenteric Thrombosis — Duration: 2 days

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: Nov 2, 1942

Major findings of operation: Adhesions - carcinoma of the rectum

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Dr. David Barbanah M. D.
Address: Church Home & Infirmary Date signed: 11/13/42

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

97566 — CERTIFICATE OF DEATH — 119a — F 97566

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of America Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME RICHARD EARL DECKER

If U. S. Veteran specify WAR

(a) Residence: No. 133 S. Poppleton St., Ward (Birth F 6205 3)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) November 4, 1942

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Decker

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Thelma White

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Thelma Decker

(Address) 133 S Poppleton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 11/13/42 19

19. UNDERTAKER Thos. H. Kemp

(Address) 16 on Hollins St.

20. FILED NOV 13 1942 19 [illegible] for Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 19 42

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 19 42 to Nov. 13, 19 42

I last saw him alive on Nov. 12, 19 42 Death is said to have occurred on the date stated above, at 3:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Respiratory & Cardiac Failure	10/12/42
Other contributory causes of importance: Diarrhea, vomiting & undetermined etiology	10/8/42

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leonard Yaggi, M. D.

(Address) Volunteers of America Hospital

N. B.—WRITE PLAINLY with pen and ink. Use no abbreviations. All information should be carefully supplied. AGE should be stated EXACTLY. State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 97567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97567
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Do not use abbreviations. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & CALVERT
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 N. EUTAW St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. ANNIE MILLIRON (Annie G. Milliron)

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	W	widowed

6 (b) Name of husband or wife: Samuel F. Milliron

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 6, 1874

8. AGE: Years	Months	Days	If less than one day
68	4	5	hr. min.

9. Birthplace MARYLAND (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name MR. WILLIAM LOCKHEAD
13. Birthplace SCOTLAND

MOTHER
14. Maiden Name JULIA GOLDING
15. Birthplace LONDON, ENGLAND

16 (a) Informant MRS. ELLIS McPHAIL
(b) Address 2809 ROSLYN AVE. city

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) NOV 13 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 11 1942 at 12:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from NOV. 2 1942 to NOV. 11 1942 and that I last saw h[illegible] alive on NOV. 11 1942.

Immediate cause of death	Duration
ACUTE CARDIAC FAILURE	1 hr.
Due to Bronchio-pneumonia	2 wks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Douglas Lockard M. D.
Address Union Memorial Hosp. Date signed 11/11/42

F 97568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97568 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3525 Newland Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CARL GORDON KIRWAN

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 214-03-6918

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret Beck

6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): Jan. 6, 1892

8. AGE: Years: 50 | Months: 10 | Days: 6 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: SALESMAN

11. Industry or business: CUMBERLAND COAL COMPANY

FATHER
12. Name: ALBERT C. KIRWAN
13. Birthplace: MARYLAND

MOTHER
14. Maiden Name: MATTIE K. KOEFOLD
15. Birthplace: St. Thomas, Indiana

16 (a) Informant: Records*US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) cremation (Burial, cremation, or removal) (b) Date thereof 11/14/42 (month) (day) (year)
(c) Cemetery or crematory: Greenmount Crematory
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) (Signature of registrar) (b) Registrar

NOV 13 1942

VS-199

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 12, 1942, at 2:08 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 27, 1942, to Nov. 12, 1942, and that I last saw him alive on Nov. 12, 1942.

Immediate cause of death	Duration
HYDROTHORAX AND OBSTRUCTION TO SUPERIOR VENA CAVA	15 days
Due to Carcinoma of left lung with metastasis to left kidney, liver, paraaortic lymphnodes and mediastinum*	7 mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 11/7/42

Major findings of operation: Aspiration, neck nodes

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: R. E. S. Tracy M. D.

Address: US Marine Hospital, Baltimore, Maryland. Date signed: 11/12/42

F 97569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B

F 97569 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as accurately as possible. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3440 Keswick Road.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
13-6
(d) Street No. 3440 Keswick Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mahala E. Neller.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Gilbert H. Neller
6 (c) If alive, give age 87 years

7. Birth date of deceased (mo., day, yr.) Dec 5 1855

8. AGE: Years	Months	Days	If less than one day
83	11	8	hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)
10. Usual Occupation ~~Carroll Co. Md.~~
11. Industry or business Housewife.

FATHER
12. Name Emmanuel Fisher.
13. Birthplace ?

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Gilbert H. Neller.
(b) Address 3440 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 16/42 (month) (day) (year)
(c) Cemetery or crematory Stultz Cemetery
Location Pa

18 (a) Funeral director Chesnutt & Donovan
(b) Address 3645-47 Eastern Ave

19 NOV 13 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1942 at 6 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1942 to Nov 13 1942, and that I last saw her alive on Nov 13 1942.

Immediate cause of death: Adenocarcinoma Anterior Wall of Stomach - perforated — Duration
Due to Peritonitis
Due to Myocardial Insufficiency
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Nelson
Address 617 W 40th Date signed 11/13/42

F 97570

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 180

F 97570 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LOUIS JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	S

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4/12/39

8. AGE: Years	Months	Days	If less than one day
3	6	27	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles Johnson
13. Birthplace Ired

MOTHER
14. Maiden Name Edna Jones
15. Birthplace Md.

16 (a) Informant Charles Johnson
(b) Address 7 S. Regester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brunt

19 (a) NOV 13 1942 (Date rec'd by registrar) (b) for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 19 42 at 11 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Burns, 3rd degree	
Chancroid	
Due to	
Uremia	
Due to	
Other Conditions Nil	

(Include pregnancy within 3 months of death)
Date of operation Nil
Major findings of operation:
of autopsy: Nil

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov. 9, 1942 at 11 AM
(c) Where did injury occur? Home address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? Nil (Specify type of place)
(e) Means of injury Uremia after 3rd burn

23. Signature H. L. Wallenmeyer M.D. Medical Examiner
Date signed 11-9-42

VS 6

F 97571

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 97571 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 E. Fort (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mamie C. Bastion

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	

6 (b) Name of husband or wife Charles H Bastion
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Mar. 15th 1874

8. AGE: Years	Months	Days	If less than one day
68	7	27th	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William McAuley
13. Birthplace Baltimore

MOTHER
14. Maiden Name Caroline Eckhardt
15. Birthplace Germany

16 (a) Informant Charles H. Bastion
(b) Address 809 E Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14th 1942 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge Mem. Park
Location Howard Co. Md.

18 (a) Funeral director Charles F. Dill.
(b) Address 1501 E Fort Ave

19 (a) NOV 13 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 45

20. DATE OF DEATH Nov. 11 1942, at 1 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry thereon and from the evidence obtained by said autopsy & inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to arteriosclerotic heart disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham, M.D. Medical Examiner.
Date signed Nov. 11 1942

VS 6

F 97572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 97572 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 317 N. Monroe
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 317 N. Monroe (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME agnes E. Brannin

3 (b) If veteran, name war (c) Social Security Account No.

4. Sex Female 5. Color or race White 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Thos. Brannin

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Jan. 11. 1869

8. AGE: Years 73 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Balto md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Giles O'Brien
13. Birthplace Ireland

MOTHER 14. Maiden Name Emma Sandler
15. Birthplace Balto., Md.

16 (a) Informant Thos. Brannin
(b) Address 317 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director Maguire & Hynes
(b) Address 1422 Light St

19 (a) [illegible] (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17. 1942 at 11.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1942 to Nov 12 1942 and that I last saw him alive on Nov 12. 1942

Immediate cause of death — Duration

Myocardial Infarction, Acute — ✓
Due to Arteriosclerosis — ✓
Due to General Atherosclerosis — ✓
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation none ✓
Major findings of operation:
of autopsy: none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? (Specify type of place)
(e) Means of injury

23. Signature Peter A. Trabaris M.D.
Address 1219 Eutaw Place Date signed 11/19/42

W 97573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 136 D

F 97573 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Sq. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 N Howard (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Monroe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1883

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business

FATHER 12. Name Wm Monroe

13. Birthplace England

MOTHER 14. Maiden Name ?

15. Birthplace England

16 (a) Informant Wm Nicholson

(b) Address Stanley Hotel

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14-42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore

18 (a) Funeral director Albert W Berger

(b) Address 440 E North Ave

19 (a) NOV 14 1942 (Date rec'd by registrar) Hunter Jr Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

28. DATE OF DEATH 11-12-42 19 , at 12:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 , and that I last saw h alive on 19 .

Immediate cause of death Toxaemia

Due to Uraemia Extravasation

Due to Ruptured urethra

Other Conditions Chronic Pneumonia, Cardiac hypertrophy

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy above.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lewis E. Goodman Jr M. D.

Address Franklin Sq. Hosp Date signed 11-16-42

F 97574

F 97574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary F. Ginter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sarah Adams
15. Birthplace Baltimore

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 16 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Delia Wendelgelt
(b) Address 914 Cumberland St

19 (a) NOV 14 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1942 at 9.a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20- 1942 to Nov 13- 1942 and that I last saw h[illegible] alive on Nov 12- 1942.

Immediate cause of death	Duration
Edema Lungs-	1 day.
Due to Chronic Myocarditis	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 E North Ave Date signed Nov 14-42

V8 3

F 97575

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97575 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Somerset
(c) City or town ~~BALTIMORE~~ Deals Island
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM C. TODD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Edith Bennett
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1872

8. AGE: Years	Months	Days	If less than one day
69	10	15	____ hr. ____ min.

9. Birthplace Somerset County, Maryland.
(Town, county, and state)
10. Usual Occupation Captain
11. Industry or business

FATHER
12. Name Manning W. Todd
13. Birthplace Somerset County, Maryland.

MOTHER
14. Maiden Name Emily O. Scott,
15. Birthplace Chance, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Deals Island (Burial, cremation, or removal) Date thereof 11-14-42 (month) (day) (year)
(c) Cemetery or crematory
Location Deals Island

18 (a) Funeral director Geo. A. Foley
(b) Address Tilghman & Jaybird

19 (a) (Date rec'd by Registrar) NOV 14 1942 (b) Thurlow Whitelaw, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 13, 1942, at 2:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 12, 1942, to Nov. 13, 1942, and that I last saw him alive on Nov. 13, 1942.

Immediate cause of death	Duration
Cardiac disease, coronary occlusion	1 day
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations None
of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature U. S. Burgess M. D.
Address US Marine Hospital Baltimore, Maryland. Date signed 11/13/42

F 97576

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1820

F 97576
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2510 Ashton st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2510 Ashton st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret A. Fuchs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (d) Single, married, widowed, or divorced.
Female	white	widow

6 (b) Name of husband or wife Henry Fuchs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3rd 1862

8. AGE: Years	Months	Days	If less than one day
74	9	11/30	hr. min.

9. Birthplace Baltimore md
(Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Raymond Henry Fuchs
(b) Address 2510 Ashton st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director Robert L Brooks
(b) Address 222 Hollins st

19 (a) NOV 14 1942 (Date received by registrar) Huntington Hilliams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 13 Nov 1942, at 12:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1939, to 13 Nov 1942, and that I last saw h.. alive on 12 Nov 1942.

Immediate cause of death	Duration
Cerebral Thrombosis	3 yrs
Due to Arterio Sclerosis	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence X at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Z Duncan Taylor M. D.
Address 353 Ellamont Ave Date signed 13/11/42

VS 3

42 H 29577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97577
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town DUNDALK
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5 TRIPPLE UNION ANNEX North Point Rd. & Eastlow Ave
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Hilma LenRoot

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	MARRIED

6 (b) Name of husband or wife: Alex
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 3-9-80

8. AGE: Years	Months	Days	If less than one day
62	8	3	hr. min.

9. Birthplace: FINLAND (Town, county, and state)
10. Usual Occupation: Housewife.
11. Industry or business: -

FATHER
12. Name: HENRY PARNAHEN
13. Birthplace: FINLAND

MOTHER
14. Maiden Name: MARY ?
15. Birthplace: FINLAND

16 (a) Informant: RECORDS
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13. 1942 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn Cemetery
Location: Baltimore County, Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway.

19 (a) NOV 14 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1942 at 10.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 13 1942 to Nov 12 1942 and that I last saw her alive on Nov 12 1942.

Immediate cause of death: Staphylococcus meningitis

Due to: Staphylococcus septicemia

Due to:

Other Conditions: Diabetes mellitus
Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation: September 20, 1942
Major findings of operations: Gangrene of sr. foot
of autopsy: Purulent meningitis

Duration: 2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Harold E.C. Thaeler
Address: Johns Hopkins Hosp. Date signed 11/13/42

F 97578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52 B

Registered No. F 97578

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: So. Baltimore General Hosp. 76
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 S. Clinton St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH M. HANSEN

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	none	female	white	married

6 (b) Name of husband or wife Emil Hansen
6 (c) If alive, give age 75 years
7. Birth date of deceased (mo., day, yr.) Dec. 10. 1871

8. AGE: Years	Months	Days	If less than one day
70	11	1	____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business - - -

FATHER
12. Name Christopher Dippel
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Ullrich
15. Birthplace Germany

16 (a) Informant Mr. Emil Hansen (Husband)
(b) Address 108 S. Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 14. 1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore County
18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.
19 (a) NOV 14 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/11 1942 at 7:07 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/4 1942 to 11/11 1942 and that I last saw her alive on 11/11 1942

Immediate cause of death Cardiac Decompensation -
Due to Infiltrating Carcinoma of Bladder
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Cystoscopy - 11/2/42 -
Major findings of operation: Ca of Bladder -
of autopsy: None performed

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at - M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul O. Mengano M. D.
Address 213 Light Street Date signed

VS 150

425208

F 97579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓14

F 97579
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 W Lafayette
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Strutter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-11-44

8. AGE: Years	Months	Days	If less than one day
1	165	1	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Strutter
13. Birthplace Md.

MOTHER
14. Maiden Name Annie J Sheppard
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-42 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem.
Location

18 (a) Funeral director George H. Nelson
(b) Address 1303 Pennsylvania Ave

19 (a) NOV 14 1942 (Date rec'd by registrar) Hattie Lee Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 9 1942 to Nov 12 1942, and that I last saw him alive on Nov 12 1942.

Immediate cause of death respiratory failure

Due to tuberculous meningitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph W. Kibler M.D.
Address Johns Hopkins Hosp. Date signed 11/13/42

VS 180

F 97360 77528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 156B

Registered No. F 97560

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 420 Howil Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Booker T. Banks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19th, 1917

8. AGE: Years	Months	Days	If less than one day
25	5	13	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Banks
13. Birthplace Va.

MOTHER
14. Maiden Name Gladys Tibbs
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem. Co.
Location Balto. Co., Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 571 W. Biddle St. Baltimore, Md.

19 (a) NOV 14 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11-12 1942, at 7:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-21 1942 to 11-12 1942 and that I last saw him alive on 11-12 1942

Immediate cause of death: Cardiac failure — Duration: 7

Due to: Thoracic kyphosis — Duration: ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 11-13-42

VS 160

F 97531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97581

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Provident Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days): 14
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 1422 Madison Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country:

3 (a) FULL NAME: Flossie E. White

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 27, 1896

8. AGE: Years	Months	Days	If less than one day
46	7	14	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Notary Public

11. Industry or business:

FATHER
12. Name: Charles White
13. Birthplace: Md.

MOTHER
14. Maiden Name: Martha ?
15. Birthplace:

16 (a) Informant: Nathan White
(b) Address: 931 N. Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-42 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn Cem.
Location: Baltimore, Md.

18 (a) Funeral director: Mrs. Granville A. Hemsley
(b) Address: 575 W. Biddle St.

19 (a) NOV 14 1942 (Registered by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 11, 1942 19 at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/10/ 1942, to 11/11/ 1942, and that I last saw her alive on 11/10/ 1942.

Immediate cause of death	Duration
(a) Pulmonary edema	3 hrs
Due to cerebral hemorrhage	24 hrs
Due to hypertensive cardio-vascular-renal disease	7
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: James D. Carr, M.D.
Address: 515 Marlboro St. Date signed: 11/14/42

F 97582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42 B

F 97[illegible] Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1115 N. Longwood St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 N. Longwood St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE L. WOODS

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 215 - 05 - 8552

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife: Carrie R. Woods
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/23/1891

8. AGE: Years	Months	Days	If less than one day
50	11	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Insurance Agent
11. Industry or business Home Beneficial

FATHER
12. Name Robert S. Woods
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Anna R. Curry
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Carrie R. Woods, wife
(b) Address 1115 N. Longwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) NOV 14 1942 (Date rec'd by registrar) (b) [signature illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 14 1942 to Nov. 12 1942, and that I last saw him alive on Nov. 11, 1942.

Immediate cause of death	Duration
Cerebral Embolism	
Due to Rheumatic Endocarditis	
Due to Mitral Stenosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George S. Kenyon M. D.
Address 3030 Edmondson Ave. Date signed 11/13/42

VS 3

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F 97333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1576

Registered No. F 97583

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1712 N Calvert St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-5
(e) Length of stay in Baltimore (yrs., mos., or days) 2dy

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby McNamara (Baby Stephan McNamara) (Birth F 6221 6)

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 11 1942

8. AGE: Years | Months | Days 2/12 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name W Mc Namara (William)
FATHER 13. Birthplace Balto, Md

MOTHER 14. Maiden Name Ella Hitchcock
MOTHER 15. Birthplace Balto Md

16. (a) Informant Mr. William McNamara
(b) Address 1712 N Calvert

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Huntingtown Prince Georges, Md. Registrar

NOV 14 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/13 1942, at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 11 1942, to Nov 13 1942, and that I last saw him alive on 11/14 1942.

Immediate cause of death Congenital Heart — Duration 2 dy

Due to

Due to

Other Conditions Cardiac dilatation
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S C Feldman M. D.
Address 1440 Cathedral Balto Md Date signed 11/15/42

F 97584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

F 97584 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3427 Wabash Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3427 Wabash Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN EMORY BAUER

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 212-01-2041

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Candis L. Bauer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/7/1892

8. AGE: Years	Months	Days	If less than one day
50	6	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation auditor
11. Industry or business Sisk & Sons

FATHER
12. Name John Bauer
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Sadie Cannoles
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Samuel M. Bushman
(b) Address Charles St. Ave. - Towson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12, 1942, 10:05 A M

21. I certify that death occurred on the date above stated, that I attended deceased from July 8 1940 to Nov 12 1942 and that I last saw him alive on Nov 12 1942

Immediate cause of death: Mitral Insufficiency — Duration: 7-8-42
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John S. Bubert M. D.
Address 4502 Park Heights Ave Date signed 11/13/42

F 97585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42a

F 97585 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2212 Park Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2212 Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Estelle R. Kohn

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Morris Kohn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1879

8. AGE: Years	Months	Days	If less than one day
63	6	29	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Samuel Rosenthal
13. Birthplace Germany

MOTHER
14. Maiden Name Sarah Ruby
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Wm. Bush
(b) Address Washington, D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/42 (month) (day) (year)
(c) Cemetery or crematory Star Lemons
Location Balto. Md.

18 (a) Funeral director David Sonnheim & Son
(b) Address 1902 Eutaw Place

19 (a) (Signature of registrar) (b) Date received (Registrar)

NOV 14 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1942, at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to Nov 13 1942 and that I last saw he alive on Nov 13 1942.

Immediate cause of death	Duration
Acute myocardial failure	1 day
Due to Coronary thrombosis	5 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. Frederick Lentz M. D.
Address Temple Gardens Apts. Date signed Nov 15 42

F 97586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 97586 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6206 Birchwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 6206 Birchwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Vila A. Feister

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of ~~husband or wife~~ Jacob H. Feister
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13 - 1851

8. AGE: Years	Months	Days	If less than one day
91	1	-	hr. min.

9. Birthplace Taylorsville Md (Town, county and state)
10. Usual Occupation At Home
11. Industry or business

FATHER 12. Name Henry A. Franklin
13. Birthplace Md

MOTHER 14. Maiden Name Clementina Barnes
15. Birthplace Md

16 (a) Informant Mrs Bessie B. Feister
(b) Address 6206 Birchwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-42 (month) (day) (year)
(c) Cemetery or crematory
Location Loudon Park

18 (a) Funeral director Leonard Buck
(b) Address 5305 Harford Rd

19 (a) NOV 14 1942 (Date rec'd by registrar) Huntingtower Williamsport Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13 1942, at 6 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942 to Nov 13 1942 and that I last saw him alive on Nov 12 1942

Immediate cause of death Chronic Myocarditis — Duration 8 years

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? No
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. L. Hardy, Md M. D.
Address 5706 Harford Rd Date signed 11-14-42

F 9758 HEALTH DEPARTMENT—CITY OF BALTIMORE F 9758

CERTIFICATE OF DEATH 1937

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1307 Druid Hill Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Olivia Payne

(a) Residence: No. 1307 Druid Hill Ave St. 11-4 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	W.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

c. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME Mary Mathews

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

17. INFORMANT Mrs. J. Payne

(Address) 1113 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 11/14 1942

19. UNDERTAKER Archibald Gadsden

(Address) 3107 Mclculloh St.

20. FILED NOV 14 1942 Washington Williams H.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-11-42, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-2-, 1940 to 11-11-, 1942

I last saw her alive on 11-10-, 1942 Death is said to have occurred on the date stated above, at 6.15 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma + Respiration Failure

Date of onset

Other contributory causes of importance:

Hypertension

Myocarditis - Hypostasis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Irvin S. Stamm M. D.

(Address) 2340 Madison Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS and information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 97588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

F 97588 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5500 Stonington Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 d
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5500 Stonington Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ellen Longfellow Clogg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Howard U. Clogg
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 7/26/78

8. AGE: Years	Months	Days	If less than one day
64	3	17	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Home duties
11. Industry or business

FATHER
12. Name Johnathan Longfellow
13. Birthplace

MOTHER
14. Maiden Name Mary Connor
15. Birthplace

16 (a) Informant Mr. Howard U. Clogg
(b) Address 5500 Stonington Ave.

17 (a) Entombment (Burial, cremation, or removal) (b) Date thereof 11/16/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Mausoleum
Location Woodlawn, Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place.

19 (a) NOV 14 1942 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13, 1942 at 4.10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/3/42 19 to 11/13/42 19 42, and that I last saw her alive on 11/9/42 19 42.

	Duration
Immediate cause of death Acidosis from starvation - has refused to eat anything or take fluids for seve 31 weeks	6 days
Due to Carcinoma of cardiac end of	5 months
Due to Stomach	
Other Conditions See other side	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. U. Harper M.D.
Address 5201 Gwynn Oak Ave. Date signed 11/13

VS 180

F 97589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186a F 97589

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 N. Washington St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Jeannette Gibson

If U. S. Veteran specify WAR

(a) Residence: No. 2008 N. Washington St. St., 9-5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Marion Gibson

6. DATE OF BIRTH (month, day, year) Dec. 13, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Luther Martin Kirby

14. BIRTHPLACE (city or town) ?
(State or country)

MOTHER

15. MAIDEN NAME Sarah Jane Higbee

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Oscar M. Gibson
(Address) 1805 Chelsea Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Nov. 14 1942

19. UNDERTAKER John O. Mitchell Sons
(Address) 1900 Eutaw Place

20. FILED NOV 14 1942 19 Registrar

Hunting for Will

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1942

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Autopsy thereon and from the evidence (Inquest, Autopsy or Inquiry)
obtained by me Inspection & Autopsy and that said deceased came (Inquest, Autopsy or Inquiry)
to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular Renal Disease	

Other contributory causes of importance:
Fractured left femur

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury 11/13, 19

Where did injury occur? 2008 N. Washington St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell in bath tub

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Howard A. Mulder M. D.
Coroner

(Address) 700 Fleet St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

F 97590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

F 97590 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 205 N Grundy St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6 8
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 N Grundy St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Matilda Cecelia Wagner

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Jacob Wagner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15, 1865

8. AGE: Years 77 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John Bergmann
13. Birthplace Germany

MOTHER
14. Maiden Name Helen Engler
15. Birthplace Germany

16 (a) Informant Mrs Agnes Hohmann
(b) Address 205 N Grundy St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14 42 (month) (day) (year)
(c) Cemetery or crematory Trinity Cem
Location Balto City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Arlington Ave

19 NOV 14 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12 19 42 at 9:37 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 6/42 to Nov. 12/42 and that I last saw her alive on Nov. 12/42.

Immediate cause of death — Duration

Chronic Cardiac Dilitation
Due to Unknown.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Woods Owens M. D.
Address 930 Fawn St Date signed Nov 13/42

VS 3

F 97591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1482

Registered No. F 97591

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1725 N. Montford Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1725 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELIZABETH LOUISE KAISS

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Albert L. Kaiss
6 (c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): Nov. 29, 1880

8. AGE: Years	Months	Days	If less than one day
61	11	13	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: At home
11. Industry or business:

FATHER
12. Name: Conrad Schneider
13. Birthplace: Germany

MOTHER
14. Maiden Name: Mary Roediger
15. Birthplace: Germany

16 (a) Informant: Albert L. Kaiss
(b) Address: 1725 N. Montford Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/42 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Baltimore, Md.

18 (a) Funeral director: Ulrich Funeral Home
(b) Address: 2008 Orleans St.,

19 (a) (Date rec'd by registrar) NOV 14 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1942, at 5 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 6 1942 to Nov. 12 1942 and that I last saw her alive on Nov. 12 1942

Immediate cause of death: Sarcoma of Uterus — Duration: 8 mos
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation: April 13, 1942
Major findings of operation: Sarcoma of Uterus
Of biopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Vincent J. Joaka, M.D.
Address: 845 N. Fulton Ave. Date signed: 11/13/42

F 97592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97592 Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltr City
(b) Street address 932 Fredenhall St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 2½ Months

2. USUAL RESIDENCE OF DECEASED:
(a) State S. C. (b) County Marion
(c) City or town Clover City (If outside city or town limits, write RURAL and give town)
(d) Street No. Marion (If rural give location)
(e) Citizen of foreign country? ✓ (Yes or No) If yes, name country ✓

3 (a) FULL NAME Melva Lee Williams

3 (b) If veteran, name of war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband Thomas Williams
6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) May 26 1922

8. AGE: Years 20 | Months 5 | Days 16 | If less than one day — hr. — min.

9. Birthplace S. Carolina (Town, county, and state)

10. Usual Occupation Housework
11. Industry or business Farming

FATHER
12. Name Emmett Watkins
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Bertha Adams
15. Birthplace S. Carolina

16 (a) Informant Thomas Williams
(b) Address 932 Fredenhall St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11 - 14 - 42 (month) (day) (year)
(c) Cemetery or crematory Clover S. C.
Location Clover S. C.

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 1016 S. Smallwood St

19 (a) NOV 14 1942 (Date rec'd by registrar) (b) Clinton Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 - 12 - 1942 at 7:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11 - 3 - 1942 to 11 - 12 - 1942, and that I last saw her alive on 11 - 12 - 1942.

Immediate cause of death	Duration
Bronchial Pneumonia	
Due to ✓	
Due to ✓	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation ✓
Major findings of operation: ✓
of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence — at — M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature James C. Carson M. D.
Address 1016 S. Smallwood St Date signed 11-14-42

VS 8

F 97533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1931

F 97593 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 216 Myrtle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 407-14-6079

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4, 1901

8. AGE: Years	Months	Days	If less than one day
41 50	2	8	hr. min.

9. Birthplace Bolding Green, Ky. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Smith
13. Birthplace Unknown

MOTHER
14. Maiden Name Harriett
15. Birthplace Unknown

16 (a) Informant Olga Clark
(b) Address 73 E Warren St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Ct
Location Balto Md

18 (a) Funeral director Frank L Brown & Son
(b) Address 10 W Montgomery St

19 (a) NOV 14 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-9- 1942, at 3:55 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration

Arteriosclerotic Cardio-Vascular

Due to Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard A. Mullis M.D.
Medical Examiner.

Date signed 11-10-42

VS 6

F 97594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5 | B

F 97594 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospt.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1629 Gorsuch Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edwin Eggers

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
—	None.	Male.	White.	Married

6 (b) Name of husband or wife Elsie Borst.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1882.

8. AGE: Years	Months	Days	If less than one day
60	—	—	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Bookkeeper.
11. Industry or business

FATHER 12. Name Wm. E. Whitehurst Eggers.
13. Birthplace

MOTHER 14. Maiden Name Whitehurst.
15. Birthplace

16 (a) Informant Mrs. Elsie Eggers.
(b) Address 1629 Gorsuch Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location

18 (a) Funeral director Mary Dr. Hirschfeld
(b) Address 501 E. Lex. St.

19 (a) NOV 14 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/13/42 19 at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/9/42 19 to 11/13/42 19.
and that I last saw him alive on 11/13/42 19.

Immediate cause of death	Duration
Respiratory failure	
Due to Ca of prostate	3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore Shroyer M.D.
Address Sinai Hosp. Date signed 11/13/42

VS 8

JL - 77458 F 97595

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97595 Registered No. 186a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 Da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2731 Greenmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Julia C. Wilson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife John(D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1862

8. AGE: Years	Months	Days	If less than one day
80	4	6	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Lives with daughter
11. Industry or business

FATHER
12. Name Batholamew Joyce
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Cloonan
15. Birthplace Ireland

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral, Cem.
Location

18 (a) Funeral director Mary M. Hughes
(b) Address 501 E. 32nd St.

19 (a) (Date received by Registrar) (b) Registrar

NOV 14 1942 Huntington Williams, M.D.

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-12 1942, at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-19 1942 to 11-12 1942, and that I last saw her alive on 11-12 1942

Immediate cause of death Bronchopneumonia — Duration 3 days
Due to Intestinal obstruction fract. 1st lumbar vert.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-19-42 M
(c) Where did injury occur? Baltimore (City or town) Maryland (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Slipped at home

23. Signature Howard J. Wilkins, M.D.
Address Baltimore, Md. Date signed 11-13-42

F 97596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97596 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1037 Mt Dorough St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1037 Mt Dorough St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jesse Still

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21 1879

8. AGE: Years 63 | Months 5 | Days 20 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Benjamin Still

13. Birthplace Va

MOTHER 14. Maiden Name Ann ?

15. Birthplace Va

16 (a) Informant Lula Pugh

(b) Address 1037 Mt Dorough St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 14 42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location C. A. Co

18 (a) Funeral director Payne Sanders

(b) Address 412 E. Preston St

19 (a) NOV 14 1942 (Date rec'd by Registrar) (b) Interring for Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 11 1942 at 5:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3 1942 to Nov 11 1942 and that I last saw h— alive on Nov 11 1942

Immediate cause of death Cerebral Hemorrhage — Duration 8 days

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

B. Signature Bernard Harris M. D.

Address 1207 N Carrollia Ave Date signed

F 97597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 97597

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1¼ Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 N. Montford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Frederick Miller
3 (b) If veteran, name war
3 (c) Social Security Account No. 213-10-1023

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age 56 years
7. Birth date of deceased (mo., day, yr.) Dec 2 - 1878

8. AGE: Years	Months	Days	If less than one day
63 62	11	10	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Motorman
11. Industry or business Balto Transit Co.

FATHER
12. Name John Paul Miller
13. Birthplace Germany

MOTHER
14. Maiden Name —
15. Birthplace Germany

16 (a) Informant Elizabeth Miller
(b) Address 1409 N. Montford Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 16. 42 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem
Location North Ave
18 (a) Funeral director Wm. Fialkowski
(b) Address 1618 Eastern Ave
19 (a) NOV 14 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12 1942 at 4:45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11 1942 to Nov. 12 1942 and that I last saw him alive on Nov. 12 1942.

Immediate cause of death Coronary Thrombosis — Duration 1 day
Due to Arteriosclerotic Cardio-Vascular Renal Disease ?
Due to
Other Conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature William H. Fuerling M.D.
Address St. Joseph's Hosp. Date signed 11-13-42

VS 8

97338? Brooklyn ave old Point

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 97598

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1511 Cherry St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1511 Cherry St (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Wrzesinska

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Stanley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 20, 1885

8. AGE: Years 57 56 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Vincent

13. Birthplace Poland

MOTHER 14. Maiden Name Tekla Jaskulska

15. Birthplace Poland

16 (a) Informant Stanley Wrzesinski

(b) Address 1511 Cherry St

Burial Nov. 16, 42 (Burial, cremation, or removal) (b) Date thereof Nov 16-42 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location A. A. Co.

18 (a) Funeral director Wm. S. Fialkowski

(b) Address 2007 Eastern ave

19 (a) NOV 14 1942 (Date rec'd by registrar) (b) Registrar

Hamilton Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 — 1942 at 5 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 — 1940 to Nov. 17 1942 and that I last saw h[illegible] alive on Nov. 9 1942;

Immediate cause of death Cerebral Hemorrhage — Duration 2 yrs.

Due to

Due to

Other Conditions Diabetes

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Wm. S. Fialkowski M.D.

Address 4845 Pennington Ave Date signed Nov. 17 — 42

E 97599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. E 97599

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 S. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Morawski

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-9224

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business

FATHER
12. Name —
13. Birthplace Poland

MOTHER
14. Maiden Name —
15. Birthplace Poland

16 (a) Informant Lawrence Morawski
(b) Address 3526 Esther Pl.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 14-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Issaque Rd.

18 (a) Funeral director Wm. J. Fialkowski
(b) Address 2097 Eastern Ave

19 (a) NOV 14 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 1942, at 12 09 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry thereon and from the evidence obtained by said autopsy & inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Chronic pulmonary tuberculosis — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed Nov. 3 1942

VS 6

97600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 ✓

F 97600 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2934 St. Paul St.
(c) ~~Hospital or institution~~:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 79 5 29

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2934 St. Paul St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna B. Long
3 (b) If veteran, name war
3 (c) ~~Social Security Account~~ No.

4. Sex: Female | 5. Color or race: White | 6 (a) ~~Single, married, widowed, or divorced~~: Widow
6 (b) Name of husband or wife: Charles F. Long
6 (c) If alive, give age: deceased
7. Birth date of deceased (mo., day, yr.) May 14, 1863
8. AGE: Years 79 | Months 6 | Days 29 | If less than one day hr. min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name Walter W. Bell
13. Birthplace Aberdeen, Md.

MOTHER
14. Maiden Name Mary E. Bandel
15. Birthplace Long Green, Md.

16 (a) Informant Mrs. Grace Long
(b) Address 2934 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. - 16 - 42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount & Oliver Sts

18 (a) Funeral director Geo. Schelling & Sons
(b) Address Geo. W. Schelling 3624 Greenmount

19 NOV 14 1942 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1942, at 8a M
21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1939 to Nov. 13 1942
and that I last saw her alive on Nov. 12 1942

Immediate cause of death: Uremia — Duration 4 D.
Due to: Chronic Arteriosclerosis Hypertension
Due to: Cerebral Arterio-Sclerosis
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carroll Lockard M. D.
Address 2425 N Charles St Date Nov 14 1942

VS 8

F 97601 ✓ F 97691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3006 Harford Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3006 Harford Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louise W. Gassinger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife August Gassinger Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March-30-1870

8. AGE: Years	Months	Days	If less than one day
72	7	13	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name William Hengemuehle
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Debring
15. Birthplace Germany

16 (a) Informant Mr. August Gassinger Sr.
(b) Address 3006 Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov.-16-1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Henry Hooks & Sons Inc.
(b) Address 1301 E. Eager St.

19 (a) NOV 15 1942 (Date rec'd by local registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov.-13-1942 19 10.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from August 15 1941 to Nov 13 1942. and that I last saw h[illegible] alive on Nov 12 1942

Immediate cause of death [illegible]

Due to [illegible]

Due to [illegible]

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1 yr 8 mo
Unknown
6 Hours

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. J. Moore M. D.
Address 16 Cathedral St. Date signed 11-14-42

VS 3

F 97602 ✓ F 97602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1816 N. Charles (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3 (a) FULL NAME Dr. Barett Conner Catlin (Barrett Connor Catlin)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: M | 5. Color or race: W | 6 (a) Single, (Married) Widowed, or divorced: married

6 (b) Name of husband or wife: Bessie Carmany Catlin
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 31, 1868

8. AGE: Years 74 | Months 3 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace Maryland-Crumpton, Md. (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business .....

FATHER
12. Name Barrett C. Catlin
13. Birthplace Maryland (Queens Co. Md.)

MOTHER
14. Maiden Name Mary C. Hampton
15. Birthplace Maryland (Crumpton)

16 (a) Informant Mrs. Bessie C. Catlin, wife
(b) Address 1816 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

NOV 15 1942 (Date rec'd by Registrar) (b) [illegible] Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14, 1942, at 1:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 13 1942 to Nov. 14, 1942 and that I last saw h[illegible] alive on Nov. 14, 1942

	Duration
Immediate cause of death: Cardiac failure	
Due to: Hypertension	5 yrs.
Due to:	
Other Conditions: Emphysema Pulmonary Infarct (Include pregnancy within 3 months of death)	2 yrs.

Date of operation .....
Major findings of operations: .....
Was autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Frank H. Ridgely Jr. M. D.
Union Memorial Hospital Date signed 11-19-42

VS 8

F97603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. F97603

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 417 N. Pulaski Street
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) Same (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 417 N. Pulaski Street
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Louis Cohan

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
65			____ hr. ____ min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Cigar manufacturer, retired.
11. Industry or business

FATHER
12. Name Emanuel Cohan
13. Birthplace Russia

MOTHER
14. Maiden Name Belle —
15. Birthplace Russia

16 (a) Informant Herbert L. Cohan
(b) Address 3407 Virginia Ave

17 Burial (Burial, cremation, or removal) (b) Date thereof 11-15-42 (Month) (day) (year)
(c) Cemetery ~~or crematory~~ Lebanon Friendship
Location E. Baltimore St

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Baltimore St.

19 (a) NOV 15 1942 (Date rec'd by Registrar) (b) Interment Lebanon Friendship Nov. 15, 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-13- 1942 at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereof and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Howard J. Madden M.D.
Medical Examiner
Date signed 11-13-42

VS 6

F 97604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 97604

Registered No. 13 a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2560 Robb St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City of Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2560 Robb Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward C. Merryman Sr

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~or wife~~ Maude M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17-1855

8. AGE: Years 87 Months 3 Days 27 If less than one day hr. min.

9. Birthplace Monkton Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Store Keeper Self

FATHER
12. Name John Merryman
13. Birthplace England

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Edward C. Merryman Jr
(b) Address 3405 Brendan Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 16 42 (month) (day) (year)
(c) Cemetery or crematory Monkton M.E.
Location Monkton Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul Street

19 (a) (b) Huntington Williams M.D. Registrar

Date received NOV 13 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13 1942 at 3:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1942 to Nov 13 1942, and that I last saw ~~him~~ her alive on Nov 10 1942

Immediate cause of death	Duration
Myocardial degeneration	20 yrs
Coronary Embolism	15 d.
Due to Arteria Sclerosis	15 d.
Hypertension	15 d.
Due to Chronic Interstitial Nephritis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. A. Stevens M. D.
Address 2878 Harford Rd Date signed 11 14 42

F 97605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C

F 97605 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1928 N. Collington Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM HOGG

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No. 228-12-5719

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: M
6 (b) Name of ~~husband~~ or wife: Catherine Hogg
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 1897
8. AGE: Years 45 Months 9 Days If less than one day hr. min.
9. Birthplace Virginia (Town, county and state)
10. Usual Occupation Defense Work
11. Industry or business Power Co.

FATHER
12. Name Thomas Hogg
13. Birthplace Virginia

MOTHER
14. Maiden Name Anna Bircher
15. Birthplace Virginia

16 (a) Informant Catherine Hogg
(b) Address 1928 Collington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 17 1942 (month) (day) (year)
(c) Cemetery or crematory Grafton
Location Grafton, Virginia

18 (a) Funeral director William Cooks Sons
(b) Address 1217 St Paul Street

19 (a) NOV 15 1942 (Date rec'd by registrar) (b) Huntington Wilkinson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13, 1942 at 9 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to	
Due to	
Other Conditions: None	

(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 2/5
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence 11-8-42 at 12 P M
(c) Where did injury occur? 5600 Block Eastern Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work?
(e) Means of injury Pedestrian struck by auto

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 11-14-42

VS 6

F 97606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓F 97606

Registered No. 1579

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1149 N. Fulton Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Regina Thompson (Birth F. 53752)

3 (b) If veteran, name war: No | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1942

8. AGE: Years	Months	Days	If less than one day
	4		hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Thompson
13. Birthplace Md.

MOTHER
14. Maiden Name Doris Anderson
15. Birthplace Md.

16 (a) Informant James Thompson
(b) Address 1149 N. Fulton Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 11/16/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Wilhelm & Son Inc
(b) Address 1217 E. Saint Paul St.

19 (a) NOV 15 1942 (Date Rec'd by Registrar) (b) Livingston Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1942 at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 29 1942 to Nov 13 1942 and that I last saw h[illegible] alive on Nov 13 1942

Immediate cause of death	Duration
Bronchopneumonia - Terminal	1 day
Due to	
Due to	
Other Conditions Macroglossia - cauf undetermined	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Etta C. Tenk, M. D.

Address Date signed

F 97607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30C

F 97607 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 901 E. Calvert St.
(b) Street address 901 E. Fayette St.
(c) Hospital or institution Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 E. Fayette St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME MRS. ANNA G. SMITH

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-19-1878

8. AGE: Years 63 | Months 10 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Canner

11. Industry or business

FATHER
12. Name George Schumann
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Colton
15. Birthplace Baltimore

16 (a) Informant Lillian Mary Smith
(b) Address 901 E. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16, 1942 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Baltimore, Md.

18 (a) Funeral director Williams Cook Inc.
(b) Address 1217 St. Paul St.

NOV 15 1942 (Date received by Registrar) Waiting for Williams Cook Inc. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1942, at 12:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 19 1942 to Nov. 13 1942 and that I last saw her alive on Nov. 13 1942

Immediate cause of death: Cerebral Vascular Accident — Duration: Interval

Due to: Late Syphilis — Interval

Due to — Interval

Other Conditions: Post Operative Cholecystostomy (Include pregnancy within 3 months of death) — Interval

Date of operation Oct. 12 1942

Major findings of operation: Chronic Cholecystitis & Stones

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry H. Coffman M.D.
Address Mercy Hosp. Date signed 11/13/42 M.D.

VS 150

F 97608

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97608 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 431 E. 27th Stree
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JERALD FREEBORN GARRETTSON

3 (b) If veteran, name war WW

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Clara Belton

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) May 1, 1877

8. AGE: Years 65 | Months 6 | Days 12 | If less than one day ....hr. ....min.

9. Birthplace Belair, Maryland
(Town, county, and state)

10. Usual Occupation Painter-DeMuth 10 years ago

11. Industry or business

FATHER
12. Name Enoch Garrettson
13. Birthplace Maryland

MOTHER
14. Maiden Name Lidia M. Groscove
15. Birthplace Maryland

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 11/16/42 (month) (day) (year)

(c) Cemetery or crematory National
Location Baltimore MD

18 (a) Funeral director Wilhelm Cook Inc

(b) Address 1217 E Fayette St

19 (a) NOV 15 1942 (Date rec'd by registrar) **(b)** Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH November 13 19 42 at 10:40a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 19, 1942 to Nov. 13, 1942, and that I last saw him alive on Nov. 13, 1942.

	Duration
Immediate cause of death: Pulmonary tuberculosis with tuberculous pneumonia	Unk.
Due to: Coronary disease with myocardial infarction and mural thrombosis	Unk.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. S. Baer for Surgeon M. D.

Address US Marine Hospital Baltimore, Maryland. Date signed 11/13/42

F 97609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 97609

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be complete and correct as far as known. Physicians: please write the causes of death clearly and legibly. Use no abbreviations. Do not use ditto marks. BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3912 Cranston Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3912 Cranston Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

16 8

3 (a) FULL NAME Ormon T. Hamilton

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mae

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1877

8. AGE: Years	Months	Days	If less than one day
65	3	1	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Ormon T. Hamilton
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary L. McDermott
15. Birthplace Maryland

16 (a) Informant Mrs. Ormon Hamilton
(b) Address 3912 Cranston Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md.

18 (a) Funeral director George Mary Barclay
(b) Address Fulton & Fayette

19 (a) NOV 15 1942 (Date rec'd by registrar) (b) Burial Permit Issued by Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH November 13 1942 at M

22. I certify that death occurred on the date above stated; that I attended deceased from June 1 1941 to Nov. 13 1942 and that I last saw him alive on Nov. 11, 1942

Immediate cause of death Hypostatic pneumonia — Duration

Due to Weakened condition due to Cerebral arteriosclerosis

Due to

Other Conditions Old fibroid tuberculosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George T. Kemp
Address 3030 Edmondson Ave. Date signed 11/14/42 M. D.

F 97330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 97330

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1727 E Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 E Baltimore St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sol Grossfeld

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Eva

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18 1889

8. AGE: Years	Months	Days	If less than one day
53	7	24	hr. min.

9. Birthplace Poland.
(Town, county, and state)

10. Usual Occupation

11. Industry or business Baker

FATHER
12. Name Meyer Grossfeld
13. Birthplace Poland.

MOTHER
14. Maiden Name Jennie Zucker
15. Birthplace Poland.

16 (a) Informant Mrs Eva Grossfeld.
(b) Address 1727 E Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton ave + Philadelphia Rd

18 (a) Funeral director Sol Levinson + Bros
(b) Address 1836-26 W. North ave

NOV 15 1942
(Date rec'd by registrar) Huntingtown Williamsport Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 14 1942, at 5 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26 1936, to Nov. 14 1942, and that I last saw h[illegible] alive on Nov. 14 1942.

Immediate cause of death	Duration
Coronary Occlusion	1 wk
Due to Nephritis	10 yrs (?)
Due to Hypertension	10 yrs (?)
Other Conditions Hypertension Paralysis Rt upper Extremity	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Linden

Address 14 S. Broadway Date signed 11/14/42 M. D.

F 97611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97611 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2003 E. Monument St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2003 E. Monument. ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary V. Esposita.

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Antonio Esposita.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan, 21st 1861

8. AGE: Years	Months	Days	If less than one day
81	10	22	hr. min.

9. Birthplace: Italy
(Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Frank Loura.
13. Birthplace: Italy

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Miss Nettie Esposita.
(b) Address: 2003 E, Monument St .

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17th 42 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Cem.
Location: Belair Rd.

18 (a) Funeral director: Geo. M. Fink & Son.
(b) Address: 811 N. Wolfe, St.

19 (a) NOV 15 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13th. 1942, at 2p M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1942 to Nov 13 1942 and that I last saw h[illegible] alive on Nov 13 1942.

Immediate cause of death	Duration
Spontaneous Subarachnoid Hemorrhage	3 days
Due to: Che. Cardio-vascular disease	10 yrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank J. Ayd M. D.
Address 2005 E. Monument St. Date signed 11/14/42

97612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97612

Registered No. F 97612

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3507 Gorton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3507 Gorton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Capitolia A. Webster

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Milton W. Webster
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1902

8. AGE: Years	Months	Days	If less than one day
40	11	12	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Frederick Burdett
13. Birthplace Cumberland Md

MOTHER
14. Maiden Name Gertrude V. Gregory
15. Birthplace Baltimore, Md

16 (a) Informant Milton W. Webster
(b) Address 3507 Gorton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 17 1942 (Month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location B. A. Co., Md.

18 (a) Funeral director A. Howard Kraus
(b) Address 400 E. Blanchard St.
(c) NOV 15 1942 (Signature) Huntington Williams M.D.
(Registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 - 1942, at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11 - 1942 to Nov. 13 1942 and that I last saw h— alive on Nov. 13 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 Days
Due to	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William D. Spurrier M.D.
Address 4815 Pennington Ave Date signed Nov 14 - 1942

VS 3

F 97613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83B

Registered No. F 97613

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1401 W. Fayette St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1627 W. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Edward Heimiller

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex Male | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced.** Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 31-1860

8. AGE: Years 81 | Months 10 | Days 13 | If less than one day: hr. min. 12

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Box maker.

11. Industry or business

FATHER
12. Name Paul Heimiller
13. Birthplace Germany.

MOTHER
14. Maiden Name Sophia Swalgster
15. Birthplace Germany.

16 (a) Informant Mrs. Wm. McGinn
(b) Address 1401 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem
Location Baltimore Md

18 (a) Funeral director Guy L. Bayer Jr
(b) Address 1512 Hollins St

19 NOV 15 1942 Huntington Williams M.D. (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 13 1942, at 12:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 27 1942, to Nov 13 1942, and that I last saw him alive on Nov 12 1942

Immediate cause of death Cerebral Embolism
Cerebral Thrombosis — Duration 10 yrs 48 hr

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature H G Jones M.D.
Address 2818 Pa Ave Date signed 11/15/42

VS 250

F 97614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

F 97614

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Pulaski sts.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 29 N. Smallwood
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Mrs Mary G. Belcher (Nee Bottomer)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Norman J Belcher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15 1901

8. AGE: Years 41 | Months 1 2 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at Home

FATHER
12. Name Ernest Bottomer
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary Henry
15. Birthplace Balto Md

16 (a) Informant Norman J Belcher
(b) Address 29 N. Smallwood St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Nov. 17 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director Geo. L Beyer Jr
(b) Address 1512 Hollins St

19 (a) (Date rec'd by Registrar) (b) Washington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1942 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/12 1942 to 11/13 1942 and that I last saw her alive on 11/13 1942

Immediate cause of death: Cerebral Hemorrhage? — Duration ?

Due to —

Due to —

Other Conditions Hypertension and Cardio-Vascular disease
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

or autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Edward L. Krez M.D.
M. D.
Address Bon Secours Hosp Date signed 11-13-42

F 97615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 97615

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. Do not use abbreviations. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) –
(e) Length of stay in Baltimore (yrs., mos., or days) –

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 529 N. Howard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ellen Rebecca Bean

3 (b) If veteran, name war –

3 (c) Social Security Account No. –

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Sylvester A. Bean

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22. 1870

8. AGE: Years 72 | Months 9 | Days 22 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name ? Brown

13. Birthplace Maryland

MOTHER 14. Maiden Name Unknown

15. Birthplace –

16 (a) Informant Chas. Thornton Bean

(b) Address 529 N. Howard St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-16-42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md.

18 (a) Funeral director C. Richard Fleming

(b) Address 1476 Light St.

19 (a) NOV 5 1942 (Date received by Registrar) (b) Hunter Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/13/42 19 , at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27 1942 to 11/13/42 19 , and that I last saw h Ell alive on 11/12/42 19

Immediate cause of death Apoplexy 10/7/42

Due to Coronary Occlusion Thrombosis

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 5 yrs

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Hunter M. D.

Address 1301 Eutaw Pl. Date signed 11/12/42

F 97616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 97616 Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Type or print correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2613 Ridgley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2613 Ridgley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Johnson ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-9805

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Ella Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12 4 1892

8. AGE: Years 49 | Months 11 | Days | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or Business

FATHER 12. Name Ruben Johnson
13. Birthplace Va

MOTHER 14. Maiden Name Nancy Robinson
15. Birthplace Va

16 (a) Informant Ella Johnson
(b) Address 2613 Ridgley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof November 15 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore City

18 (a) Funeral director Joseph R. Lisby
(b) Address 409 North Mount Street

NOV 15 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/12/1942 at 3.50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/28/1942 to 11/12/1942 and that I last saw him alive on 11/10/1942.

Immediate cause of death	Duration
Pulmonary Hemmorhage	
Due to Lobar Pneumonia	15 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold Biddle & K. Address Date signed 11/12/42

VS 3

F 97617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

✓ F 97617 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Carlton St
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 48 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 48 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3111 E. Preston st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Webb Birth F 62786 - Twin

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-11-42

8. AGE: Years | Months | Days 2 | If less than one day 48 hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Cecil E. Webb
13. Birthplace Va.

MOTHER
14. Maiden Name Ethel L. Houser
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Cecil E. Webb
(b) Address 3111 E. Preston st

17 (a) Burial (b) Date thereof 11/16/1942
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet
Location Frederick ave.

18 (a) Funeral director John A. Moran
(b) Address 3000 E. Baltor st

NOV 15 1942 (b) Huntington Williamsport, Md.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-13 1942 at 10:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-11 1942 to 11-13 1942, and that I last saw h[illegible] alive on 11-13 1942

Immediate cause of death Premature - 30 weeks — Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature William J. Reynolds M. D.
Address St Joseph Hosp Date signed 11-13-42

F 97618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97618 Registered No. 940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered or supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Room 1033 Belvedere Hotel
(c) Hospital or institution: Charles & Chase Streets.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Day

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County
(c) City or town Summit (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 Woodcroft Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick John Byrne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary Agnes Sexton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
About 57			hr. min.

9. Birthplace New York City, N. Y. (Town, county, and state)
10. Usual Occupation Mechanical Engineer
11. Industry or business H. W. Porter & Co.

FATHER
12. Name John Byrne
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Dougherty
15. Birthplace New York

16 (a) Informant Mrs Mary A. Byrne
(b) Address 4 Woodcroft Road Summit N. J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/42 (month) (day) (year)
(c) Cemetery or crematory
Location Summit N.J.

18 (a) Funeral director Nicholas W Musa and Son
(b) Address 805 N. Calvert St.

19 (a) NOV 15 1942 (Date received by registrar) (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14 1942, at 6 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & investigation thereon and from the evidence (Autopsy or Inquiry) obtained by said inquiry & investigation (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Coronary thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Fratman M.D. Medical Examiner.
Date signed Nov. 14 1942

F 97619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 97619 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 406 S. Ann Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 S. Ann Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME ANNA WOLTER

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John Wolter
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) October 19 1879

8. AGE: Years	Months	Days	If less than one day
63	-	24	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Urbanski
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant John Wolter
(b) Address 406 S. Ann Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. F. Sadowski Sons
(b) Address 808 Eastern Ave

19 (a) NOV 15 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13 1942 at 1:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1941 to Nov 13 1942 and that I last saw h[illegible] alive on Nov 12 1942

Immediate cause of death: Myocarditis — Duration 2 yrs.
Cardiac Vascular Disease — Duration 2 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Scarpetti M. D.
Address 1724 W Lanvale Date signed Nov 14 42

VS 3

F 97620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97620 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, if obtainable. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison Sts.
(c) Hospital or institution: Md. General Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore County
(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)
(d) Street No. Route #7. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edwin M. Lilly. (Edwin M. Lilly)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 23, 1884

8. AGE: Years 57 | Months 9 | Days 20 | If less than one day — hr. — min.

9. Birthplace Roslyn, Maryland (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business —

FATHER
12. Name Andrew E. Lilly
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sarah Cornelia Gawthrope
15. Birthplace Baltimore, Md.

16 (a) Informant Phoebe Lilly
(b) Address Pikesville, Md. Route #7.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive Cemetery
Location Randallstown, Md.

18 (a) Funeral director Miller Lamoreux
(b) Address 1003 W. Baltimore St.

19 (a) Date received by registrar VI 18 1942 (b) Registrar Herrington Williams, MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13 1942 at 10 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1-1942 to 11-13-1942 and that I last saw h(e) alive on 11-13 1942.

Immediate cause of death Heart failure — Duration

Due to Arteriosclerosis

Due to C A Bladder (?)

Other Conditions CA Lung (?)

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Shuck M. D.
Address Md Gen. Hospital Date signed Nov. 14, 1942

F 97621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97621

F 97621

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Glendale
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209 S. Woodwell Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES ALEX WILLETT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Mildred Kinsey
6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) Feb. 22 - 1917

8. AGE: Years	Months	Days	If less than one day
25 26	5	22	hr. min.

9. Birthplace Johnstown, Pa.
(Town, county, and state)
10. Usual Occupation machinist
11. Industry or business Glenn Martin Co.

FATHER
12. Name James Willett
13. Birthplace Pa.

MOTHER
14. Maiden Name Gertrude Wilson
15. Birthplace Pa.

16 (a) Informant Mrs. Mildred Willett
(b) Address 209 S. Woodwell Rd. Glendale

17 (a) Transportation (Burial, cremation, or removal) (b) Date thereof Nov. 15-42 (month) (day) (year)
(c) Cemetery or crematory Grandview
Location Johnstown, Pa.

18 (a) Funeral director John G. Connelly
(b) Address 418 Eastern Ave - Essex

19 (a) NOV 15 1942 (Date received by Registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14 1942 at 6.35 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 11-14-42 at 6 M
(c) Where did injury occur? Hurlock Rd and Lafayette Rd (City or town) Glendale (County) (State)
(d) Did injury occur about home or farm, industrial place, in public place? Public While at work? (Specify type of place).
(e) Means of injury Collision of motorcycle and
23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 11-14-42

VS 6

2951 B/Balto. M.

F 97622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97622 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure the correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 139 N. Curley Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 139 N. Curley St., (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Barbernitz (BARBERNITSCH)

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Suzanna Barbernitz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 20, 1868

8. AGE: Years	Months	Days	If less than one day
74	.	24	hr. min.

9. Birthplace Hungary (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name
15. Birthplace "

16 (a) Informant Wife
(b) Address 139 N. Curley St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street.

19 (a) NOV 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14 1942, at 1 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 12 1942, to Nov 14 1942, and that I last saw him alive on Nov 14 1942

Immediate cause of death	Duration
Uremia	
Due to Cerebral Hemorrhage	
Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Tinsley Insley M. D.
Address 2986 Balto Date signed 11-15-42

F 97623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12B

F 97623 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 Orleans St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Claud Quinerly 77691

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: black

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1918

8. AGE: Years 24 | Months 9 | Days 14 | If less than one day hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Sam Quinerly
13. Birthplace ?

MOTHER
14. Maiden Name Nellie House
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-42 (month) (day) (year)
(c) Cemetery or crematory
Location Greenmount Cem.

18 (a) Funeral director A. Halsall
(b) Address 9 E. Saratoga

19 (a) Filed (Date received by Registrar) Nov 16 1942 Livingston Williams M.D. Registrar

VS 11a

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1942, at 4:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 29 1942, to Nov. 12 1942, and that I last saw h. alive on Nov. 12 1942

Immediate cause of death: Pulmonary tuberculosis — Duration: 1 mo?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alyce S. Hantz M.D.
Address Balto City Hosp Date signed 11/12/42

F 97624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97624 Registered No. 1478

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette Ave. & John St.
(c) Hospital or institution: Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 days

2. USUAL RESIDENCE OF DECEASED: Baltimore
(a) State Maryland (b) County Howard
(c) City or town Alberton (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Mrs. Nancy Lee Stover

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John Staver

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/2/1917

8. AGE: Years 25 | Months — | Days 10 | If less than one day: hr. min.

9. Birthplace Strawsberg, Virginia (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business —

FATHER
12. Name George Scott
13. Birthplace Virginia

MOTHER
14. Maiden Name Lulu Lake
15. Birthplace Virginia

16 (a) Informant John Staver
(b) Address Jacketon Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16 1942 (month) (day) (year)
(c) Cemetery or crematory St. John's
Location Elkton Md.

18 (a) Funeral director Easton Hay
(b) Address Elkton Md.

19 (a) NOV 5 1942 (Date filed by registrar) (b) Huntington, W. Va. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1942, at 10:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 29 1942 to Nov. 12 1942, and that I last saw her alive on Nov. 12 1942

Immediate cause of death: Pulmonary Abscesses (Etiology undetermined) — Duration: 7

Due to: No evidence of criminal action or violence.

Due to —

Other Conditions: Post-partum; septicemia. — 22 days
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carl S. Hellijas, M. D.
Address Hosp. for Women Date signed 11/12/42

Howard J. Hellijas, M.D.

VS 8

F 97625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

F 97625 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given fully and correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1085 S. Fremont Av.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1085 S. Fremont Av (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Anna T. Klotz

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-20-8726

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/3/68

8. AGE: Years 74 | Months 10 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation saleslady

11. Industry or business John Wm. Fetzer Co.

FATHER 12. Name Philip Klotz

13. Birthplace Germany

MOTHER 14. Maiden Name Apollonia Klentz

15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth Langenbach

(b) Address 1085 S. Fremont Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/42 (month) (day) (year)

(c) Cemetery or crematory London Park Cem.

Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tichnor & Sons

(b) Address North & Pa. Ave.

19 (a) 11 15 1942 (b) Huntington Williams Registrar
(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/13 1942 at 3.30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Cerebral Arteriosclerosis	
Cardiac Decompensation	
Due to Chronic Arteriosclerotic Cardio-vascular disease	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ruth B. Vuchnall M.D. Medical Examiner.

Date signed 11/13/42

Unofficial F 97626

BALTIMORE CITY HEALTH DEPARTMENT ✓F 97626 Registered No.

CERTIFICATE OF DEATH 190c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3923 Park Heights Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (MAURICE) Morris Norwitz

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-9812

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	SEPERATED

6 (b) Name of husband or wife Oda

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant David Norwitz (Son)
(b) Address 3923 Pk. Hgts. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-15-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Pratt Ruth + Hamilton Aves

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Baltimore St.

19 (a) NOV 15 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1942, at 4 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & no autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry & inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to accident

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: N/A
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov 13 1942 at 6 PM
(c) Where did injury occur? North Ave + McCulloh St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No
(Specify type of place)
(e) Means of injury Struck by taxicab

23. Signature Robert Earl Graham M.D.
Medical Examiner
Date signed Nov. 15 1942

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

F 97627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 97627 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hempstead Belvedere Ave
(c) Hospital or institution: Hebrew Home For Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1/2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere ave (If rural give location)
(e) If foreign born, how long in U. S. A.? No years

3 (a) FULL NAME Bernard Miller

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex M | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Minnie Miller
6 (c) If alive, give age 93 years

7. Birth date of deceased (mo., day, yr.) 1856

8. AGE: Years 86 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Hebrew
11. Industry or business Teacher

FATHER 12. Name Victor Miller
13. Birthplace Russia

MOTHER 14. Maiden Name Von Kraus
15. Birthplace Russia

16 (a) Informant Sig Feinblatt
(b) Address Hempstead-Belvedere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-42 (month) (day) (year)
(c) Cemetery or crematory Franklin & Camp
Location Rosedale

18 (a) Funeral director Jack Davis Inc
(b) Address 1439 E. Balto St

19 (a) (Date received by registrar) NOV 13 1942 (b) Livingston Hilliard M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-15-42 19 ... at 6 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-30 1941 to 11-15 1942 and that I last saw h alive on 11 1942.

Immediate cause of death Arteriosclerosis
Hypertension

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Edmund L Levin

Address Levindale Date signed 11/15/42

F 97628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97628 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkins & Caton Aves
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) Yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. Newberg Avenue (If rural give location)
(e) Citizen of foreign country? Not (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Jennie B. Tugwell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife George W.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-15-1882

8. AGE: Years	Months	Days	If less than one day
60	6	29	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business Own Home

FATHER
12. Name Charles Einhorn
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Muller
15. Birthplace Germany

16 (a) Informant Geo. W. Tugwell
(b) Address Newberg Ave, Catonsville

17 (a) Burial (Burial, cremation, or removed) (b) Date thereof 11/17/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Harry H. Nitzke
(b) Address 4101 Edmondson Ave.

NOV 15 1942 Huntington Williams (Date rec'd by Registrar) (Deputy Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14, 1942 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 18, 1942 to Nov 14, 1942 and that I last saw h[illegible] alive on Nov. 14, 1942.

Immediate cause of death	Duration
Chronic nephritis	5 yrs
Due to Hypertension	10 yrs
Due to	
Other Conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	5 yrs

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address [illegible] Date signed 11/[illegible]

VS 180

F 97629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 97629 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2514 Madison Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME LUTHER HILL

3 (b) If veteran, name war ----
3 (c) Social Security Account No. ---------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Nola Woody Hill
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) August 29, 1910

8. AGE: Years	Months	Days	If less than one day
32	2	15	hr. min.

9. Birthplace Spartansburg, S. C.
(Town, county, and state)
10. Usual Occupation Attendant-
11. Industry or business US Marine Hospital

FATHER
12. Name John Hill
13. Birthplace Spartansburg, S. C.

MOTHER
14. Maiden Name Ophelia Foster
15. Birthplace Spartansburg, S. C.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 15 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Spartansburg S. C.

18 (a) Funeral director Mrs. Lee V. Holland
(b) Address 1603 Druid Hill Ave

NOV 15 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

28. DATE OF DEATH Nov. 14, 1942 at 1.45a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5, 1942, to Nov. 14 1942, and that I last saw him alive on Nov. 14, 1942

	Duration
Immediate cause of death Bronchopneumonia, right	5 Days
Due to Hypostatic lung disease	Unknown
Due to	
Other Conditions Arteriosclerosis.	Unknown

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: none
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George W. Comstock, M.D.
Address US Marine Hospital Baltimore, Maryland. Date signed 11/14/42

F 97630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 97630
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1606 David Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1606 David Hill Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Amy

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 15, 1902

8. AGE: Years 40 | Months 10 | Days 3 27 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Bellman

11. Industry or business

FATHER
12. Name Benjamin Amy
13. Birthplace Wildesey, C. Va.

MOTHER
14. Maiden Name Minnie Purcell
15. Birthplace Berlin, Md.

16 (a) Informant Minnie Amy
(b) Address 1606 David Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/15/42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Balto. Co. Md.

18 (a) Funeral director Mrs Lena M. Holland
(b) Address 1606 David Hill Ave.

19 (a) NOV 15 1942 (Date rec'd by registrar) (b) Interment to Hillsmere Md. (Where)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-13 1942 at 8:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-10 1942 to 11-13 1942 and that I last saw h[illegible] alive on 11 1942.

Immediate cause of death
Bronchopneumonia — Duration 1 month

Due to

Due to

Other Conditions Secondary Arterio

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 844 N. Carey St. Date signed 11-13-42

VS 8

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 97631

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

Registered No. F 97631

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 719 A. Bond Street
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 719 A. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Jedlicka

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Neuel Jedlicka
13. Birthplace Austria

MOTHER
14. Maiden Name Anna Kankas
15. Birthplace Austria

16 (a) Informant Victor Jedlicka
(b) Address 719 S. Bond Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Frank Brach & Son
(b) Address 900 S. Caroline St

19 (a) NOV 16 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-12 1942, at 3 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Arteriosclerotic Cardio-vascular	
Due to Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Mesdeis M.D.
Medical Examiner.
Date signed 11-13-42

VS 6

97632 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 97632

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of America Hospital Ward)

Registered No. 1610

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 11 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Laurence Rodney Hoggard

If U. S. Veteran specify WAR

(a) Residence: No. 11 N. Smallwood St., Ward. (Birth F 67181)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 3, 1942

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	Nov. 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jarvis Hoggard

14. BIRTHPLACE (city or town) (State or country) Bertie County N.C.

MOTHER

15. MAIDEN NAME Gertrude Baker

16. BIRTHPLACE (city or town) (State or country) Bertie County N.C.

17. INFORMANT Gertrude Hoggard

(Address) 11 N. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Nov. 16 19 42

19. UNDERTAKER George L. Lafrank

(Address) 1 Frederick Ave.

20. FILED NOV 16 1942 Huntington Williams

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1942

22. I HEREBY CERTIFY, That I attended deceased from November 3, 1942, to November 14, 1942

I last saw him alive on November 13, 1942 Death is said to have occurred on the date stated above, at 8.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage disease of new born	Nov. 6 1942
Other contributory causes of importance:	

Was an operation performed? No. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leonard Yaggi M. D.

(Address) Volunteers of America Hospital

97633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1367 F 97633
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo's

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2138 N. Howard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fountain Cotton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
67	—	—	hr. min.

9. Birthplace Midway Florida (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name Fountain Cotton
13. Birthplace Midway Fla.

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Theodore Cotton
(b) Address 2138 N. Howard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Fifth & Col. Ave.

18 (a) Funeral director Chas. H. Alexander
(b) Address 422 Appleton St.

19 (a) NOV 16 1942 (Date received by registrar) (b) Huntingtown, Md. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12, 1942 at 6 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 31 1942 to Nov. 12, 1942, and that I last saw h.. alive on Nov. 12, 1942.

Immediate cause of death Pneumonia & Uremia & Senility — Duration

Due to exhaustion

Due to Carcinoma of Rectum abscess

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Oct. 31, 1942

Major findings of operation: Carcinoma of rectum, gangrene of testes & Senility

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. R. S. Jenkerson
Address 680 Arlington Date signed 11-19-42 D.

VS 8

6

F 97634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97634 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 W Cross Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) All Her

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 W Cross Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ruth Mitchell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 17 1894

8. AGE: Years 48 | Months - | Days 26 | If less than one day hr. min.

9. Birthplace N. C (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name

FATHER 13. Birthplace N. C

MOTHER 14. Maiden Name

MOTHER 15. Birthplace N. C.

16 (a) Informant Lillie Wilson

(b) Address 507 W Cross Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 17 42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A A Co Md

18 (a) Funeral director Isaiah L Brumsfow

(b) Address 108 W Monty omery Street

19 (a) NOV 16 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 13 1942 at 7P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6 10 1942 to 11 13 1942 and that I last saw h- alive on 11 13, 1942.

Immediate cause of death: Phthysis

Due to (Pulmonary tuberculosis)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B M R Leitch M. D.

Address 2139 [illegible]

VS 8

97635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

Registered No. F 97635

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 722 N^th Bruce st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 722 N^th Bruce st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hattie Johnson.

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Columbus

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12-22-1884

8. AGE: Years 57 | Months 9 10 | Days 21 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Laurence Cornish
13. Birthplace Md

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Columbus Johnson
(b) Address 722 N^th Bruce st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 16 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn cemetery
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

19 NOV 16 1942 (Date rec'd by registrar) (b) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 13 1942 19 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to 11 13 1942 and that I last saw h[illegible] alive on 11 13 42

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Hypertension Cardiac Disease	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 536 W. Lanvale St Date signed 11/14/42

PLEASE WRITE PLAINLY, with unfading ink. Be sure to fill in all blanks. Be sure the correct age is especially important. Physicians: please write the causes of death clearly and fully.

VS 8

F 97636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97636 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution: Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Entire.
(e) Length of stay in Baltimore (yrs., mos., or days) "

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County
(c) City or town McConnelsburg, Pa. (If outside city or town limits, write RURAL and give town)
(d) Street No. Lincoln Way (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Abigail Faith Little

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife David E. Little
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Dec. 28 1872

8. AGE: Years	Months	Days	If less than one day
69 71	11 10	4 21	hr. min.

9. Birthplace Fulton County, Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Basil Catlett
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Clevenger
15. Birthplace Penna.

16 (a) Informant David E. Little
(b) Address McConnellsburg Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19-42 (month) (day) (year)
(c) Cemetery or crematory Union Cemetery
Location McConnellsburg Pa.

18 (a) Funeral director Elmer Sons
(b) Address Fletcherstown Md.

19 (a) Received by Registrar (b) Huntingtn Williams, M.D. Registrar

NOV 16 1942

VE 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-16 1942 at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-7- 1942 to Nov. 16 1942 and that I last saw her alive on 11-15-1942.

Immediate cause of death	Duration
Bronchopneumonia and Atelectasis.	6 days
Due to Cardiac Hypertrophy and Dilatation	
Due to Hypertensive Cardiovascular Disease	20+ years.
Other Conditions Toxic thyroid adenomata (Include pregnancy within 3 months of death)	

Date of operation Nov. 4, 1942.
Major findings of operation: 3 thyroid adenomata removed
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. V. Palmer M. D.
Address Community Hospital Date signed 11-6-42.

F 97637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

F 97637 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 dy
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4028 Clifton ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Philip B. Hahn

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Mary E. Hahn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 3 1857

8. AGE: Years	Months	Days	If less than one day
84	7	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Policeman
11. Industry or business Retired

FATHER
12. Name Ferdinand Hahn
13. Birthplace Baltimore

MOTHER
14. Maiden Name Don't know
15. Birthplace Baltimore

16 (a) Informant Mrs Dorothy Porter
(b) Address 4028 Clifton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director John Ulmer
(b) Address 2008 Eutaw St

NOV 16 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 14 1942 at 5a M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1942 to Nov 14 1942 and that I last saw h[illegible] alive on Nov 13 1942.

Immediate cause of death Acute dilitation of heart — Duration 1 day
Due to Myocarditis — about 2 mos.
Due to Advanced arterio-sclerosis — ?
Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) [illegible] Hall & Nuttall M.D.
23. Signature 320 Harrison Blvd M. D.
Address Nov 15 42 Date signed

VS 2

F 97638 S 30740 F 97633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1146C

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1319 N Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Etta Hough

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Married

6 (b) Name of husband or wife Theodore Hough
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1921

8. AGE: Years	Months	Days	If less than one day
21	3	22	hr. min.

9. Birthplace Hartsville S.C. (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Ardency Coffie
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Bertha Jackson
15. Birthplace S. Carolina

16 (a) Informant Theodore Hough
(b) Address 1319 N. Bond St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 17, 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Hartsville S. Carolina

18 (a) Funeral director Mrs. Robt. G. Elliott Dept
(b) Address 129 N. Carolina St Baltimore, Md.

19 (a) NOV 16 1942 (Date received by registrar) (b) Hunting Town Williamsburg Co. S.C. Registrar

MEDICAL CERTIFICATION

28. DATE OF DEATH Nov. 14 19 42, at 10:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 14 19 42 to Nov. 14 19 42 and that I last saw h[illegible] alive on Nov. 14 19 42.

Immediate cause of death — Duration

Postpartum Hemorrhage

Due to Placenta Accreta

Due to

Other Conditions Cyesis - 32 weeks duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Refused

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W B Butler M. D.
Address Provident Hospital Date signed 11-15-42

VS 3

F 97639

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1402 F 97639

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1641 Madison St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lavaia Bridges

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1, 1925

8. AGE: Years	Months	Days	If less than one day
17	3	13	hr. min.

9. Birthplace S. Carolina
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Booker T. Bridges
13. Birthplace Bennettsville S.C.

MOTHER
14. Maiden Name Theadora Pigatt
15. Birthplace Bennettsville S.C.

16 (a) Informant Theadora Bridges
(b) Address 1641 E. Madison St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 17, 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Raiford N. Carolina

18 (a) Funeral director Mrs. Robert A. Elliott & Daughter
(b) Address 1129 N. Caroline St.

19 (a) NOV 16 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14 1942 at 12 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death generalized peritonitis — Duration
Due to
Due to criminal abortion
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence ? ? at ? M
(c) Where did injury occur? ? ? ? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ? While at work? ? (Specify type of place)
(e) Means of injury Criminal abortion
23. Signature Robert A. A. Gratacap M.D. Medical Examiner.
Date signed Nov. 15 1942

VS 6

F 97640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97640

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12 W. Read St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 W. Read St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eleanor H. Ewald.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 12, 1880

8. AGE: Years	Months	Days	If less than one day
62	1	1	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Registered Nurse
11. Industry or business Self.

FATHER
12. Name Jacob A. Ewald.
13. Birthplace Virginia

MOTHER
14. Maiden Name Emma Rider
15. Birthplace Virginia

16 (a) Informant Miss Mary E. Ewald
(b) Address 12 W Read St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director John J. Keegan & Son
(b) Address 904 Hawkins St.

19 (a) 7-16-1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/13/ 1942 at 5-10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March, 1942 to Nov. 13, 1942 and that I last saw h[er] alive on Nov 13, 1942.

	Duration
Immediate cause of death Chronic Myocarditis & Hemiplegia	8 mo.
Due to Acute Myocardial Dilatation	1/2 hour
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M B Lewis M.D.
Address 711 W. Monument St Date signed 11/14/42

VS 8

Print age is especially important. Physicians: please write the name of deceased clearly.

F 97611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97641

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 E. 21st St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Bradley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/20/1894 1880

8. AGE: Years	Months	Days	If less than one day
47 82			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory St Paul
Location Baltimore Md 11/19/42

18 (a) Funeral director D. G. Cranston

(b) Address NOV 16 1942 21 W. 25th St Washington Metropolitan Area, D.C.

19 (a) (Date rec'd by registrar) (b) Registrar 9058

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 1942, at 7 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death arteriosclerotic cardio-vascular-renal disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.

Signed Nov. 2 1942

correct age is especially important

VS 6

97612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 Registered No. E 97612

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 666 S. Ann St ?
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kasimer Jankoski

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
—		Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 16 1942
COMMISSIONER OF HEALTH

18 (a) Funeral director
(b) Address

19 (a) NOV 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

9559

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-29-1942, at 8 30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy on and from the evidence obtained by Autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Acute Pulmonary Edema

Due to

Due to

Other Conditions Arterio-sclerotic Cardio-Vascular Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Sheldon M.D.
Medical Examiner.
Date signed 10-29-42

VS 6

Form ... correct age is especially important.

27643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 CF 27643
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balt. City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Eastern Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lee Andrew Linton

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
55 ?			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 16 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) NOV 16 1942 Huntington Williams, M.D. Registrar
(Date rec'd by Registrar)

9560

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 1942, at 10 25 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said partial autopsy found that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Rupture of liver	
Fracture of left leg.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following.
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov. 2 1942 at 10 M
(c) Where did injury occur? Erdman Ave & Sinclair Lane (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No (Specify type of place)
(e) Means of injury Struck by auto
23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Nov. 3 1942

correct age is especially important. Physicians, please

F 97644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 F 37644 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 712 W. Saratoga St. (If rural give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country

3 (a) FULL NAME FONG BOW KEE SHAK

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Yellow	Married

6 (b) Name of husband or wife ? not known
6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) about 1873

8. AGE: Years	Months	Days	If less than one day
69?			hr. min.

9. Birthplace China (Town, county, and state)
10. Usual Occupation Laundry
11. Industry or business

FATHER
12. Name not known
13. Birthplace not known

MOTHER
14. Maiden Name not known
15. Birthplace not known

16 (a) Informant Friend - Sing Wah
(b) Address 312 Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-42 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Woodlawn

18 (a) Funeral director Sherwood Memorial Co.
(b) Address 208 W. Mt. Royal Ave.

19 (a) NOV 16 1942 (Date rec'd by registrar) (b) Huntington for Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1942, at 11 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-12 1942 to 11-15 1942, and that I last saw him alive on 11-15 1942

Immediate cause of death	Duration
Pneumonia - bronchial	
Due to	
Due to	
Other Conditions Uremia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. W. Thompson M. D.
Address Md. Gen'l Hosp. Date signed 11/16/42

VS 8

F 97615 F 97615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 550

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2010 Cecil Ave.
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 Cecil Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Lucy I Parker

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb 16 1859

8. AGE: Years 83 | Months 8 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER 12. Name Edw. L. Parker
13. Birthplace Balto Md

MOTHER 14. Maiden Name Jane Celina
15. Birthplace Baltymd

16 (a) Informant Thos. P McGuire
(b) Address 412-E-31-St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-16-42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director Sherwood Morgan Co.
(b) Address 101 W Mount Ave

19 (a) ____ (b) ____ Registrar
(Date rec'd by registrar)

NOV 16 1942

VE 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14 1942, at 1.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 4 1941, to Nov. 14 1942, and that I last saw her alive on Nov. 14 1942.

Immediate cause of death: Carcinoma of Breast — Duration 2 yr.

Due to ____

Due to ____

Other Conditions: Chronic Cystitis

(Include pregnancy within 3 months of death)

Date of operation: April 1941.

Major findings of operation: Carcinoma of Breast

of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? ____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____
(Specify type of place)
(e) Means of injury ____

23. Signature Henry A Kelly M. D.
Address 2504 E Baltimore St. Date signed 11/14/42

F 97646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600 F 97646 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2000 E. Chase Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl (OR Fitz.) (Birth F 62133)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 11, 1942

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Isaac Fitz.
13. Birthplace Lithuania

MOTHER
14. Maiden Name Fannie Friedman
15. Birthplace Poland.

16 (a) Informant Mrs. Fannie Fitz
(b) Address 2000 E. Chase Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-42 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Old Philadelphia Road & Bowleys Lane

18 (a) Funeral director Levi Levin Inc.
(b) Address 2439 E. Baltimore St.

19 (b) NOV 16 1942 (Date rec'd by registrar) (c) Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14 1942, at 1:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 11 1942 to Nov 14 1942 and that I last saw her alive on Nov 14 1942

Immediate cause of death: Status epilepticus

Duration

Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice L. Rotalsum M. D.
Address Sinai Hospital Date signed 11/16/42

VS 2

correct age is especially important. Physicians, please write the cause of death clearly and legibly.

F 97647

BALTIMORE CITY HEALTH DEPARTMENT 93 NF 97647
Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Hammond St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 333 N. Gay St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB GAMMERMAN

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Nettie Gamble
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) 11-6-1886

8. AGE: Years	Months	Days	If less than one day
56	-	9	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business

FATHER
12. Name Henry Gamerman
13. Birthplace Russia

MOTHER
14. Maiden Name Rose Butler
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-42 (month) (day) (year)
(c) Cemetery Anshei Sfard
Location Mt. Carmel

18 (a) Funeral director Louis Levin Jr
(b) Address 1739 E. Balto St

19 (a) NOV 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/15/42 19 at 7:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/9/42 19 to 11/15/42 19
and that I last saw him alive on 11/15/42 19

Immediate cause of death	Duration
a Respiratory & Cardiac failure	
Due to Hypertensive Coronative heart failure	
Due to Bedridden Prostatic Hypertrophy & Hypertensive C.V.D.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leaders Sloroffy MD M. D.
Address Sinai Hospital Date signed 11/16/42

VS 8

correct age is especially important. If uncertain, say so.

AB-77676 F 97618 BALTIMORE CITY HEALTH DEPARTMENT F 97648

CERTIFICATE OF DEATH 83B Registered No.

PLEASE WRITE PLAINLY with pen and ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11Days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 928 Little Pine St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Boardley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	?

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? Dec. 25, 1894

8. AGE: Years	Months	Days	If less than one day
47 00 ?	?10	?13	hr. min.

9. Birthplace ?
(Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals Records
(b) Address

17 (a) Buried (b) Date thereof 11/16/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bryant Lee

19 (a) NOV 16 1942 (b) [illegible] Registrar
(Date received by Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-6 1942, at 2:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-28 1942 to 11-8 1942, and that I last saw h alive on 11-8 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	?
Due to Cerebral atherosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Rathbun M. D.
Address Balto. City Hosp. Date signed 11-15-42

97649 T.N 77887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 91a

D 97649 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3904 Philadelphia Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME August Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Dorothy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15th, 1906

8. AGE: Years	Months	Days	If less than one day
35	10	19	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Caretaker
11. Industry or business Graveyard

FATHER
12. Name Charles Robinson
13. Birthplace Maryland

MOTHER
14. Maiden Name Sadie Baker
15. Birthplace Maryland

16 (a) Informant Baltimore, City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 16/42 (Month) (day) (year)
(c) Cemetery or crematory Maryland Memorial Pk.
Location Jaglo Lane

18 (a) Funeral director John L. Miller
(b) Address 2334 Jefferson St

19 (a) NOV 16 1942 (Date received by Registrar) (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-13 1942, at 11:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-8 1942 to 11-13 1942 and that I last saw him alive on 11-13 1942

Immediate cause of death Hemiplegia — Duration 5 days
Due to acute tricuspid endocarditis — Duration ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 11-14-42

PLEASE WRITE CLEARLY. Physicians: please write the causes of death clearly and legibly. Statistics of the causes of death are especially important.

F 97650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

F 97650

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given, or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Lanvale Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Wayne Cave
(If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Florence Gibson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widow

6 (b) Name of husband or wife Dead.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1865

8. AGE: Years	Months	Days	If less than one day
77	4	0	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Home.

11. Industry or business —

FATHER: 12. Name Richard Thompson
13. Birthplace Maryland

MOTHER: 14. Maiden Name Ann Smith
15. Birthplace Maryland

16 (a) Informant Mrs. Selma Cecil
(b) Address Mercy Villa, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/16/42 (month) (day) (year)

(c) Cemetery or crematory
Location Washington D. C.

18 (a) Funeral director Wilkes & Tuckerson
(b) Address North & P Sts.

19 (a) NOV 16 1942 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16, 1942 at 10:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 22, 1942 to Nov. 16, 1942 and that I last saw h.LR alive on Nov. 16, 1942:

Immediate cause of death	Duration
Myocardial Failure	Unknown
Due to Carcinoma Ovaries (Ca of head of Pancreas)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Nov. 16, 42

Major findings of operations: Widespread Carcinoma Ovaries

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Tuck M.D.
Address Mercy Hospital Date signed 11/16/42 M.D.

VS 150

97651 HEALTH DEPARTMENT—CITY OF BALTIMORE 97651

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2126 Etting St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number,)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary E Dale

If U.S. Veteran—specify WAR

(a) Residence: No. 2126 Etting St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Dale

6. DATE OF BIRTH (month, day, year) March 17, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 yrs	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Fontaine Dale

(Address) 2126 Etting St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 16 1942

19. UNDERTAKER J. L. Pratt & Lufberry

(Address) 519 Monroe St.

20. FILED NOV 16 1942 Huntington Nitkin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1942

22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1942, to Nov 11, 1942

I last saw h alive on Nov 10, 1942. Death is said to have occurred on the date stated above, at 9:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	11/9/42
Arteriosclerosis	(?)
Senile Dementia	9/1/42

Other contributory causes of importance:

Senile Dementia

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jno. L. Pratt Jr. M. D.

Address 511 N. Schroeder St.

OCCUPATION is very important. See instructions on back of certificate.

F 97652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 61

F 97652

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 633 Monroe St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 633 Monroe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Green

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	b	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4 1873

8. AGE: Years	Months	Days	If less than one day
69	3	-	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thos. Ellis
13. Birthplace Md

MOTHER
14. Maiden Name Mary Ellis
15. Birthplace Md

16 (a) Informant Walter Green
(b) Address 633 Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-7-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Co

18 (a) Funeral director Raymon Sanders
(b) Address 1412 Preston St

19 (a) NOV 16 1942 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/4/42 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/39 19 11/4/42 19 , and that I last saw h[illegible] alive on 11/4/42

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Arteriosclerosis

Due to (or)

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date [illegible]

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97653

BALTIMORE CITY HEALTH DEPARTMENT 1942 Registered No. F 97653

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 W. 34th St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME OLIVER LEWIS STONE

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-09-4151

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	Married

6 (b) Name of husband or wife Ella E. Stone
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1884

8. AGE: Years	Months	Days	If less than one day
58	10	6	hr. min.

9. Birthplace Hampstead, Md. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Wyman Park apts.

FATHER
12. Name William George Stone
13. Birthplace Maryland

MOTHER
14. Maiden Name Rachael Huff
15. Birthplace Maryland

16 (a) Informant Mrs. Ella E. Stone
(b) Address 702 W. 34th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Grace Methodist
Location Black Rock Rd. Balto Co. Md

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) NOV 16 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1942, at 5:35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 11-14-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

97654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57 N

Registered No. F 97654

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Heldon Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Heldon Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Grace Irene Appleby

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lawrence Lee Appleby

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17-1888

8. AGE: Years 54 | Months 8 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Luther Bosley

13. Birthplace Maryland

MOTHER 14. Maiden Name Rebecca Riegle

15. Birthplace Maryland

16 (a) Informant Lawrence Lee Appleby

(b) Address 1200 Heldon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19-1942 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville, Md.

18 (a) Funeral director Horace F. Burgee

(b) Address 3601 Falls Road

NOV 16 1942 (Date Received by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15- 1942 at 8:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to Nov 15 1942

and that I last saw h[illegible] alive on Nov 15 1942

Immediate cause of death: Cancer of Bladder (primary) — Duration 1 Yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Horace Burgee

Address 64 W Saratoga St. Date signed 11/18/42

VS 2

F 97655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 F 97655 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo18ds
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1526 E. Monument Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

75

3 (a) FULL NAME ALEXANDER WINDER

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-14-5424

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Agnes Keene
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) December 25, 1882

8. AGE: Years	Months	Days	If less than one day
59	10	18	hr. min.

9. Birthplace Lancaster, Virginia
(Town, county, and state)
10. Usual Occupation Steward
11. Industry or business

FATHER
12. Name John H. Winder
13. Birthplace Virginia

MOTHER
14. Maiden Name Julia Ann Wright
15. Birthplace Virginia

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert L. Cooney
(b) Address 804 N. Caroline St

19 (a) (Date received by registrar) (b) Signature of local registrar

NOV 16 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13. 1942 at 2:00 am PM

21. I certify that death occurred on the date above stated; that I attended deceased from August 25 1942 to Nov. 13 1942 and that I last saw him alive on Nov. 13, 1942

Immediate cause of death	Duration
Hemorrhage, bladder	3 mo
Due to Carcinoma of bladder	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: 9/1;9/29;10/26; 10/26/42 Dilatation of urethra; Biopsy of bladder; Laparotomy
Examination of tissue: None Cystoscopic
of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Winder M.D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 11/14/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

VS Form 10

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97656 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and 33rd Sts.
(c) Hospital or institution:
Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Ruxton
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. John Edwin Greiner.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
male	white	

6 (b) Name of husband or wife Lilly F. Burchell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24 1859

8. AGE: Years	Months	Days	If less than one day
83	9	21	hr. min.

9. Birthplace Delaware.
(Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name Mr. John Greiner.
13. Birthplace Germany.

MOTHER
14. Maiden Name Anna Stack
15. Birthplace Pennsylvania.

16 (a) Informant Hosp. Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 19 42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore Md

18 (a) Funeral director Henry W. Jenkins (Sons)
(b) Address Mc Culloh & Cleveland Sts

19 NOV 16 1942 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1942, at 3:52 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11 1942, to Nov. 15 1942, and that I last saw him alive on Nov. 15 1942.

Immediate cause of death Cardio - resp. failure. — Duration 1½ hrs.

Due to Arteriosclerotic Hearts Disease 7 yrs.

Due to

Other Conditions Heart block

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James N. McCosh, Jr. M. D.
Address Union Memorial Hosp Date signed 11-15-42

VE 2

F 97657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97657

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33RD AND CALVERT STREETS
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 MOS 5 DA
(e) Length of stay in Baltimore (yrs., mos., or days) 77 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4310 ST. PAUL ST.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME R. WALTER GRAHAM

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WAITE	MARRIED

6 (b) Name of husband or wife MRS. R. WALTER GRAHAM
6 (c) If alive, give age years

7. Birth date of deceased (Month) [redacted] 30 1863

8. AGE: Years 79 | Months 7 | Days 16 | If less than one day hr. min.

9. Birthplace BALTIMORE, MARYLAND (Town, county, and state)

10. Usual Occupation BUSINESS

11. Industry or business City Comptroller

FATHER
12. Name DANIEL GRAHAM
13. Birthplace IRELAND

MOTHER
14. Maiden Name Mary Oswald
15. Birthplace IRELAND

16 (a) Informant SON
(b) Address 4310 ST. PAUL ST. BALTO.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 17 42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry W. Kenkays Sons &
(b) Address McCulloh & Orchard Sts

19 (a) (b) Huntington Williams, M.D. Registrar

Date received by registrar NOV 16 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 1942 at 4.05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 10 1942 to Nov. 15 1942 and that I last saw him alive on Nov. 15 1942.

Immediate cause of death	Duration
Acute Circulatory Collapse	2 HRS.
Due to Bronchopneumonia,	1 mo.
Diabetes & early Acidosis, Senility	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James M. McCook Jr. M. D.
Address Union Memorial Hosp. Date signed 11/15/42

97658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97653 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3014 Hamilton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3014 Hamilton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Meinz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of ~~husband~~ wife Frances M. Meinz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1866

8. AGE: Years	Months	Days	If less than one day
76	4	8	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Ret. Commission Merch.
11. Industry or business Merchant

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Albert Meinz
(b) Address 3120 Hanover Pike

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Fernand J. Burke
(b) Address 5305 Belair Rd

(a) 16 1942 (Date rec'd by registrar) H. Livingston Phillips Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1942 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 26 1942 to Nov. 12 1942 and that I last saw him alive on Nov. 12 1942

Immediate cause of death (Carcinoma of Colon Peritonitis) — Duration 6 mos. 24 hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Krenger M.D.
Address 1402 E. Lanvale Date signed 11-13-42

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 97659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 F 97659 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3207 Mary Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3207 Mary Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Driscoll
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow.

6 (b) Name of husband or wife Robert E. Driscoll
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14-1862

8. AGE: Years	Months	Days	If less than one day
80	10	2	hr. min.

9. Birthplace Richmond Va
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Mary C. Driscoll
(b) Address 3207 Mary Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location
18 (a) Funeral director Leonard Boyle
(b) Address 5306 Maryland Rd
19 (a) 11 16 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1942, at 6 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 28 19 42 to Nov 16 19 42
and that I last saw h alive on Oct 15 19 42
Immediate cause of death Marshall Pendrick
Due to Cerebral Thrombosis
Duration 2 Days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Leonard Boyle
Address 5306 Baltimore Date signed 11-17-42 M. D.

correct age is especially important. Typewrite or print plainly. Please write the cause of death clearly.

VS 3

F 97660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 W F 97660 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4206 Woodstock Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4206 Woodstock Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alice Feitsche Feitsche

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband ~~or wife~~ Frank Feitsche
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18-1869

8. AGE: Years	Months	Days	If less than one day
73	4	27	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Frank Feitsche
(b) Address 4206 Woodstock Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location
18 (a) Funeral director Leonard J Reuss
(b) Address 5205 Harford Rd
19 (a) 11 16 1942 (Date rec'd by registrar) (b) Wm. Tom Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1942, at 6:40 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-20 1942, to 11-15 1942 and that I last saw h~~er~~ alive on 11-15 1942.

Immediate cause of death	Duration
Chr. nephritis	2 yrs mos
Chr. myocarditis.	2 yrs mos
Due to Hypertensive cardio-vascular renal disease	Type?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature S. A. Alessi M. D.
Address 6217 Harford Rd Date signed 11-16-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

97661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1938

E 97661 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Marlborough Apts.
(c) Hospital or institution? 1201 Eutaw Place.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 1
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Marlborough Apts. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME NORA C. MEYER

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife Maurice J. Meyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1868.

8. AGE: Years 74 | Months 4 3 | Days 8 22 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER 12. Name Louis Coblens,
13. Birthplace Germany.

MOTHER 14. Maiden Name Julia Keyser,
15. Birthplace Md.

16 (a) Informant Mr. Maurice Meyer,
(b) Address Marlborough Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/42. (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom
Location Balto. Md.

18 (a) Funeral director Harris Funeral Home
(b) Address 1902 Eutaw Place.
(c) NOV 16 1942 (Date rec'd by registrar) Washington Pitts

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15th. 1942 at 7.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 29 1931 to Nov 15 1942, and that I last saw h[er] alive on Nov 15 1942.

Immediate cause of death	Duration
Arteriosclerotic heart disease	
Acute Pulmonary Edema	Nov 10 '42
Due to Generalized arteriosclerosis	
Due to Hypertension	Since 1931
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lewis P. Hamburger
Address 1207 Eutaw Place Date signed 11/16/42 M. D.

97662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97662 Registered No. 186a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 dys
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3203 E. Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY G. SMITH

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Annie G. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900 1890

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Arkansas (Town, county, and state)
10. Usual Occupation Conductor B. & O.
11. Industry or business R.R.

FATHER
12. Name Gilmore Smith
13. Birthplace ?

MOTHER
14. Maiden Name Mary ?
15. Birthplace ?

16 (a) Informant Balto City Hosp.
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17-42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Rd.

18 (a) Funeral director Thos. J. Connelly
(b) Address Edmondson Ave.

19 (a) NOV 16 1942 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1942, at 2a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Subarachnoid hemorrhage	
Due to Fracture of skull	
Due to	
Other Conditions NO	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov 7, 1942 at M
(c) Where did injury occur? B. & O. R.R. Cut
Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury: fall from train
23. Signature H. G. Wallenmeier M.D.
Medical Examiner
Date signed 11-16-42

VS 6

F 97563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

F 97663 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: Sa. Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9da
(e) Length of stay in Baltimore (yrs., mos., or days) 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 723 North Rent Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Silas B. Jackson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Unknown.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1889

8. AGE: Years	Months	Days	If less than one day
53	6	27	hr. min.

9. Birthplace Brunswick, Va.
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Glenn L. Martin

FATHER
12. Name Wesley Jackson
13. Birthplace Virginia

MOTHER
14. Maiden Name Abbygail Jackson
15. Birthplace Virginia

16 (a) Informant Ricardo
(b) Address Sa. Balto Gen

17 (a) Removal (b) Date thereof Nov 16-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Brunswick, Va.
Location West Va

18 (a) Funeral director William Cook Inc.
(b) Address NOV 17 1942 Paul S Trice

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13, 1942 at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 7 1942 to Nov 13 1942; and that I last saw him alive on Nov 13 1942.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Coronary Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Nov 7, 1942
Major findings of operation: Chronic Appendicitis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Andrew Jeff M. D.
Address 1213 Light St Date signed

VS 150

42507 F 97664 F 97664

BALTIMORE CITY HEALTH DEPARTMENT 83a Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 N. Eden (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Blanche G. McKinstry

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife FRANK
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) 3-17-71

8. AGE: Years	Months	Days	If less than one day
71	7	28	hr. min.

9. Birthplace Neb. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Joel W Gatewood
13. Birthplace Neb.

MOTHER
14. Maiden Name Alvina
15. Birthplace Neb

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-17-42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director William Cook Co
(b) Address 217 E Paul St

19 (a) NOV 16 1942 (Date rec'd by registrar) (b) [illegible] Registrar

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14 1942, at 1140 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 7 1942 to Nov 14 1942, and that I last saw h[illegible] alive on Nov 14 1942.

Immediate cause of death Cerebral hemorrhage from vessel of brain — Duration 7 days

Due to arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy Central hemorrhage in left parietal region

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hosp. Date signed 11/16/42

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 97665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931 Registered No. F 97665

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave.
(c) Hospital or institution:
Home for the Aged M.E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry R. Davis

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Charlie Ann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1853

8. AGE: Years 89 | Months 0 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George W. Davis
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Miriam O. Coates
(b) Address 2211 Rogers Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director William Lee Dove
(b) Address 1207 St. Paul St.

19 (a) NOV 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14, 1942 19 , at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942, to Nov 14 1942, and that I last saw him alive on Nov 14 1942.

Immediate cause of death: Chronic myocarditis — Duration 8 Months

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur J. Davis M. D.
Address 800 N. 33rd Date signed 11-15-42

F 97655 — F 97656

AB- 77970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 Hr.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 160 N. Gay St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Stephen Murphy

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Elizabeth (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29-1880

8. AGE: Years	Months	Days	If less than one day
61	10 11	16 15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Odd Jobs

11. Industry or business

FATHER — 12. Name Harry Murphy

13. Birthplace Maryland

MOTHER — 14. Maiden Name Margaret Roach

15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals

(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore

18 (a) Funeral director William Cook Inc.

(b) Address 1217 E. Baal St.

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

NOV 16 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-14 1942, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-13 1942 to 11-14 1942, and that I last saw h[illegible] alive on 11-14 1942.

Immediate cause of death: Cardiac failure — Duration 2 weeks

Due to: Hypertension & C.V. disease — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature N. K. Rathbun M. D.

Address Balt. City Hosp. Date signed 11-15-42

VS 33a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

97667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. F 97667

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 412 E 25th St

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs ~~40 Yrs~~

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 412 E 25th St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie F O'Brien

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~1875~~ 7/23/1876

8. AGE: Years	Months	Days	If less than one day
66 to 67	3	22	hr. min.

9. Birthplace Southland Richmond, Va
(Town, county, and state)

10. Usual Occupation

11. Industry or business At Home.

FATHER
12. Name John O'Brien
13. Birthplace Ireland

MOTHER
14. Maiden Name Susan Davis
15. Birthplace England Scotland

16 (a) Informant Miss F O'Brien
(b) Address 412 E 25th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/42 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cem.
Location

18 (a) Funeral director Percy M Wiedefeld
(b) Address 501 E. 32nd St.

19 NOV 17 1942 (b) Huntington Wilson

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-15-1942 at 1.15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from ~~Oct 15th 1942~~ to Nov 15 1942 and that I last ~~saw her alive on~~ to Nov 15 1942.

Immediate cause of death

Arteriosclerotic Cardio-Vascular

Duration

Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Howard D. Mueller M. D.

Address Chief Medical Examiner 600 Fleet Street Date signed 11/15/42

(over)

F 97668 ~~F 97688~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97668

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Prince George
(c) City or town Bowie
(If outside city or town limits, write RURAL and give town)
(d) Street No. — R.F.D.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances E. Lloyd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John W. Lloyd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1873

8. AGE: Years	Months	Days	If less than one day
69	0	25	hr. min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business -

FATHER
12. Name Richard Maobee
13. Birthplace U. S.

MOTHER
14. Maiden Name Jeannette Duval
15. Birthplace U. S.

16 (a) Informant Mr. Charles Lloyd.
(b) Address Bowie Md.

17 (a) Burial (b) Date thereof 11-19 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Bowie Md.
Location

18 (a) Funeral director Wendell E. Humphreys
(b) Address 1511 N. Broadway

19 (a) Date received for registration NOV 17 1942 Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-16 — 1942, at 12:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15 1942, to 11-16 1942, and that I last saw her alive on 11-16 1942.

Immediate cause of death Cardiac Tamponade

Due to Rupture of apex. branch of left coronary artery

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. P. Macomber M. D.
Address University Hosp. Date signed 11-16-42

Instructions: Use typewriter or ink. Print plainly. Write the cause of death clearly and legibly. Cause of death must be certified for every death, no matter how long or short the attendance may have been. Do not report symptoms of disease, but the disease itself. Do not report conditions resulting from disease, but the disease causing them. Do not report mere terminal conditions, such as heart failure, asphyxia, anemia, or uremia, but the disease causing them. Do not report merely the mode of dying, such as shock or hemorrhage, but the disease causing it. Do not report merely the mode of dying, such as cancer, nephritis, or heart disease, but the disease causing it. Do not report merely the mode of dying, such as cancer, nephritis, or heart disease, but the disease causing it.

E 97369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. E 97669

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2220 W. Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2220 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John V. Danaker.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8 1881

8. AGE: Years 60. Months 11 Days 23 If less than one day hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Michael J. Danaker

13. Birthplace Md.

MOTHER 14. Maiden Name Mary E. Massy

15. Birthplace Phila Pa.

16 (a) Informant Mrs. Mary A. Danaker

(b) Address 2220 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 / 18 / 42 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Balto. Md.

18 (a) Funeral director George R. Farley

(b) Address Fulton & Fayette Sts

NOV 17 1942 Huntington Williams Hall

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/16 1942, at 2:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said inquiry find that said deceased came
(Autopsy or Inquiry)
to natural death on the day stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions Chronic Alcoholism.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNulty M.D.
Medical Examiner.

Date signed 11/16/42.

VS 6

97670 + ✓ F 97670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1510 Registered No. F 97670

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address —
(c) Hospital or institution:
Hospital for Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Overlea
(If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby boy Chancellor (Birth F 62705)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12. 1942

8. AGE: Years | Months | Days | If less than one day: 2 hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Robert DeWilder Chancellor

13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name Carrie Louise Bobbs

15. Birthplace Overlea, Maryland

16 (a) Informant Mr. Robert Chancellor

(b) Address Overlea, Maryland.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHN HOPKINS MEDICAL SCHOOL NOV 16 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) NOV 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1942 at 8-25 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1 1942 to 11-12 1942 and that I last saw him alive on 11-12 1942

Immediate cause of death: Anencephalic Monster

Due to —

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Carlton York, M. D.

Address Lutheran Hosp. Date signed 11-13-42

correct age is especially important. If unknown, please state the approximate age.

VS 2

9565

7671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160C ✓ Registered No. F 9766 1

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Give full names of persons and places. Be sure to answer all questions correctly. Give age in years, months, days, hours, or minutes, whichever is correct. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eastwood & Jones St
(c) Hospital or institution: University Hospital Accident Room
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 761 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Betty Mae Flowers (Birth F 61795)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 5 1942

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Infants

11. Industry or business

FATHER
12. Name Gary Flowers
13. Birthplace S.C.

MOTHER
14. Maiden Name Ruby Fields
15. Birthplace Md

16 (a) Informant Birth Cert F 61795
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL NOV 16 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) NOV 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1942, at 8:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 8 1942 to Nov 8 1942, and that I last saw h.c.c alive on Nov. 8 1942.

Immediate cause of death	Duration
Cardio-respiratory failure	
Due to Rupt'd fallopian ligament	
Due to Dehydration	
Due to Malnutrition	
Other Conditions	void

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Autopsy. Rupt'd fallopian ligament with abdominal hemorrhage

Autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Hooks, M. D.
Address Univ. Hosp. Date signed 11-8-42

VS 150

9566

97672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

F 97672 Registered No.

PLEASE WRITE PLAINLY with pencil or pen. Physicians: please write the causes of death clearly and legibly. Be sure that the age is correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Lombard & Grans Sts
(b) Street address ~~Maternity~~
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 712 W. Hamburg St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Eva May Hicks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Black	infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July ? 1942

8. AGE: Years	Months	Days	If less than one day
	3 +		hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation infant.
11. Industry or business

FATHER
12. Name Geo. Hicks
13. Birthplace S.C.

MOTHER
14. Maiden Name Ora Lee Cook
15. Birthplace S. C.

16 (a) Informant Ora Lee Hicks
(b) Address 712 W. Hamburg St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL NOV 16 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) NOV 16 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-4 1942, at 10:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-26 1942 to 11-4 1942 and that I last saw her alive on 11-4 1942

Immediate cause of death	Duration
Dehydration	
Acidosis	
Due to Infectious diarrhea	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Etta C. Linde M. D.
Address Date signed

VS 150

9567

F 97673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 97673

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division St.

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hours

(e) Length of stay in Baltimore (yrs., mos., or days) 7 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Towson, Md.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 309 Lamar Ave

(If rural give location)

(e) Citizen of foreign country? ——— (Yes or No)

If yes, name country ———

3 (a) FULL NAME Infant Smith (Birth F. 6,754)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife ———

6 (c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.) 11-10-42

8. AGE: Years	Months	Days	If less than one day
			7 hrs ___ min.

9. Birthplace Baltimore Md.

(Town, county, and state)

10. Usual Occupation Newborn

11. Industry or business

FATHER

12. Name Charles Thomas

13. Birthplace Towson, Md.

MOTHER

14. Maiden Name Mary Smith

15. Birthplace Whitehall, Md.

16 (a) Informant

(b) Address

17 (a) ——— (Burial, cremation, or removal) (b) Date thereof ——— (month) (day) (year)

(c) Cemetery or crematory ———

Location JOHN HOPKINS MEDICAL SCHOOL NOV 16 1942

18 (a) Funeral director Commissioner of Health

(b) Address Huntington Williams, M.D.

19 (a) NOV 16 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 1942, at 2:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10 1942, to Nov. 10. 1942 and that I last saw h/m alive on Nov. 10, 1942.

Immediate cause of death	Duration
Atelectasis	7 hours
Due to Prematurity (3 months gestation)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation ———

Major findings of operations: ———

of autopsy: ———

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ———

(b) Date of occurrence ——— at ——— M

(c) Where did injury occur? ———

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ——— While at work? ———

(Specify type of place)

(e) Means of injury ———

23. Signature G. H. Bampfield M. D.

Address Provident Hospital Date signed 11-10-42

correct age is especially important. Physicians: please write the cause of death clearly and

VS 3

9568

F 97674

425341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

836 Registered No. F 97674

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2005 Druid Hill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillian Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-22-77

8. AGE: Years	Months	Days	If less than one day
65	1	22	hr. min.

9. Birthplace MD. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Makel ?
13. Birthplace ?

MOTHER
14. Maiden Name Caroline ?
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Archibald A. Geddis
(b) Address 2101 McElderry St.

19 (a) NOV 17 1942 (Date filed by Registrar) (b) Registrar
Huntington Williams, M.D.

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14 1942 at 5:25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 12 1942 to Nov. 14 1942 and that I last saw him alive on Nov. 14 1942

Immediate cause of death: Multiple Cerebral Infarcts — Duration 7 days
Due to: ? Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hosp Date signed 11/15/42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Cause of death may be entered in terms of disease and/or terms of manner of death. Do not enter mode of dying, such as heart failure, asphyxia, anemia, or shock without stating the cause which produced this condition. Operations should be mentioned only when performed for some other cause than the fatal one. Do not report symptoms. Indefinite or unknown causes of death are not acceptable. Deaths from violence must be reported to the Coroner. Fill in items 22 and 23 and correct age is especially important.

F 97675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 b F 97675 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and accurately. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 31 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2001 W. Lexington Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN JOSEPH HAYES

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Nettie Ruth

6 (c) If alive, give age: 39 years

7. Birth date of deceased (mo., day, yr.): April 10, 1887

8. AGE: Years 55 | Months 7 | Days 5 | If less than one day: ____ hr. ____ min.

9. Birthplace: Wexford, Ireland (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business: USS - 1926

FATHER
12. Name: Thomas Hayes
13. Birthplace: Wexford, Ireland

MOTHER
14. Maiden Name: Annastasia Nagle
15. Birthplace: Wexford, Ireland

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John O. Sargent Son
(b) Address 921 Walbrook St.

19 (a) Huntington Williams, M.D. (Date rec'd by registrar) Registrar

NOV 17 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15, 1942, at 3:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 12, 1942, to Nov. 15, 1942, and that I last saw him alive on Nov. 15 1942

Immediate cause of death: Tuberculosis, pulmonary, chronic, far advanced — Duration: Unk

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. S. Boan

Address US Marine Hospital, Baltimore, Maryland. Date signed 11/15/42

F 97676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

Registered No.

F 97676

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5310 Wayne ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 29
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5310 Wayne ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sidney T. Nimmo

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary E. Nimmo

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/14/1886

8. AGE: Years	Months	Days	If less than one day
56	1	1	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Merchant - Pianos

11. Industry or business self

FATHER
12. Name Sidney T. Nimmo
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Carrie Horner
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Mary E. Nimmo
(b) Address 5310 Wayne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/42 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill, Towson
Location Towson, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) NOV 17 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-15- 1942, at 3 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Cerebral Hemorrhage, Spontaneous

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 11-15-42

VS 6

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 97677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1a

F 97677

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eastern & Wolfe Sts.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5010 Elmer Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Hazel Andoniades

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~
F	W	

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/9/1902

8. AGE: Years	Months	Days	If less than one day
40	0	6	hr. min.

9. Birthplace N. J. (Gloucester, N. J.)
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER 12. Name	Frank B. Jones
FATHER 13. Birthplace	Pa.
MOTHER 14. Maiden Name	Ina Wagner
MOTHER 15. Birthplace	N. J.

16 (a) Informant Mr. George Andoniades
(b) Address 5310 Elmer Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams Md.

NOV 17 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 1942 at 2 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 24 1942 to Nov. 15 1942, and that I last saw h[illegible] alive on Nov. 15 1942.

Immediate cause of death Hypertensive C-V-D

Due to Chronic Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Gaetano Rossbert M.D.
Address St. Agnes Hosp. Date signed 11/15/42

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-97678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 37678

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 E. Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William J. McGahan

3 (b) If veteran, name war: --

3 (c) Social Security Account No. --

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs. Esther McGahan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1889

8. AGE: Years 53 | Months 6 | Days 0 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(City, county, and state)

10. Usual Occupation Clerk - Restaurant Business

11. Industry or business self

FATHER 12. Name John Thomas McGahan

13. Birthplace Balto., Md.

MOTHER 14. Maiden Name Rachael Tyndall

15. Birthplace Baltimore, Md.

16 (a) Informant Hospital Admission Clerk

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/42 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS

(b) Address Balto., Md.

NOV 17 1942 (Registered upon this date) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1942, at 12:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 29 1942 to Nov 16 1942, and that I last saw him alive on Nov 16 1942

Immediate cause of death: Myocardial Failure

Due to: Subacute fractural Endocarditis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Williams A. Adams M.D.

Address Mercy Hospital Date signed 11/16/42

F 97679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97679

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. & Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Alexandria
(If outside city or town limits, write RURAL and give town)
(d) Street No. 709 Timber Branch Drive
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Joseph Wall

3 (b) If veteran, name war --

3 (c) Social Security Account No. 219-01-7014

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Pearl L. Wall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/10/1889

8. AGE: Years	Months	Days	If less than one day
53	6	5	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Inspector
11. Industry or business Navy Yard, Wash., D. C.

FATHER
12. Name John L. Wall
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ellen McCormick
15. Birthplace Ireland

16 (a) Informant Mrs. Anne Werner
(b) Address 709 Timber Branch Drive, Alexandria, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by Registrar) (b) Thurlington Williams M.D. Registrar

NOV 17 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15, 1942, at 1.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/9 1942 to 11/15 1942, and that I last saw him alive on 11/15 1942

Immediate cause of death Pulmonary Embolism

Due to Hemorrhagic - Left inguinal, Abdomen

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11/12/42

Major findings of operation: Left inguinal hernia

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James D. Young Jr. M. D.

Address Date signed

F 97680 ✓ F 97630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1123 Poplar Grove St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) _____
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County _____
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 Poplar Grove St.
(If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) FULL NAME LUTHER M. HUNT

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife Grace Hunt
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 10/23/1860

8. AGE: Years 82 | Months 0 | Days 21 | If less than one day: _____ hr. _____ min.

9. Birthplace Lincoln Co., N. C.
(Town, county, and state)

10. Usual Occupation Clergyman
11. Industry or business --

FATHER
12. Name George Hunt
13. Birthplace N. C.

MOTHER
14. Maiden Name Sarah Carpenter
15. Birthplace N. C.

16 (a) Informant Mrs. Everitt R. Lackie
(b) Address 4114 Westchester Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa., Balto., Md.

NOV 17 1942 (b) _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14, 1942, at 3:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22 1942 to Nov. 14 - 1942 and that I last saw him alive on Nov. 13 1942

Immediate cause of death Uraemia — Duration 24 hrs.

Due to Chr. nephritis & arteriosclerosis — Duration 1 yr.

Due to _____

Other Conditions _____
(Include pregnancy within 3 months of death)

Date of operation _____
Major findings of operation: _____
of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)
(e) Means of injury _____

23. Signature M. J. McDermott
Address 1136 Poplar Grove St Date signed 11/15/42 M. D.

VS 8

F 97681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. F 97681

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 Hoffman St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY EDWARD TITUS

3 (b) If veteran, name war

3 (c) Social Security Account No. 128-16-2150

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 16, 1876

8. AGE: Years	Months	Days	If less than one day
66	3	2	hr. min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation Orderly in Johns Hopkins
11. Industry or business Hospital

FATHER
12. Name Charles Titus
13. Birthplace New Jersey

MOTHER
14. Maiden Name Sarah Brady
15. Birthplace New Jersey

16 (a) Informant Charles O. Titus
(b) Address Oregon Ave. Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. County

18 (a) Funeral director George L. Schwab
(b) Address 2101 Frederick Ave

19 (Date received by Local Registrar) Huntington Williams M.D. (Signature)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1942, at 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other Conditions. No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: No
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williams Jr. M.D.
Medical Examiner.
Date signed 11-13-42

correct age is especially important. Physicians: please write the causes of death clearly and

F 97682 ✓ F 97682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 480

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210 S. Eutaw St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 S. Eutaw St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Caerrie M. Winters

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife August Winters
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7th - 1880

8. AGE: Years	Months	Days	If less than one day
62	3	8	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Clopein
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Bertha Miller
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Ernestine Kopf
(b) Address 210 S. Eutaw St

17 (a) Burial (b) Date thereof Nov. 18-1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director George L. Schmidt
(b) Address 2101 Frederick Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 1942, at 1130 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942, to Nov 14 1942, and that I last saw her alive on Nov 14 1942.

Immediate cause of death	Duration
Uterine Carcinoma	?
Due to —	
Due to —	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Jan. 14 1941
Major findings of operation: Pan - hysterectomy -
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Carl P. Rostberg M. D.
Address 326 W Lombard St Date signed 11/16/42

VS 3

PRINT PLAINLY, WITH UNFADING INK. Every item of information should be supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

97683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97683
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1471 Ellamont St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1471 Ellamont St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen B Teden

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Jos. B. Teden
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 23. 1876

8. AGE: Years 66 | Months 2 | Days 23 | If less than one day 2 hr. min.

9. Birthplace Avilla Indiana
(Town, county, and state)

10. Usual Occupation
11. Industry or business Hsw.

FATHER
12. Name John Amen
13. Birthplace Penna

MOTHER
14. Maiden Name Barbara —
15. Birthplace Unknown

16 (a) Informant Gladys C. Passenger
(b) Address 3701 Brentwood Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 18-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location City

18 (a) Funeral director Roth & B. M. Watters
(b) Address Pratt & Stricker Sts

19 (a) (Date rec'd by registrar) (b) Huntington Wilson Registrar

NOV 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15th 1942, at 7A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 . to 19 , and that I last saw h alive on 19 .

Immediate cause of death Coronary Thrombosis — Duration 2 hrs.

Due to Arteriosclerosis — 1 yr.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. J. McDermott M. D.
Address 1136 Eutaw Place Date signed 11/15/42

Howard A. Anderson M.D.

Correct age is especially important. Physicians: please write the causes of death clearly and

97684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97684

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1301 Beechwood Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? (Birth F. 6145) years

3 (a) FULL NAME Baby Gay (William L. Gay)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1 - 1942

8. AGE: Years	Months	Days	If less than one day
0	0	16	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William J. Gay
13. Birthplace Virginia

MOTHER 14. Maiden Name Lucille M. Talley
15. Birthplace Virginia

16 (a) Informant William J. Gay
(b) Address 1301 Beechwood Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 17 1942 (month) (day) (year)

(c) Cemetery or crematory Oakleaves
Location Baltimore County

18 (a) Funeral director Ruff & B. M. Walton
(b) Address Pratt & Strieker Sts

19 (a) Filed (Date Registrar) (b) Registrar Harrington for William Hoffman

NOV 17 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16, 1942, at 12:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11 | 1 | 1942 to 11 | 16 | 1942 and that I last saw h[illegible] alive on 11 | 16 | 1942

Immediate cause of death	Duration
Bronchopneumonia	
Due to Aspiration	
Due to	
Other Conditions Prematurity	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D.

Address Franklin Square Hosp. Date signed 11 | 16 | 42

correct age is especially important. Physicians: please write the causes of death clearly in the registry.

425405

F 97685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97685

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1040 E. Monument St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Walker

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-16-8905

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-30-95

8. AGE: Years	Months	Days	If less than one day
47	5	14	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name Joseph Walker
13. Birthplace Va.

MOTHER
14. Maiden Name Louisa Lewis
15. Birthplace Va

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/42 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial Pk.
Location Arbutus Md.

18 (a) Funeral director Joseph B. Locke, Jr.
(b) Address 1304 N. Central Ave.

NOV 17 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14 1942 at 9:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 13 1942 to Nov. 14 1942 and that I last saw h. alive on Nov. 14 1942

Immediate cause of death Pneumonia.

Due to Left upper and Lower Right upper Lobes.

Due to due to Pneumococcus Type 4

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Made post mortem

Duration
5 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Arbuthnot

Address The Johns Hopkins Hosp. Date signed 11/18/42

F 97686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 97686 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Brooklyn (Balto.)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 535 Annabel Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma J. Snyder

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F M	W	Married

6 (b) Name of husband or wife Maurice S
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Oct 21 1878

8. AGE: Years	Months	Days	If less than one day
64	—	23	hr. min.

9. Birthplace Pa (Town, county, and state)
10. Usual Occupation Housework at home
11. Industry or business

FATHER
12. Name Jacob Eisenhardt
13. Birthplace Pa

MOTHER
14. Maiden Name Mary E Gross
15. Birthplace Pa

16 (a) Informant Mr Maurice S. Snyder
(b) Address 535 Annabel Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-42 (month) (day) (year)
(c) Cemetery or crematory Moreland Park Cem
Location Taylor Ave, E of Hillen Rd
18 (a) Funeral director William M Marack
(b) Address 715 Light St
19 (a) [illegible] (Date received by registrar) [illegible], M.D. NOV 17 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/14/ 1942, at 3.26 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/12 1942 to 11/14 1942, and that I last saw her alive on 11/14 1942.

Immediate cause of death: Cerebral hemorrhage — Duration
Due to: Hypertensive cardio vas-
Due to: ular disease
Other Conditions: Diabetes mellitus
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr Andrew Zapf M. D.
Address 1213 Light St Date signed [illegible]

VS 180

F 27397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94N

F 97657
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 918 William St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 918 William St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George N Davis

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-05-1275

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Married

6 (b) Name of husband or wife Alice L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 2 1867

8. AGE: Years	Months	Days	If less than one day
74	11	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name George N Davis
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Sterling
15. Birthplace Md

16 (a) Informant Mrs Alice L Davis
(b) Address 908 William St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

NOV 17 1942

(Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 15 1942, at 10 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1940 to Nov 15 1942
and that I last saw h alive on 19

Immediate cause of death	Duration
Coronary thrombosis	2 days
Due to arteriosclerosis	
Due to	
Other Conditions Cerebral Hemorrhage (Include pregnancy within 3 months of death)	2 years

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac Miller M. D.
Address 1121 Cathedral St Date signed 11-17-42

F 97688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860

F 97688 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hospital
(c) Hospital or institution:
Fayette & Calhoun Sts
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 E Montgomery St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarissa Kent

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F Male	W	Widow

6 (b) Name of husband or wife Henry P

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3 1857

8. AGE: Years	Months	Days	If less than one day
85	11	13	hr. min.

9. Birthplace Washington D C (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Washington Burgess
13. Birthplace Washington D C

MOTHER
14. Maiden Name Susana Lane
15. Birthplace Ireland

16 (a) Informant Mrs Charles J Kent
(b) Address 1652 Trinidad Ave N E Washington D C

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-42 (month) (day) (year)
(c) Cemetery or crematory Henderson Church Cem
Location North Thunderland Co Va.

18 (a) Funeral director William M Mauck
(b) Address 715 Light St

19 (a) (Date rec'd by registrar) Howard Williams, M.D. NOV 17 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1942, at 7 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/2 1942, to 11/16 1942, and that I last saw h[illegible] alive on 11/16 1942

Immediate cause of death Uremia Cachexia

Due to

Due to

Other Conditions Fracture of L. hip

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9/21/42
(c) Where did injury occur? Balto (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell down steps

23. Signature Howard J Williams M.D.
Address Franklin Sq Hosp Date signed

VS 3

Howard J Williams, M.D.

F 97389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97689 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 400 E. Preston St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grafton A. Friel

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-07-9617

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1898

8. AGE: Years	Months	Days	If less than one day
44	8	5	hr. min.

9. Birthplace Philadelphia Pa.
(Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Lyn. Balto Gen Hosp. Records
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/42 (month) (day) (year)
(c) Cemetery or crematory Laurel Newington Memorial Park Location Baltimore, Md.

18 (a) Funeral director John J. Fahey Sons
(b) Address 1491 Chapel St.

19 NOV 17 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/16 1942, at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/17 1942, to 11/16 1942, and that I last saw h[illegible] alive on 11/16 1942.

Immediate cause of death	Duration
Carcinoma of the Lungs	6 months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address West Balto Gen. Hospital Date signed 11/16/42

VS 3

F 97690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97690 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2430 Lakeview Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2430 Lakeview Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME EMMA RODBERG

3 (b) If veteran, name war ---------

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27th. 1863.

8. AGE: Years	Months	Days	If less than one day
79	5	19 20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Simon I. Rodberg,

13. Birthplace Unknown.

MOTHER 14. Maiden Name Sarah Hymes,

15. Birthplace Unknown.

16 (a) Informant Miss. Annie Summerfield,
(b) Address 2430 Lakeview Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/42. (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Sherman Funeral Home
(b) Address 1902 Eutaw Place

NOV 17 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16th, 1942, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1932 to 11-15 1942 and that I last saw her alive on 11-15 1942.

Immediate cause of death Uremia — Duration 1 wk.

Due to

Due to

Other Conditions Metastatic Adeno Carcinoma Jejunum (Include pregnancy within 3 months of death)

Date of operation 1932

Major findings of operation: Adeno-carcinoma Jejunum

of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marion P. Johnson M. D.

Address Medical Arts Bldg. Date signed 11/17/42.

F 97691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97691

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1618 E. Biddle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d

(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 E. Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-20-2072

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Maggie Anderson

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Nov. 24th 1888

8. AGE: Years 53 | Months 11 | Days 24 | If less than one day: h. min.

9. Birthplace Cambridge Md (Town, county, and State)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Charles Anderson
13. Birthplace Md.

MOTHER
14. Maiden Name Francis Neill
15. Birthplace Md.

16 (a) Informant Maggie Anderson
(b) Address 1618 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Cem.
Location Balto. Co. Md.

18 (a) Funeral director Belmont & Jamie W. Wright
(b) Address 721 Desoto St

NOV 17 1942 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 14 1942 at 6A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 9 1942 to Nov 14 1942 and that I last saw h. W. alive on Nov 13 1942.

Immediate cause of death
Acute Bronchitis
Due to Pneumonia (Primary)
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
Nov 9 1942

Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. E. Allen, M.D.
Address 21 Chase St Date signed 11-14-42

VS 3

F 97692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 ✓

F 97692

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland. 267
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4212 Arizona Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME WILLIAM THOMAS SCHARPE

3 (b) If veteran, name war World War

3 (c) Social Security Account No. 216-05-3134

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Helen B. Rose
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1893

8. AGE: Years	Months	Days	If less than one day
49	3	9	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Getz Company

FATHER
12. Name CHARLES B. SCHARPE
13. Birthplace BALTIMORE, MARYLAND.

MOTHER
14. Maiden Name CATHERINE THOMAS
15. Birthplace BALTIMORE, MARYLAND.

16 (a) Informant RECORDS *US MARINE HOSPITAL,
(b) Address BALTIMORE, MARYLAND.

17 (a) Burial (b) Date thereof Nov. 18/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory U.S.National Cem
Location Baltimore Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St.

19 (a) NOV 17 1942 (b)
(Date received by registrar) Registrar

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14, 1942, at 5:15 pM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5, 1942, to Nov. 14, 1942, and that I last saw him alive on Nov. 14 1942.

Immediate cause of death	Duration
Syphilitic heart disease	5 years
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. S. Bean M.D.
W. S. Bean
Address US Marine Hospital Date signed 11/15/42
Baltimore, Maryland.

PLEASE WRITE PLAINLY, with pen and ink. Use no abbreviations. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1a

Registered No. F 97693

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1338 North Washington Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

8-7

3 (a) FULL NAME FREDERICK GEORGE MERSMAN

3 (b) If veteran, name war World War

3 (c) Social Security Account No. 218-12-2516

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1893

8. AGE: Years	Months	Days	If less than one day
49	4	3	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)

10. Usual Occupation Plumber

11. Industry or business

FATHER
12. Name Frederick Mersman
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Catherine Catiz
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof Nov. 18/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory U.S. National Cem
Location Baltimore, Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St.

19 (a) NOV 17 1942 (Date received by registrar) Huntington Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14, 1942 at 1:15a.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 31, 1942 to Nov. 14, 1942 and that I last saw him alive on Nov. 14, 1942

Immediate cause of death	Duration
Uremia	1 wk.
Due to Hypertensive heart disease with contracted kidneys	1 year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: None

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. D. Allen M. D.
Address U. S. Marine Hospital Baltimore, Maryland. Date signed 11/16/42

PLEASE WRITE PLAINLY, with unfading ink. Entries must be complete and correct as directed on the other side. Physicians: please write the causes of death clearly and legibly. Answer all questions, and if any cannot be answered write "unknown" or "none" so as to indicate that no question has been overlooked. Do not abbreviate. Write out the full name of the street or locality. The space for "Cause of Death" must be filled in, even for stillbirths and deaths of infants, and must show the cause for which a physician would issue a certificate. Indefinite terms, such as "heart failure," should be supplemented by the primary cause, if known. Do not report symptoms. Causes of death only should be entered. Deaths from violence must state the means of injury and whether accidental, suicidal, or homicidal. Deaths of women from any accident, disease, or complication of pregnancy, childbirth, or abortion must be so reported. Deaths of infants must be reported as to cause, and the words "stillborn," "premature birth," or "congenital debility," alone are not sufficient. Deaths from contagious diseases must be reported at once by telephone or telegraph. Burial or removal permit cannot be issued until a certificate of death has been filed with the registrar.

F 97694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94W F 97694 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2045 Harlem Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2045 Harlem Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas H. Christy

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-12-0747

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Alberta B. Christy
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) June 17, 1865

8. AGE: Years	Months	Days	If less than one day
77	4	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Carpenter
11. Industry or business Edward S. Turner

FATHER
12. Name Henry T. Christy
13. Birthplace Ireland

MOTHER
14. Maiden Name
15. Birthplace Pa.

16 (a) Informant Howard W. Christy
(b) Address 1603 West St. Annapolis

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Nov. 18, 1942 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Md.

18 (a) Funeral director Frederick A. Cole
(b) Address 1709 W Lombard St

19 (a) NOV 17 1942 (Date rec'd by registrar) **(b)** Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1942, at 8 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above. (Autopsy or Inquiry)

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Gastaker M.D. Medical Examiner.
Date signed Nov. 15 1942.

VS 6

F 97695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97695 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Guy Staley Jr (Birth F 57475)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13-42

8. AGE: Years | Months: 2 | Days: 4 | If less than one day: hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Guy Staley Jr.
13. Birthplace Pa

MOTHER 14. Maiden Name Bessie Bloom
15. Birthplace Pa

16 (a) Informant Parents
(b) Address Middle River

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17-42 (month) (day) (year)

(c) Cemetery or crematory
Location Hampstead Pa.

18 (a) Funeral director Henry G. Gonzales
(b) Address Govans Md.

19 (a) NOV 17 1942 (Date rec'd by registrar) Huntington Wilson, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17, 1942 at 12 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15, 1942 to Nov. 17, 1942, and that I last saw h. alive on Nov. 17, 1942.

Immediate cause of death	Duration
Infectious Diarrhea	1 week
Due to	
Due to	
Other Conditions Congenital Syphilis	Life

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Sheeks, M. D.
Address Union Hosp. Date signed 11-17-42

VS 150

F 97696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8 V F 97696

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2905 N. Charles St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2905 N. Charles St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mildred A. KEYS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife –
6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) May 12, 1939

8. AGE: Years	Months	Days	If less than one day
3	6	5	hr. min.

9. Birthplace Greenville S.C.
(Town, county, and state)
10. Usual Occupation –
11. Industry or business –

FATHER
12. Name John A. Keys
13. Birthplace Panama Canal Zone

MOTHER
14. Maiden Name Mildred Orr
15. Birthplace Alabama

16 (a) Informant Arthur Mackey, F.D.
(b) Address Greenville, S.C.

17 (a) Removal (b) Date thereof 11-17-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Greenville South Carolina

18 (a) Funeral director Arthur McKay
(b) Address Greenville South Carolina

19 (a) NOV 17 1942
(Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1942 at 8 35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Paralysis, bulbar	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Z. Wallenmeyer M.D.
Medical Examiner.
Date signed 11-17-42

VS 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97697 — 83 F 97697 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 E Chase st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 dy
(e) Length of stay in Baltimore (yrs., mos., or days) 63

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara E. Spoover

3 (b) If veteran, name war: 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Edw. E. Spoover
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8 - 1879

8. AGE: Years	Months	Days	If less than one day
63	1	8	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John G. Mueller
13. Birthplace Not known

MOTHER
14. Maiden Name Emma M. Brown
15. Birthplace Not known

16 (a) Informant Edw. E. Spoover
(b) Address 2211 E Chase st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 19-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. Northwood Ext

18 (a) Funeral director Henry Lutz
(b) Address 203 N. Broadway

19 NOV 17 1942 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1942, at 10:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1941 to Nov 19..., and that I last saw h... alive on Nov 19...

Immediate cause of death: Arteriosclerosis — Duration 1 yr

Due to Coronal thrombosis — 2 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Lantz, M. D.
Address 2532 Bolton Date signed 11/16/42

VS 8

F 97698

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 97698

CERTIFICATE OF DEATH

107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 412 Winston Ave St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Elizabeth Kinsella Holt

(a) Residence: No. 412 Winston Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Byron W. Holt

6. DATE OF BIRTH (month, day, year) Jan 3, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Jan 1940

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Dublin Ireland

FATHER

13. NAME John Kinsella

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Maryanne Reynolds

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs James Burns (daughter)

(Address) 412 Winston Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov. 18 1942

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. [illegible] NOV 17 1942 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6, 1942

22. I HEREBY CERTIFY, That I attended deceased from June, 1942, to November 17, 1942

that saw her alive on November 6, 1942. Death is said to have occurred on the date stated above, at 5.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	uncertain
Cerebral Hemorrhage	Jan. 1940
Other contributory causes of importance:	
Bronchopneumonia	11/3/42

Was an operation performed? no Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Francis W. Kluck, M. D.

(Address) 715 Park Ave

V. S. 3

DEATH CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Especially important is the OCCUPATION is very important. See instructions on back of certificate.

F 97699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97699 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 N. Howard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2449 Maryland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nathan Kambarn.

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: ?

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed or divorced: Married

6 (b) Name of husband or wife: Margaret B

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 10, 184

8. AGE: Years: 48 | Months: 2 | Days: 5 | If less than one day: hr. min.

9. Birthplace: Chincoteague, Va.
(Town, county and state)

10. Usual Occupation:
11. Industry or business:

FATHER
12. Name: John Kambarn
13. Birthplace: Va.

MOTHER
14. Maiden Name: Mary Brown
15. Birthplace: Va.

16 (a) Informant: Margaret B. Kambarn
(b) Address: 2448 Maryland Ave.

17 (a) Removal (b) Date thereof: 11-17-42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory: Le Cato
Location: Le Cato Va

18 (a) Funeral director: Brophy Funeral Home
(b) Address: Sparks Hunting P.O. Williams, Md.

NOV 17 1942
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/15 1942 at 8.7 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came natural to death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Angina Pectoris — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh A. McNally M.D.
Medical Examiner.
Date signed 11/16/42.

VS 6

F 97700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1860

F 97700 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. HOPKINS AP'S CITY
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME NELLIE L. ROCHE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV 14 1869

8. AGE: Years	Months	Days	If less than one day
73		3	hr. min.

9. Birthplace BALTIMORE MD
(Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name CHARLES M ROCHE
13. Birthplace BALTO. MD

MOTHER
14. Maiden Name MEDORA LENTZ
15. Birthplace BALTO. MD.

16 (a) Informant Elna B Roche
(b) Address Hopkins Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore MD

18 (a) Funeral director William Cook Inc.
(b) Address 217 E. Saint Paul Street

NOV 17 1942 (Date rec'd by reg.) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV 17 1942 at 6:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 13 1942 to Nov 17 1942 and that I last saw her alive on Oct 13 1942.

Immediate cause of death CARDIAC-RESPIRATORY FAILURE

Due to CARDIAC FAILURE

Due to fracture of left femur

Other Conditions FR. FEMUR, L.F.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct. 13, 1942 at ? M
(c) Where did injury occur? at 33rd & Calvert St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no
(Specify type of place)
(e) Means of injury slipped and fell, floor

23. Signature Nathaniel Sorsby M. D.
Address Union Mem. Hospital Date signed 11-17-42

R. S. Graham, M.D. for H. L. Wallenmeyer, M.D.

F 97701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 F 97701 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1925 N. Pulaski St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst., (yrs., mos., or days) lived in Virginia about 4 years
(e) Length of stay in Baltimore (yrs., mos., or days) 4 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1925 N. Pulaski St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SARAH E. VARGENSON

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	None	Female	White	Married

6 (b) Name of husband or wife Marcellus
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 23, 1858

8. AGE: Years	Months	Days	If less than one day
84	0	22	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Geogre Garrish
13. Birthplace Germany

MOTHER
14. Maiden Name Catherina Lory
15. Birthplace Germany

16 (a) Informant Katie M. Eiseman
(b) Address 307 Lorraine Ave, Essex, Md.

17 (a) Burial (b) Date thereof 11/18/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Stone Chapel
Location Baltimore County, Md.

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St. Paul St.

NOV 17 1942 (b) Huntington Williams
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1942 at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1942 to Oct 14 1942 and that I last saw her alive on Oct 14 1942

Immediate cause of death Chronic Myocarditis — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis T. Levy, M. D.
Address 544 W. Lanvale Ave. Date signed 11/16/42

Howard J. Lucas, M.D.

F 97702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 930

Registered No. F 97702

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1345 Richardson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1345 Richardson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Jakubowski

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John Jakubowski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25th 1881

8. AGE: Years	Months	Days	If less than one day
61	3	20	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Ludwig Grace
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Rose Jakubowski
(b) Address 1345 Richardson St

17 (a) Burial (b) Date thereof 11/18/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore Co.

18 (a) Funeral director Charles F. Dill
(b) Address 1501 E Fort Ave

19 (a) (b)
(Date rec'd by registrar) Huntington Williams

NOV 16 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-14 1942, at 4:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1 1942, to 11-14 1942, and that I last saw h-e alive on 11-14 1942

Immediate cause of death	Duration
Chronic Myocardial Degeneration	14 yrs
Due to Arteriosclerosis	14 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Kolleod M. D.

Address 707 E. Fort Ave. Date signed 11-16 42

F 97703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97703 Registered No. 1466

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1036 Wilmer Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1036 Wilmer Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Yerby

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband ~~or wife~~ James Yerby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1874

8. AGE: Years	Months	Days	If less than one day
68	9	-	hr. min.

9. Birthplace Richmond Co. Va
(Town, county and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Yerby
13. Birthplace Va

MOTHER
14. Maiden Name Mary
15. Birthplace Richmond Co Va

16 (a) Informant Jannie Brisco
(b) Address 1036 Wilmer Ct.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A.A. Co. Md.

18 (a) Funeral director Robert E. Williams
(b) Address 1515 McElderry St.

19 (a) Date received by Registrar NOV 17 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14 1942, at 8:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ autopsy & inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said ~~inquest~~ autopsy & inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

	Duration
Immediate cause of death Carcinoma of stomach	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
Where did injury occur? (City or town) (County) (State)
(c) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(d) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed Nov. 15 1942

37704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 37704

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1401-Carswell Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 60-yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1401-Carswell Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country --

3 (a) FULL NAME Clara Virginia (Jennie) Fry

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Wm. Henry Fry
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 6/6/1862

8. AGE: Years 80 | Months 5 | Days 10 | If less than one day: -- hr. -- -- min.

9. Birthplace Carroll Co. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John Norris
13. Birthplace Maryland.

MOTHER
14. Maiden Name Sophia Knight
15. Birthplace Maryland.

16 (a) Informant Son-Wm. Jennings Fry
(b) Address 1401-Carswell Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth Inc.
(b) Address 1735-Harford Ave

19 NOV 18 1942 (b) Huntington Williamsport Pa

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 15 1942, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 4 1942, to Nov 15 1942 and that I last saw her alive on Nov 15 1942

Immediate cause of death: Coronary Thrombosis — Duration

Due to: Arterio Sclerosis — Duration

Due to: Chronic Nephritis — Duration

Other Conditions: Chronic Nephritis — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter A Anderson M. D.
Address 300 Lennox Drive Date signed 11/19/42

VS 3

7705 78003

BALTIMORE CITY HEALTH DEPARTMENT 1938 Registered No. F 27705

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto Co.
(c) City or town Baltimore Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 Willow Spring Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vincent Achey

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	?

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 5, 1887

8. AGE: Years	Months	Days	If less than one day
55	8	12	hr. min.

9. Birthplace Pa.
(Town, county, and state)
10. Usual Occupation Auto - Dealer
11. Industry or business Self

FATHER
12. Name Henry Achey
13. Birthplace Pa.

MOTHER
14. Maiden Name Matilda Musselman
15. Birthplace Pa

16 (a) Informant Bu. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 19 1942 (month) (day) (year)
(c) Cemetery or crematory Loyola Cemetery
Location Hoffmanns, Pa

18 (a) Funeral director John O. Mitchell Undertaking Co
(b) Address 1900 Eutaw Place

19 (a) NOV 18 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17 1942, at 2:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15 1942, to 11-17 1942, and that I last saw h[illegible] alive on 11-17 1942.

Immediate cause of death	Duration
Coronary occlusion	2 Days
Due to Arteriosclerotic heart disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. N. Rathbun M. D.
Address Balt. City Hosp Date signed 11-17-42

VS 180

97705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 97705 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1805 Lemmon St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 Lemmon St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary L. B. Schwinn

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John E. Schwinn, Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 25, 1893

8. AGE: Years	Months	Days	If less than one day
49	8	20	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Samuel C. Cooper
13. Birthplace Virginia

MOTHER
14. Maiden Name Ida Monday
15. Birthplace Virginia

16 (a) Informant Mr. John Schwinn
(b) Address 1835 Wilhelm St.

17 (a) Burial (b) Date thereof Nov. 18, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Miller Lawrence
(b) Address 1005 W. Baltimore Blvd.

19 (a) NOV 18 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 1942, at 2.17 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-10 1942 to 11-15 1942 and that I last saw her alive on 11-15 1942

Immediate cause of death Broncho Pneumonia — Duration 7 da.
Due to Diabetic Coma — 4 da.
Due to Hemiplegia Left — yrs
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph H. Lawrence, M.D.
Address 619 Washington Blvd Date signed 11-16-42

correct age in especially important cases, please

VS 8

97707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1420 F 97707

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21 da.

1420

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson's Station (If outside city or town limits, write RURAL and give town)
(d) Street No. 102 East St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thelma Schuyler

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 16 - 1912

8. AGE: Years 30 | Months 9 | Days - | If less than one day hr. min.

9. Birthplace Upperco Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Eugene Schuyler
13. Birthplace Westminster W. Va

MOTHER 14. Maiden Name Nettie Stringfellow
15. Birthplace W Va

16 (a) Informant Eugene Schuyler
(b) Address Towson's Station

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 - 19 - 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto. Co.

18 (a) Funeral director Sam'l M. Chase & Son
(b) Address 638 N. Eutaw St

19 (a) NOV 18 1942 (Date rec'd by registrar) Registered Huntington Hill

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 - 16 1942 at 6.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10 - 20 1942 to 11 - 16 1942, and that I last saw h alive on 11 - 16 1942.

Immediate cause of death Pulmonary Embolism — Duration 2-3 hrs

Due to Ectopic Pregnancy — 3 mos

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: Ruptured Tube

of autopsy Pregnancy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.

Address 213 W Franklin St Date signed Nov 17

F 97708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93N

Registered No. F 97708

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 822 N. Carrollton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 822 N. Carrollton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marcus Gassaway

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1852

8. AGE: Years	Months	Days	If less than one day
90			hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Miss Rosa Steward
(b) Address 822 N. Carrollton Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Mr. W. Francis A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) 7961 NON (Date received by registrar)
Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16, 1942 19 at 12:30 M

21. I certify that death occurred on the date above stated, that I attended deceased from 9-4 19 42 to 11-16 19 42
and that I last saw h alive on 11-16 19 42

Immediate cause of death: Arteriosclerotic Heart Disease — Duration: 7
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Mossenden M. D.
Address 846 N. Carey St. Date signed 11-17-42

F 97709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14a

F 97709

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1325 Mt. Royal Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1325 Mt. Royal Ave.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROSALIE D. SCHENUIT

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: Alfons Schenuit

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1868

8. AGE: Years	Months	Days	If less than one day
74	3	8	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Geo. Dambmann

13. Birthplace Unknown

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Arthur Schenuit

(b) Address 1325 Mt. Royal Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore, Md.

18 (a) Funeral director William Cook Inc

(b) Address 1217 St. Paul St.

19 (a) NOV 18 1942 (Date rec'd by Registrar) Huntington, W. Va.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1942, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 29 1942, to Nov 16 1942, and that I last saw h[illegible] alive on 11/14 1942.

Immediate cause of death: Coronary Thrombosis — Duration: Unknown

Due to: Arteriosclerosis — Duration: Unknown

Due to: Co-existing. Acute Cholecystatitis — Duration: Unknown

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Chas. R. Loesbrough M. D.

Address 2923 St. Paul St. Date signed 11/16/42

F 97710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

944a

F 97710 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1230 E. Lafayette Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltim Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1230 E. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

9-09

3 (a) FULL NAME Elizabeth Connere

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widow

6 (b) Name of husband or wife Of the late James Connere

6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
about 78			hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name ? Schuman
13. Birthplace not known

MOTHER
14. Maiden Name not known
15. Birthplace not known

16 (a) Informant Mrs. Helen Buell
(b) Address 6305 Blackburn Court

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Nov.-20-1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem. Location Belair Rd.

18 (a) Funeral director Henry Hooker Sons Inc.
(b) Address 1301 E. Eager St.

19 (a) Registrar NOV 18 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov.-17-1942 19 10.15A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/16 1942 to 11/16 1942 and that I last saw h alive on 11/16 1942

Immediate cause of death Coronary thrombosis — Duration 10 hours

Due to Coronary Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sol Smith

Address 1223 E. Monument Date signed 11/19/42 M.D.

Howard J. Malden, M.D.

VS 2

F 9771 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1938 F 9771

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 E. Monument St. Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 da. How long in U. S. If alien, of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME CATHERINE TERESA HOUSEHOLDER

If U. S. Veteran specify WAR _____

(a) Residence: No. 2603 E. Monument St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ALBERT HOUSEHOLDER

6. DATE OF BIRTH (month, day, year) NOV. 16, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
62	yrs.	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Apartment

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) ALTOONA PA

FATHER

13. NAME Robert Bennett

14. BIRTHPLACE (city or town) (State or country) ENGLAND

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) _____

17. INFORMANT Albert Householder (Husband)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Altoona, Pa. Date 11/20 19 38

19. UNDERTAKER CHARLES E. SCHIMUNEK

(Address) 201-03 E. Chase St.

20. FILED NOV 18 1938 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from NOV. 17 9:20 A.M. 1938 to NOV 17 1938

I last saw her alive on NOV 17, 1938 Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PULMONARY EDEMA	
MYOCARDIAL FAILURE	
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Louis J. Kilmas M. D.

(Address) 2622 E. Monument St.

OCCUPATION is very important. See instructions on back of certificate.

V8 2

Howard J. Maddox, M.D.

F 97712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97712 Registered No. 1551

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Caroline st
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 2 1/2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County:
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2324 E Monument St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Markowitz, M. Erving (IRVING MARKOWITZ)
3 (b) If veteran, name war
3 (c) Social Security Account No. 054-14-8271

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Barbara Markowitz
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 36 | Months | Days | If less than one day hr. min.
9. Birthplace CECHOSLOVKIA (Town, county, and state)
10. Usual Occupation STORE MANAGER
11. Industry or business BATA SHOE CO.

FATHER
12. Name MARTON MARKOWITZ
13. Birthplace CHECH.

MOTHER
14. Maiden Name ROSE -
15. Birthplace CHECH.

16 (a) Informant Mrs. Barbara MarKowitz
(b) Address 2324 E. Monument St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location O'Donnell Street
18 (a) Funeral director Jack Kevra Inc
(b) Address 1439 E. Balto. St.
NOV 18 1942 (Date received by Local Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17 1942 at 10:45 A M
21. I certify that death occurred on the date above stated; that I attended deceased from 11-8 1942 to 11-17 1942 and that I last saw him alive on 11-15 1942.

Immediate cause of death Carcinomatosis — Duration 5 months
Due to
Due to Carcinoma of Vaginal region.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 3 months ago at Johns Hopkins Hospital
Major findings of operation: Carcinoma of Vaginal region
of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature William J. Kyaruth M. D.
Address St. Joseph's Hosp. Date signed 11-17-42

VS 3

F 97713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

T.N 78006 108 Registered No. F 97713

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 313 S. High St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Priori

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Dec 22, 1877
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
69	10	25 24	hr. min.

9. Birthplace Italy
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Louis Priori
13. Birthplace Italy

MOTHER
14. Maiden Name Louise ?
15. Birthplace Italy

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV. 18. 42 (month) (day) (year)
(c) Cemetery or crematory St Paul
Location Kayadosh Ave

18 (a) Funeral director J. Neumann & Son
(b) Address 32 S. Broadway

19 (a) (Filing officer) (b) Huntington Hillcoat (Registrar)

NOV 18 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-16 1942, at 6 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-16 1942, to 11-16 1942, and that I last saw h alive on 11-16 1942

Immediate cause of death Lobar pneumonia — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Coroner not heard

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 11-17-42

Dr Calas
97714

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
1242

F 97714
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1943 W. Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1943 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Thomas Barrow
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower
6 (b) Name of husband or wife Daisy Barrow
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 28-1872
8. AGE: Years 70 | Months 2 | Days 19 | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Richard J. Barrow
13. Birthplace Ireland

MOTHER
14. Maiden Name Maria Rebilea
15. Birthplace Ireland

16 (a) Informant
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 19-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.
18 (a) Funeral director George A. Farley
(b) Address Fulton Ave & Fayette St
19 (a) NOV 18 1942 (Date received by Registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH NOV-16 1942 at 4 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1936, to Nov 16 1942, and that I last saw him alive on Nov 14 1942.

	Duration
Immediate cause of death: Aortic cardiac dilatation	6 yrs.
Due to: Chronic myocarditis	6 yrs.
Due to: Cirrhosis of the liver	6 yrs.
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature A Calas
Address 44 N. Fulton Date signed 11/19/42

VS 2

Please write as legibly as possible. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The age is especially important.

Dr Bozard
1945 W. Balto St

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 Registered No. E 97715

E 97715

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1828 W. Fairmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1828 W. Fairmount Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Eugene Atkinson

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-8454

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Elizabeth

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 4 - 1885

8. AGE: Years: 57 | Months: 10 | Days: 12 | If less than one day, hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: B + O. assistant Agent

11. Industry or business

FATHER
12. Name: Allen Atkinson
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mary Elizabeth Atkinson
(b) Address: 1828 W. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 19 - 42 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Balto Md.

18 (a) Funeral director: George A. Farley
(b) Address: Fulton Ave & Fayette St.

NOV 18 1942
(Date rec'd by registrar)

18 (b) Hunting & Williams
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 16, 1942, at 8:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 14 1942 to Nov. 16 1942 and that I last saw h[illegible] alive on Nov. 16 1942

Immediate cause of death: CORONARY THROMBOSIS — Duration: 2 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Samuel C. Bozard, Jr. M. D.
Address: 905 W. Baltimore St. Date signed: 11/17/42

VS 3

F 97716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51b Registered No. F 97716

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution: Edgewood Nursing Home,
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3114 Brightwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry E. McCauley

3 (b) If veteran, name war

3 (c) Social Security Account No. 195-05-5108 A

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife Agnes McCauley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27 1876

8. AGE: Years 66 | Months 2 | Days 20 | If less than one day hr. min.

9. Birthplace Annapolis Md. (Town, county, and state)

10. Usual Occupation Sheet Metal Worker

11. Industry or business

FATHER
12. Name Jesse McCauley
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Parkesburg

16 (a) Informant Thelma J. McCauley
(b) Address 3114 Brightwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 18 42 (month) (day) (year)
(c) Cemetery or crematory Savage
Location Savage, Md

18 (a) Funeral director Elizabeth Ellmaker
(b) Address 3911 Edgecliff Heights Ave

NOV 18 1942 (Date rec'd by registrar)

(c) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/16/42 19 , at 1.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/31/42 19 to 11/16/42 19, and that I last saw him alive on 11/15/42 19.

Immediate cause of death: Chronic Myocarditis — Duration 5 yr.

Due to: Carcinoma prostate — 2 yr.

Due to: Metastasis

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 11/13/42

Major findings of operations: Carcinoma testicles

Autopsy: Tissue removed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. D. Whitelow M. D.

Address 4305 York Rd Date signed 11/16/42

VS 8

F 97717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 97717 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cloverdale Road.
(c) Hospital or institution: Geddes Stone 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Geddes Stone
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Kate A. Ranstead

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife: Single

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 16 1857

8. AGE: Years	Months	Days	If less than one day
85	9	1	hr. min.

9. Birthplace Near Boston Mass.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Charles Ranstead
13. Birthplace Not Known

MOTHER
14. Maiden Name Harriet Phillips (?)
15. Birthplace Not Known

16 (a) Informant Mr. Douglas Rose
(b) Address Fidelity Bldg.

17 (a) Cremation (b) Date thereof Nov-18-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Baltimore.

18 (a) Funeral director Stewart Mortuary Co.
(b) Address 108 W. North Ave.

19 (a) (Date received by registrar) (b) Huntington Williams Registrar

VR NOV 18 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 1942, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 3 1938 to Nov. 16 1942, and that I last saw her alive on Nov. 15 1942.

	Duration
Immediate cause of death Acute broncho-pneumonia	2 da.
Due to Cerebral arterio-sclerosis, severe	5 yrs.
Due to Senile dementia, severe	5 yrs.
Other Conditions General senile changes	

(Include pregnancy within 3 months of death)

Date of operation — none

Major findings of operation: —

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robt. B. Wright M. D.
Address Medical Arts 101 Read St. Date signed 11/17/42

F 97718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93C

F 97718 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1339 Poplar Grove St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1339 Poplar Grove St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SARAH WINER

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife HARRY
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 52 | Months | Days | If less than one day hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business

FATHER 12. Name SOLOMON ROSENBERG
13. Birthplace RUSSIA

MOTHER 14. Maiden Name SYLVIA
15. Birthplace RUSSIA

16 (a) Informant HARRY WINER - HUSBAND
(b) Address 1339 POPLAR GROVE ST.

17 (a) BURIAL (b) Date thereof 11-18-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory WINDSOR MILL RD
Location SAME

18 (a) Funeral director Jack Lewis Inc
(b) Address 1400 Eutaw Place

19 (a) NOV 18 1942 (b) Huntington Williams Registrar
(Date rec'd by registrar)

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-16-42 19 at 8 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/6 1942 to 11/16 1942 and that I last saw her alive on 11/11 1942

Immediate cause of death

Due to Rheumatic heart disease & myocardial insufficiency — Duration 4 yrs. +

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Levin Reitz
Address 3408 Wanderer Ave Date signed 11-17-42

F 97 HEALTH DEPARTMENT—CITY OF BALTIMORE F 97719

CERTIFICATE OF DEATH 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Gay St., 8th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Rose Marie Antoinette Battaglia

If U. S. Veteran specify WAR .....

(a) Residence: No. 1607 Gay St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 20, 1928

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
14	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) Dec. 1941

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Battaglia

14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER

15. MAIDEN NAME Angelina Serio

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Dominic Salvatore Battaglia
(Address) 1607 Gay St - Brother.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 11/19/42

19. UNDERTAKER Clarence E. Hoffmann
(Address) 1639 N. Broadway.

20. FILED ..... 19.....
Registrar

NOV 18 1942 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15, 1942

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1942 to November 15, 1942
I last saw h.. alive on November 14, 1942. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	Nov. '41
Rheumatic Mitral Stenosis & Insufficiency	1937

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W. Drayton Harahan M. D.

(Address) 214 Medical Arts Bldg.

V0 8

F 97720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52a

F 97720 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 7611
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1233 S. Clinton St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME William Bailey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1941

8. AGE: Years	Months	Days	If less than one day
1	8	2	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Jessie A. Bailey
13. Birthplace Belhaven N.C.

MOTHER
14. Maiden Name Emma V. Long
15. Birthplace Baltimore Md.

16 (a) Informant Jessie A. Bailey
(b) Address 1233 S. Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) NOV 18 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-16-42 19 , at 12:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-9-42 19 to 11-16-42 19 .
and that I last saw him alive on 11-16-42 19 .

Immediate cause of death Shock from operation + loss of blood.

Due to Removal of Renal Tumor

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation 11-16-42

Major findings of operation: Large Medullar Renal Tumor

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. K. Bigerby Jr. M. D.
Address University Hospital Date signed 11-16-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

EPR 97 #7084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 F 97721 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 17
(e) Length of stay in Baltimore (yrs., mos., or days) 82 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 605 Pitcher St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Westcott

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
M	C	~~xxxxxx~~

6 (b) Name of husband or wife Grace Westcott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1860

8. AGE: Years	Months	Days	If less than one day
82	3	25	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Thomas Westcott
13. Birthplace Va.

MOTHER
14. Maiden Name Hannah Parks
15. Birthplace Va.

16 (a) Informant Grace Westcott
(b) Address 605 Pitcher St.
17 (a) Burial (b) Date thereof 11/19/1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Balto Co. Md.
18 (a) Funeral director Mrs. Lee H. Holland
(b) Address 1631 Druid Hill Ave.
(c) 11 18 1942 Huntington Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-16 1942, at 5:00 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 9/29 1942, to 11-16 1942
and that I last saw h[illegible] alive on 11-16 1942

Immediate cause of death	Duration
Generalized Carcinomatosis	
Due to Ca. Bladder	6 mos.
Due to	
Other Conditions Generalized Arteriosclerosis.	

(Include pregnancy within 3 months of death)
Date of operation 8-25-42
Major findings of operation: Biopsy
Jas. Bladder.
of autopsy: Ca Bladder

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Louis Vogel, Jr. M.D.
Address Balto City Hosp. Date signed 11/18/42

VS 180

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97722

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1938

F 97722 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1027 Somerset Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1027 Somerset Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louise Fisher

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Mulatto	widow

6 (b) Name of husband or wife John Fisher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20, 1848

8. AGE: Years	Months	Days	If less than one day
94	6	25	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name Herman Kenow
FATHER 13. Birthplace Germany
MOTHER 14. Maiden Name Amelia ?
MOTHER 15. Birthplace Germany

16 (a) Informant Mrs Irving Germain
(b) Address 180 N Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 18 42 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore

18 (a) Funeral director Albert W Bishop Funeral Home, Inc
(b) Address 442 E North Ave

19 (a) NOV 18 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-15- 1942, at 11 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by an Autopsy or Inquiry had that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardiac Vascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Nelsen M.D.
Medical Examiner.
Date signed 11-15-42

VS 6

F 97723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 97723 Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3802 Hudson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

159

3 (a) FULL NAME Infant Fox (F 62407)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	Male	Wh	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-12-42

8. AGE: Years	Months	Days	If less than one day
			3 hr. 45 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name William Sam'l Fox
13. Birthplace Salisbury, Md.

MOTHER
14. Maiden Name Elizabeth Virginia Gellart
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Wm. Fox
(b) Address 903 S. Eaton St.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 14/42 (month) (day) (year)
(c) Cemetery or crematory ST. MATTHEW
Location ODONNELL ST.

18 (a) Funeral director Lilly & Zeiler
(b) Address 903 S. Eaton St. Baltimore, Md.

NOV 18 1942

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-13 1942, at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 12 1942, to Nov 13 1942, and that I last saw him alive on 11-12 1942.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Weltmeiser M. D.
Address 5715 Bel Air Rd. Date signed 11-13-42

VS 8

F 97724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓61

F 97724

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2006 E. Fleet St.
(c) Hospital or institution:
Clinical House & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 dys
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2006 E. Fleet St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Crawford.

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife John W. Crawford.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1872.

8. AGE: Years	Months	Days	If less than one day
70	10 m	13 d	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George C. Price
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant John Pakrent
(b) Address 2006 E. Fleet St

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 19/42 (month) (day) (year)
(c) Cemetery or crematory MT. OLIVET
Location FREDERICK RD.

18 (a) Funeral director Lilly & Geisler
(b) Address 403 S. WOLFE ST.

19 (a) NOV 18 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 1942, at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 6 1942, to Nov. 16 1942, and that I last saw h.e.r. alive on Nov. 15 1942.

Immediate cause of death
Coronary thrombosis
pulmonary oedema
Due to Diabetes
Arteriosclerosis
Due to Gangrene of foot

Duration
2 hrs.
?
? Months

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Nov. 13. 1942
Major findings of operation: Gangrene left leg
of autopsy: Coronary thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nathaniel D. Carter M. D.
Address Church Home & Infirmary Date signed 11-16-42

VS 8

Huntington Press

F 97725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 Registered No. F 97725

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1612 BARCLAY ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-5
(e) Length of stay in Baltimore (yrs., mos., or days) 22 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 BARCLAY ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANK F. SMITH

3 (b) If veteran, name war	3 (c) Social Security Account No.
1ST. WORLD WAR.	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife IRENE ANNA SMITH
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 29 1894

8. AGE: Years	Months	Days	If less than one day
47	11	15	hr. min.

9. Birthplace MINNSOTA (Town, county, and state)
10. Usual Occupation TAXI CAB DRIVER
11. Industry or business

FATHER
12. Name CHARLES SMITH
13. Birthplace MINNSOTA

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace MINNSOTA

16 (a) Informant IRENE ANNA SMITH (WIFE)
(b) Address 1612 BARCLAY ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 18/42 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location FREDERICK AVE.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) NOV 18 1942 (Registered by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 14 1942, at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10, 1942 to Nov. 14 1942, and that I last saw h[illegible] alive on Nov. 10, 1942.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy: —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Emma Hutchinson
Address 2529 Eutaw M. Date signed 11/19/42

VS 3

F 97726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 Registered No. F 97726

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address SINIA HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 1
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 N. ELLWOOD AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Winchester

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.:

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: SARAH WINCHESTER

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): MAR. 5 1886

8. AGE: Years: 56 Months: 8 Days: 12 If less than one day: hr. min.

9. Birthplace: BALTIMORE (Town, county, and state)

10. Usual Occupation: BAR TENDER

11. Industry or business:

FATHER 12. Name: CHARLES WINCHESTER

13. Birthplace: BALTO. MD.

MOTHER 14. Maiden Name: FANNIE HOFFMAN

15. Birthplace: BALTO. MD.

16 (a) Informant: SARAH WINCHESTER (WIFE)

(b) Address: 3 N. ELLWOOD AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 20/42 (month) (day) (year)

(c) Cemetery or crematory: MT. CARMEL

Location: ODONNELL ST.

18 (a) Funeral director: Lilly & Zeilenhe

(b) Address: 403 S. MOLEE ST.

19 (a) NOV 18 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/16/42 1942 at 6 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/7 1942 to 11/16 1942 and that I last saw him alive on 11/16 1942.

Immediate cause of death: Hemorrhage — Duration:

Due to Ruptured Esophageal Varix

Due to Cirrhosis of Liver

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Same as above.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: E. J. Goldstein M. D.

Address: Sinai Hospital Date signed 11/17/42

VS 3

F 97727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1484 Registered No.

F 97727

Type or write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 WILLIAM ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 43
(e) Length of stay in Baltimore (yrs., mos., or days) 30 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 WILLIAM ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MAMIE T. HASSE

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: OTTO HASSE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): MAY 31 1882

8. AGE: Years: 60 Months: 5 Days: 16 If less than one day: hr. min.

9. Birthplace: PHILA. PA. (Town, county, and state)
10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: JAMES SPENCER
13. Birthplace: PHILA. PA.

MOTHER
14. Maiden Name: CATHERINE MANNER
15. Birthplace: PHILA. PA.

16 (a) Informant: DAUGHTER
(b) Address: 1211 WILLIAM ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 20/42 (month) (day) (year)
(c) Cemetery or crematory: HOLY CROSS
Location: BROOKLYN MD.

18 (a) Funeral director: Lilly & Zeiler, Inc.
(b) Address: 403 42 ELE ST. Williams M.F.

19 (a) NOV 18 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 16 1942 at 4/30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/14 1942 to 11/16 1942. and that I last saw her alive on 11/16 1942.

Immediate cause of death: Carcinoma of uterus and appendages. — Duration: 7

Due to:

Due to:

Other Conditions: none

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Harry Zeiler M.D.
Address: 1226 Hanover St. Date signed: 11/18/1942.

VS 3

F 97725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 97725 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3412 E. Baltimore St.
(c) Hospital or institution: 26
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3412 E. Baltimore St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME ELLA PADGETT

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George S. Padgett
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) March 5, 1873

8. AGE: Years	Months	Days	If less than one day
69	8	10	hr. min.

9. Birthplace Mays Landing, N.J. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Robert Creamer
13. Birthplace Don't know

MOTHER
14. Maiden Name Ella Bowen
15. Birthplace Maryland

16 (a) Informant Mr. George S. Padgett
(b) Address 3412 E. Baltimore St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate, Md.

18 (a) Funeral director Collins & Funeral Home
(b) Address 2008 Orleans St.

19 (a) NOV 18 1942 (Date rec'd by registrar) Huntington Wilson Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15, 1942 at 3:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 16 1924 to Nov. 13 1942 and that I last saw h[illegible] alive on Nov. 13 1942

Immediate cause of death	Duration
Coronary Sclerosis	3 months
Due to Arterio Sclerosis	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. A. Michelson M. D.
Address 2230 Eutaw Pl. Date signed 11-16-42

(over)

F 97729 T.N. 9512

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1938

F 97729 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 4940 Eastern Ave
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 Aisquith St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Andrew Conrad

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Rose Conrad
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ?1862

8. AGE: Years 80 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Frank Conrad
13. Birthplace Bohemia

MOTHER
14. Maiden Name Sophie Wittner
15. Birthplace Bohemia

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-18-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Enoch & Son
(b) Address 700 N. Eutaw St

19 NOV 18 1942 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17 1942 at 5 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-13 1942 to 11-17 1942 and that I last saw h alive on 11-17 1942.

Immediate cause of death: Cardiac failure — Duration: 1 week
Due to: Arteriosclerotic heart disease — Duration: ?
Due to — Duration:
Other Conditions — Duration:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. K. Rabbitt M. D.
Address Balto. City Hosp Date signed 11-17-42

VS 180

The information should be carefully supplied. The correct address is especially important. Physicians: please write the causes of death clearly and legibly. WITH UNFADING INK.

F 97720 (one) X F 97730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 413 Light St.
(c) Hospital or institution: South Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (~~yrs.~~ ~~mos.~~, or days) V
(e) Length of stay in Baltimore (~~yrs.~~ ~~mos.~~ or days) V

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County HARFORD
(c) City or town ~~Baltimore~~ ABBINGTON (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~413 Light St~~ (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Danek, Jr. (DANEK) (Death F 6764 V)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex W | 5. Color or race W | 6 (a) Single, ~~married, widowed, or divorced~~

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1942 V

8. AGE: Years | Months | Days V | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Richard Danek
13. Birthplace Cecho-Slovakia.

MOTHER
14. Maiden Name Stephanie Vacelek
15. Birthplace Cecho-Slovakia

16 (a) Informant Stephanie Danek
(b) Address Abington, Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 11-18-42 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Baltimore, Md.

18 (a) Funeral director Frank Grach & Son
(b) Address 900 N. Lafayette

19 (a) NOV 18 1942 (Date received by registrar) (b) H. Huntington Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1942 at 12:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1942 to Nov. 17 1942 and that I last saw ~~him~~ alive on 11/16 1942

Immediate cause of death atelectasis. premature delivery — Duration 2 days.

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature L. C. Bortner M. D.

Address 447 N. Kenwood Ave Date signed 11/20/42

~~CAUTION: THIS CERTIFICATE, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.~~

F 97731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97731 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 516 Brune St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 516 Brune St (If rural give location)
(e) Citizen of foreign country? None (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Gross (Buth F - 6247)
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife None
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 13, 1942
8. AGE: Years | Months | Days 3 | If less than one day hr. min.
9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business None
FATHER 12. Name Samuel Gross
13. Birthplace W. Manyland, Md
MOTHER 14. Maiden Name Estelle Ringgold
15. Birthplace Balto, Md
16 (a) Informant Mrs. Estelle Gross
(b) Address 516 Brune St
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL NOV 18 1942
18 (a) Funeral director Commissioner of Health
(b) Address
19 (a) NOV 18 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 1942 at 1:25 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 16 1942 to Nov. 16 1942
and that I last saw him alive on Nov. 16 1942

Immediate cause of death Essential Gastrenjia (Cause unknown) — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Ralph W. Reckling M.D.
Address 426 N. Gilmor St Date signed 11/16/42

VS 180

9577

F 97732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63 H

F 97732 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1259 Washington Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1259 Washington Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EVELYN OTTO

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Martin Otto

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1877

8. AGE: Years 65 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business --

FATHER
12. Name Rudolph Krieger
13. Birthplace Germany

MOTHER
14. Maiden Name Justine Drßheim
15. Birthplace Germany

16 (a) Informant Mrs. Pauline Rummell
(b) Address 807 Woodington Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) NOV 18 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1942 at 6 35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death Carbon monoxide poisoning	
Due to Suicide	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence Nov. 16, 1942 at 6 P.M.
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury illuminating gas - stove

23. Signature J. J. Wollenweber M.D.
Asst. Medical Examiner.
Date signed 11-16-42

VS 6

F 97733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

464 Registered No.

F 97733

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1904 Orleans St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 - 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1904 Orleans St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Carback

3 (b) If veteran, name war: --

3 (c) Social Security Account No. 213-10-1065

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Emma L. Carback
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1885

8. AGE: Years	Months	Days	If less than one day
56	11	25	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Motorman
11. Industry or business Balto. Transit Co.

FATHER
12. Name Richard Carback
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Wolf
15. Birthplace Md.

16 (a) Informant Emma L. Carback
(b) Address 1904 Orleans St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18/42 (month) (day) (year)
(c) Cemetery or crematory St. Matthew's Cem
Location Baltimore Md.

18 (a) Funeral director Philip Howard Sons
(b) Address 2024 Orleans St.

19 (a) NOV 18 1942 (Date received by registrar) Huntington Williams M.D. (b) Address 1813 E. Monument Date signed 11/17/42

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15th, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21 1942 to 11-15 1942, and that I last saw h.i.m. alive on 11-14 1942.

Immediate cause of death	Duration
Carcinoma of Colon	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Exploratory oper.- Date ?
Major findings of operation: Generalized metastasis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D.

F 97734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

18 9 N

F 97734 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2125 Cambridge Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2125 Cambridge Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George A. Jollymore Jr. (Birth F-57039)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Mulatto	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 2 1944

8. AGE: Years	Months	Days	If less than one day
	2		hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Geo. A. Jollymore Sr.
13. Birthplace Canada

MOTHER 14. Maiden Name Pauline
15. Birthplace West Va.

16 (a) Informant Parents
(b) Address 2125 Cambridge St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19-42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Gorsuch Hall Rd.

18 (a) Funeral director John G. Connelly
(b) Address Edgewood Md.

NOV 18 1942 (Date received by Registrar) (b) Huntington Williams M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17- 1942, at 8:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy + Inquiry thereof and from the evidence obtained by said Autopsy + Inquiry (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death: Chronic Purulent Otitis Media

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Maddux M.D. Medical Examiner.
Date signed 11-18-42

VS 6

F 97735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 97735 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and 33rd.
(c) Hospital or institution:
Union Memorial Hosp. 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 79 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2741 St. Paul St.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Elizabeth George.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Single.

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years	Months	Days	If less than one day
79	6	14	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation none.

11. Industry or business

FATHER
12. Name Andrew J. George
13. Birthplace Md.

MOTHER
14. Maiden Name Katherine Bond
15. Birthplace Md.

16 (a) Informant Hosp. records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) (Date received by Local Registrar) NOV 18 1942 (b) Huntington Avenue, Baltimore, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 1942, at 8:13 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 7 1942, to Nov. 18 1942, and that I last saw her alive on Nov. 18 1942.

Immediate cause of death	Duration
Cardio-resp. failure	15 min.
Due to Carcinomatosis (generalized)	2 mos.?
Due to Carcinoma of Breast	5 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Harbitt, Jr. M. D.
Address Union Memorial Hosp. Date signed 11-18-42

F 97736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97736 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2W
(e) Length of stay in Baltimore (yrs., mos., or days) 14 Yeare

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3819 Ferndale Avenue (If rural give location)
(e) Citizen of foreign country? --- (Yes or No) If yes, name country ---

3 (a) FULL NAME John Charles Kiel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ---

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) June 4, 1928

8. AGE: Years 14 | Months 5 | Days 12 | If less than one day --hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Student

11. Industry or business Loyola High School

FATHER
12. Name John M. Kiel
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Rose Knorr
15. Birthplace Baltimore, Md.

16 (a) Informant John M. Kiel
(b) Address 3819 Ferndale Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. U. Meakes and Son
(b) Address 805 N. Calvert Street

19 (a) (Date rec'd by Registrar) NOV 18 1942 (b) Registrar's signature

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 1942, at 2:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 14 1942, to Nov. 16 1942, and that I last saw him alive on Nov. 16 1942

Immediate cause of death
Secondary Hemorrhage c Shock
Due to Bleeding ulcer in Meckel's Diverticulum
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
48 hrs.

Date of operation
Major findings of operation: Hemorrhage in Colon
of autopsy: Meckel's Diverticulum

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McCafferty M. D.
Address Bon Secours Hosp. Date signed

F 97737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

F 97737

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 E 28th St. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Della Wash 9-14

If U.S. Veteran specify WAR

(a) Residence: No. 626 E 28th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widowed.

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mack Wash.

6. DATE OF BIRTH (month, day, year) May 18, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cartersville Ga.

FATHER

13. NAME Rachel Timmons

14. BIRTHPLACE (city or town) (State or country) unknown.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Pauline Jenkins.

(Address) 626 E 28th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Md. Date 11-19 1942

19. UNDERTAKER Mrs. Frances A. Himsley

(Address) 578 W. Biddle St

20. FILED NOV 18 1942 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1942 to Nov 16, 1942

I last saw her alive on Nov 11, 1942 Death is said to have occurred on the date stated above, at 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart Disease	?
Chr. Myocarditis	?
Other contributory causes of importance:	
Decompensation (Cardiac)	?
Arteriosclerosis (Cerebral)	11/9/42

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo J. Juleau Jr. M. D.

(Address) 514 N. Schroeder St.

OCCUPATION is very important. See instructions on back of certificate.

F 97733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97733 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 313 West Hoffman St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 14
(e) Length of stay in Baltimore (yrs., mos., or days) Ho 4yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, 313 Hoffman St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 313 West Hoffman St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lula Kennard

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace " "

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant Louis D. Fleming
(b) Address 313 W. Hoffman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Balto. Co. Md.

18 (a) Funeral director Jesse W. Reddew
(b) Address 413 to 419 Biddle St.

19 (a) NOV 18 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16, 1942 at 5P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 19th. 19 42, to Nov. 16th 19 42.
and that I last saw her alive on Nov. 15th 19 42.

Immediate cause of death	Duration
Acute Cardiac Dilitation	Immediate
Due to ------	
Due to ---- -	
Other Conditions Myocarditis, Endocarditis unknow	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jesse W. Reddew M.D.
Address 401 E. 25th. St. Date signed 11-18-42

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 97739 STATE OF MARYLAND F 97739

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 A Penn St., 53 Ward) 63 W 27

Length of residence in city or town where death occurred 53 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Charles Wallace Newcomb If U. S. Veteran specify WAR none

(a) Residence: No. 206 A Penn St., Ward No. 21 Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 4 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	53	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Charles Wallace

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Newcomb

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Susie Wallace Smith (Address) 5111 La Salle

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Cemetery Date Nov 19 1942

19. UNDERTAKER J. A. Brooks (Address) 1463 N. Carey St

20. FILED NOV 18 1942 Huntington Hillman M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/15/42

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 42

I last saw him alive on 11/15 19 42 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage. 7 Days.	11/8/42
Arterial degeneration (one)	11/0/41

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jno. Conley M. D.

(Address) 1517 N. Caroline

Instructions: Use typewriter or ink. See instructions on back of certificate.

F 97710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 97710 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Gold Spring Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 Gold Spring Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas L. Barrett

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13th, 1866

8. AGE: Years	Months	Days	If less than one day
75	11	4	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired Carpenter
11. Industry or business City

FATHER
12. Name Patrick Barrett
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann McDonough
15. Birthplace Ireland

16 (a) Informant Margaret Pipitone
(b) Address 2818 East Baltimore St

17 (a) (Burial, cremation, or removal) (b) Date thereof 11/21/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Harford Ave

18 (a) Funeral director Frank V. Pipitone
(b) Address 2818 E. Baltimore

19 (a) (Date received by Registrar) NOV 18 1942 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1942 at 8:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1942, to Nov. 17 1942, and that I last saw him alive on Nov. 17 1942.

Immediate cause of death	Duration
Bronchopneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature W. H. Butterman
Address 2324 Reisterstown Rd Date signed 11/18/42 M.D.

VS 3

F 97741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1330

F 97741 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 830 Bradley Ave (If rural give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3 (a) FULL NAME EMMA PARKER

3 (b) If veteran, name war.....

3 (c) Social Security Account No.....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife.....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1840

8. AGE: Years	Months	Days	If less than one day
102	-	14	..... hr. ..... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER 12. Name David Parker

13. Birthplace Va.

MOTHER 14. Maiden Name Mary Stevens

15. Birthplace Va.

16 (a) Informant James Parker

(b) Address 1041½ Providence St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Nov. 19 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery

Location A. A. County Md.

18 (a) Funeral director Mrs. R. A. Elliott & Dent

(b) Address 1129 N. Carolina St

19 (a) NOV 18 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 1942 at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said ^ (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Intestinal obstruction	.....
Due to Sarcoma duodenum	.....
Due to	.....
Other Conditions Pyelonephritis chronic (Include pregnancy within 3 months of death)	.....

Date of operation.....

Major findings of operation: .....

.....

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?.....
(e) Means of injury.....

23. Signature H. L. Wallace M.D. Asst Medical Examiner.

Date signed 11-16-42

VS 6

F 97742
424061

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97742
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminister
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Franklin Floyd

3 (b) If veteran, name war: no
3 (c) Social Security Account No. None.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Estella
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 74 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Tenn.
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name R. E. B. Floyd
13. Birthplace Tenn.

MOTHER
14. Maiden Name Matilda Taylor
15. Birthplace Tenn.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-42 (month) (day) (year)
(c) Cemetery or crematory Potomac Chapel Cem.
Location near Potomac Md.

18 (a) Funeral director Wm Reuben Humphreys
(b) Address 7557 Wisconsin Ave. Bethesda Md.

19 (a) 8 1942 (b) Date filed by registrar Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 18 1942 at 11 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 19 1942 to Nov. 18 1942, and that I last saw him alive on Nov. 18 1942

Immediate cause of death Applastic anemia - ? due to pressure — Duration unknown

Due to ? Hodgkins disease

Due to

Other Conditions Edema of lungs right - ? due to ? — unknown
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. C. Penneys Jr. M. D.
Address Johns Hopkins Date signed 11-18-42

VS 250

Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 97743 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: City Hosp. W
Baltimore, Maryland

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 639 E. Clement St
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Burns

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary (D

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June ? 1858

8. AGE: Years	Months	Days	If less than one day
84	5		hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation On Old Age Pension

11. Industry or business

FATHER

12. Name Lawrence Burns

13. Birthplace Ireland

MOTHER

14. Maiden Name Mary ?

15. Birthplace Ireland

16 (a) Informant Baltimore City Hospitals

(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 20-42 (month) (day) (year)

(c) Cemetery or crematory Holy Cross
Location Rockville, Md. on Rte

18 (a) Funeral director Maurice J. Hyde

(b) Address 1422 Light St.

19 (a) NOV 18 1942 (Date received by local registrar) (b) Registrar Huntington Williams, M.D.

VS 210

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17 1942, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-24 1942, to 11-17 1942, and that I last saw h alive on 11-17 1942

Immediate cause of death Senility — Duration ?

Due to Cerebral arteriosclerosis — Duration 7

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Arteriosclerosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature H. K. Baltzan M. D.

Address Balto. City Hosp. Date signed 11-18-42

F 97744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 F 97744 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Ludie J DAVIS

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-0582

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Odessa Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept - 1904

8. AGE: Years: 38 | Months: 2 | Days: | If less than one day: hr. min.

9. Birthplace: S. Carolina (Town, county, and state)

10. Usual Occupation: Cook

11. Industry or business

FATHER
12. Name: Eph Davis
13. Birthplace: S. Carolina

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mrs. Odessa Davis
(b) Address: 516 Revolution St. Havre de Grace

17 (a) Burial, cremation, or removal: Removal (b) Date thereof: 11/19/42 (month) (day) (year)
(c) Cemetery or crematory: Greenwood, S.C.
Location

18 (a) Funeral director: Adolphus Halstead
(b) Address: 918 Druid Hill Ave.

19 (a) 11 18 1942 (Date rec'd by registrar) (Signature of) Livingston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 14, 1942, at 9 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

	Duration
Immediate cause of death: Hypertension cardiovascular	
Due to: disease	
Due to:	
Other Conditions: No	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. L. Wollenmann M.D. (Medical Examiner.)
Date signed 11-14-42

VS 6

97745 HEALTH DEPARTMENT—CITY OF BALTIMORE 97745

CERTIFICATE OF DEATH

83a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 N. Allendale St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Abbie Jane Herbst.

If U. S. Veteran specify WAR .....

(a) Residence: No. 102 N. Allendale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Henry Alex. Herbst.

6. DATE OF BIRTH (month, day, year) Sept. 12, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Centreville Pennsylvania

FATHER

13. NAME Charles W. Mitzel

14. BIRTHPLACE (city or town) (State or country) Rockville Pa.

MOTHER

15. MAIDEN NAME Eliz Gibson

16. BIRTHPLACE (city or town) (State or country) Rockville Pa.

17. INFORMANT Grover Herbst.
(Address) 102 N Allendale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Glen Rock. Pa. Date 19

19. UNDERTAKER H. C. Seville.
(Address) Glen Rock, Pa.

NOV 18 1942 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2. 1942 to Nov. 18 1942.

I last saw her alive on Nov. 17 1942. Death is said to have occurred on the date stated above, at 10:5 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration of cause
Cerebral Hemorrhage	Nov 2.
Other contributory causes of importance: Senility - Hypertension	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dr Walter Brunner M.D. M. D.

(Address) 3603 Edmondson Ave

Instructions: Use typewriter, or print plainly in ink. See instructions on back of certificate.

F 97746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

932

F 97746 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Levindale Home
(c) Hospital or institution: Greenspring & Belvedere Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2815 Norfolk Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Morris Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Paper Hanger

FATHER
12. Name Baer Cohen
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Russia

16 (a) Informant Max Cohen
(b) Address 2815 Norfolk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 19, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cem.
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) NOV 19 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1942, at 11 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-28 1942, to 11-18 1942, and that I last saw h.M alive on 11-18 1942

Immediate cause of death Cardio-Vascular Dis

Due to

Due to

Other Conditions Hemoplegia

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Rudolph Lamm M. D.
Address 3505 Chatsworth Date signed 11-19-42

VS 3

F 97741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

(128) F 97741 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland DOLPHIN ST
(b) Street address 750 Collett St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 750 Collett St. DOLPHIN ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joyce Oliver

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 5 1941

8. AGE: Years	Months	Days	If less than one day
1	132	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

PARENTS
12. Name John Oliver
13. Birthplace Md
MOTHER
14. Maiden Name Naomi Bundy
15. Birthplace Md

16 (a) Informant Mrs Naomi Oliver
(b) Address 750 Dolphin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-42 (month) (day) (year)
(c) Cemetery or crematory Christmas Mem. Park
Location Balto. Co. Md

18 (a) Funeral director Mrs Frances A. Himsley
(b) Address 578 W. Biddle St

19 (a) NOV 19 1942 (Date rec'd by registrar) Hunting ton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/17 1942, at 9.50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to natural death on the day stated above.

Immediate cause of death Intestinal Obstruction

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Haughey B. McNally M.D. Medical Examiner.
Date signed 11/18/42

VS 6

F 97748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97748 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Randallstown (If outside city or town limits, write RURAL and give town)
(d) Street No. Winans Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eugene Davis

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1910

8. AGE: Years	Months	Days	If less than one day
32	1	16	hr. min.

9. Birthplace Stockdown, Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Samuel David
13. Birthplace Md

MOTHER 14. Maiden Name Emma Gross
15. Birthplace Md

16 (a) Informant Samuel David
(b) Address Randallstown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-42 (month) (day) (year)
(c) Cemetery or crematory St. Thomas Cem
Location Randallstown Md

18 (a) Funeral director Mrs. Frances A. Hensley
(b) Address 578 W. Biddle St

19 (a) NOV 19 1942 (Date rec'd by registrar) (b) Huntingtor Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17- 1942, at 8:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Stab wound of neck

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 11-17-42 at 8 P.M.
(c) Where did injury occur? In front of 1532 N. Stricker St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Knife instrument

23. Signature: Howard J. Madden M.D. Medical Examiner
Date signed 11-18-42

F 97749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 10

F 97749 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3508 Cedardale Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3508 Cedardale Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Williamson Mellor

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W	Widowed

6 (b) Name of husband or wife Edwin M.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 3, 1851

8. AGE: Years	Months	Days	If less than one day
91	5	14	hr. min.

9. Birthplace Va. Near Falls Church (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Nicholas Lemen
13. Birthplace W. Va.

MOTHER
14. Maiden Name Catherine Ann West
15. Birthplace Va.

16 (a) Informant Mr. Robert Graham
(b) Address 3508 Cedardale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19, 1942 (month) (day) (year)
(c) Cemetery or crematory Sharpsfield Cem. Co.
Location Lutherville, Md.

18 (a) Funeral director C. Percy Wilson
(b) Address Lutherville, Md.

19 (a) (b) Registrar
(Date received)
NOV 19 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 1942 at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from NOV 11 '42 19 . to NOV 17 1942, and that I last saw h alive on NOV 17 1942

Immediate cause of death	Duration between onset and death
Myocarditis	
Due to Advanced arterio-sclerosis	?
Due to	
Other Conditions Hypostatic Pneumonia	1

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hallie Dillard M. D.
Address 2221 Harrison Blvd Date signed Nov 18/42

F 97750
T.N 76013

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97750
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 625 Gilbert St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Cornish

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Violet
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 12th, 1907

8. AGE: Years 34 | Months 11 | Days 5 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Ernest Cornish
13. Birthplace Maryland

MOTHER 14. Maiden Name Nellie Johnson
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Geo W Olson
(b) Address 1000 Gilmanton Ave

19 (a) NOV 19 1942 (Delivered by registrar) Huntington, Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-16 1942, at 11 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-11 1942 to 11-16 1942, and that I last saw h alive on 11-16 1942

Immediate cause of death: Cardiac failure — Duration 4 mos.
Due to: Aortic insufficiency — ?
Due to: [redacted]
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Ans stmd

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. L. Rathbun M. D.
Address Balto City Hosp Date signed 11-17-42

VS 280

BALTIMORE CITY HEALTH DEPARTMENT

425277 F 97751 **CERTIFICATE OF DEATH** 61 ✓ F 97751 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 E. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mollie Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	widowed.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-20-75

8. AGE: Years	Months	Days	If less than one day
66	11	24	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Seamstress
11. Industry or business

FATHER
12. Name George Marsh
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Wright
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/42 (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Thos. D. Miller
(b) Address 2100 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

NOV 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14 1942 at 11 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11 1942 to Nov. 14 1942 and that I last saw her alive on Nov. 14 1942

	Duration
Immediate cause of death Myocardial infarction	7 days
Due to coronary thrombosis	
Due to arteriosclerosis	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hosp. Date signed 11/18/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. ... WITH UNFADING INK. Every item of information should be ... Rebuke Supplied. The

F 97752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97752 Registered No.

T.N 77547

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore, City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. N.N.Caroline St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henderson Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June ? 1844

8. AGE: Years 98 | Months 5 | Days ? | If less than one day hr. min.

9. Birthplace N.C
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Do not have Father's name
13. Birthplace

MOTHER
14. Maiden Name """""""""""""""""""
15. Birthplace

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave, Records

17 (a) Burial (b) Date thereof 11/19/42
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bentalou ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

NOV 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-14 1942 at 6 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-22 1942 to 11-14 1942 and that I last saw h[illegible] alive on 11-14 1942

	Duration
Immediate cause of death Cardiac failure	?
Due to Arteriosclerotic heart disease	?
Due to	
Other Conditions Cerebral thrombosis	?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp Date signed 11-16-42

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be given if possible. TYPEWRITING OR PRINTING IN INK.

F 97753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 97753 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1348 W Fremont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1348 W Fremont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annanias Walheim

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Col	married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1883

8. AGE: Years	Months	Days	If less than one day
59	8	10	hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Bryant Walheim
13. Birthplace N. C.

MOTHER
14. Maiden Name Lanning
15. Birthplace N. C.

16 (a) Informant Carrie Freeman
(b) Address 1348 W Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 19th/42 (month) (day) (year)
(c) Cemetery or crematory Glendon Va.
Location Va.

18 (a) Funeral director Edward G Watson
(b) Address 1000 Pennsylvania Ave Baltimore Md

19 (a) (Date rec'd by registrar) (b) Registrar

NOV 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1942 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1942 to Nov 17 1942 and that I last saw him alive on Nov 17 1942.

Immediate cause of death	Duration
Lobar Pneumonia	2 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M Endelman M. D.
Address 813 W Fremont Ave Date signed Nov 17

F 97754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83N F 97754 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument Street & Rutland Avenue
(c) Hospital or institution:
Sinai Hospital of Baltimore, Inc.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (~~yrs., mos., or days~~) 37 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2124 Brookfield ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth Berlin

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business None

FATHER
12. Name Herman Chaim Stein
13. Birthplace Lith

MOTHER
14. Maiden Name Imahla Bein
15. Birthplace Lith

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mount Lebanon
Location Southern Ave

18 (a) Funeral director Jacob Louis Lee
(b) Address 1427 E. Balto St

19 (a) NOV 19 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 18 1942, at 12.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1942 to Nov 18 1942 and that I last saw him alive on Nov 18 1942.

Immediate cause of death	Duration
Respiratory failure	
Due to Hyperpyrexia	5 days
Due to Subarachnoid Hemorrhage	3 weeks
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Moses M. D.
Address Sinai Hosp. of Balto, Inc. Date signed 11/18/42
Monument St & Rutland Ave.

VS 8

F 97755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. F 97755

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2200 Callow ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 D
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2200 Callow ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rosa Rosenbach

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex Female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Seligmann

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years 84 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Hsewife

11. Industry or business None

FATHER
12. Name Isaac Nusanan
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Schulman
15. Birthplace Germany

16 (a) Informant Joseph Rosenbach
(b) Address 2501 Brookfield ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-42 (month) (day) (year)
(c) Cemetery or crematory Har Jeon Carg
Location Rogedale

18 (a) Funeral director Jos L. Levin Inc
(b) Address 1439 E. Balto St

19 (a) NOV 19 1942 (Date rec'd by Reg.) (b) Huntington Williams, M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-18 1942 at 6 30P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sep 1942 to Nov. 18 1942 and that I last saw h alive on 11-17 1942

Immediate cause of death Cerebral embolus — Duration

Due to Coronary thrombosis — Duration

Due to Cardiac failure — Duration

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard Cohen M. D.
Address Marlborough & Date signed 11/19/42

VS 180

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT OR WRITE WITH INDELIBLE INK.

425 M 57756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97756
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1423 Pennsylvania Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Max Portney
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex: Male. 5. Color or race: White 6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife Ruth.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 42. 1900
8. AGE: Years 42 Months Days If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Clerk.
11. Industry or business Iron Steel

FATHER
12. Name Nathan Portney
13. Birthplace Russia

MOTHER
14. Maiden Name Mary Millstone
15. Birthplace Russia

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Ferguson Yard Rd

18 (a) Funeral director Jack Levin Inc
(b) Address 1432 E. Balto St

19 (a) NOV 19 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov-17 1942 at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov-9 1942 to Nov-17 1942 and that I last saw him alive on Nov-17 1942

Immediate cause of death Cachexia — Duration

Due to Operation

Due to Pituitary tumor (Benign)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11-14-42

Major findings of operations: Pituitary tumor

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irving J. Sherman M. D.
Address Johns Hopkins Hosp Date signed 11-17-42

VS 250

F 97757

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

F 97757
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3307 E Pratt St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3307 E Pratt
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William D. Marks

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-09-1269

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Nellie Marks
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Mar 5 1876

8. AGE: Years 66 | Months 8 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual Occupation machinist

11. Industry or business

FATHER
12. Name Wm F Marks
13. Birthplace Pa

MOTHER
14. Maiden Name Sarah Cummings Lamar
15. Birthplace Pa

16 (a) Informant Nellie Marks
(b) Address 3307 E Pratt

17 (a) burial (b) Date thereof Nov 21 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Balto Md

18 (a) Funeral director John Ulbrich
(b) Address 2008 Orleans St

19 (a) 11-19-1942 Huntington Williams M.D.
(Date received by Registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 Tu 1942, at 8:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1940 to Nov 17 1942 and that I last saw h. alive on Nov 17 1942

Immediate cause of death: myocardosis

Due to: arteriosclerotic heart disease

Due to: generalized arteriosclerosis

Other Conditions: mild diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1 year
2 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John J Gray M.D.
Address 14 N Eutaw Date signed 11-18-42

F 97758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46C

Registered No. F 97758

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3400 Roland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 64 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 Carroll St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Pauline Elizabeth Kastner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Geo. H. Kastner

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) DEC 12 1877

8. AGE: Years 64 | Months 11 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name William Weisel

13. Birthplace Germany

MOTHER 14. Maiden Name Katherine Weisel

15. Birthplace Germany

16 (a) Informant Mrs. H. Kastner

(b) Address 1519 E 29th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 21 42 (month) (day) (year)

(c) Cemetery or crematory Balto Cem

Location Balto Md

18 (a) Funeral director John Ulland

(b) Address 2048 Huntington Ave

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1942, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/1 1942 to 11/17 1942, and that I last saw her alive on 11/14 1942.

Immediate cause of death Pneumonia & Pericarditis (Duration 6 hrs.)

(Duration)

Due to

Due to

Other Conditions Chr Cardio Vascular Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature T. B. Culbertson M.D.

Address 1901 Eutaw Date signed 11/18/42

VS 8

F 97759 ✓ F 97759

T.N 78042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. TYPEWRITING OR PRINTING WITH INDELIBLE INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 402 S. Bouldin St (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Peter Jerscheid

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Annie F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6th, 1862

8. AGE: Years	Months	Days	If less than one day
80	1	12	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Henry Jerscheid
13. Birthplace Germany

MOTHER
14. Maiden Name Anna ?
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave ("Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/42 (month) (day) (year)
(c) Cemetery or crematory Oakleaves
Location

18 (a) Funeral director John C. Miller & Son
(b) Address 2438 E. Oliver St

19 (a) (Date received by registrar) NOV 19 1942 (b) Hunting to Williams

MEDICAL CERTIFICATION

28. DATE OF DEATH 11-17 1942 at 6:25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-17 1942 to 11-17 1942 and that I last saw h.im alive on 11-17 1942

Immediate cause of death Embolism to femoral artery right — Duration 2 wks?

Due to Coronary thrombosis & mural thrombi — ?

Due to Arteriosclerotic C.V.D.

Other Conditions Mild congestive failure

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hosp. Date signed 11-18-42

VS 180

F 97760 ✓ F 97760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5110 Bellville Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5110 Bellville Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MINNIE B. KELSEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Albert H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/4/1874

8. AGE: Years	Months	Days	If less than one day
68	9	14	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name John Wonder Germany
13. Birthplace Germany

MOTHER
14. Maiden Name Lizzie Smith
15. Birthplace England

16 (a) Informant Mr. Alfred H. Kelsey
(b) Address 5110 Bellville Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 NOV 19 1942 (b) for William J. Mc Registrar
Date received by registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18, 1942, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 1942, to Nov 18 1942, and that I last saw her alive on Nov 18 1942.

Immediate cause of death	Duration
Cerebral Apoplexy	11 days
Due to Arteriosclerosis	Few yrs.
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature W. E. Bernard M.D.
Address 2200 Jamison Blvd Date signed Nov 19/42

F 97761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1370

Registered No. F 97761

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3822 Barrington Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Fields Munroe

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Gertrude Parrish
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/8/1869

8. AGE: Years	Months	Days	If less than one day
73	9	9	hr. min.

9. Birthplace Balto. Co., Md.
(Town, county, and state)
10. Usual Occupation Ass't. Supt. (retired)
11. Industry or business Metropolitan Ins. Co.

FATHER
12. Name James Munroe
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name James Munroe
15. Birthplace Balto. Co., Md.

16 (a) Informant Mrs. Gertrude Munroe, wife
(b) Address 3822 Barrington Rd.

17 (a) Burial (b) Date thereof 11/20/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) NOV 19 1942 Thurlow for Williams, M.D. Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1942 at 1 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 12 1942 to Nov 17 1942 and that I last saw him alive on Nov 17 1942.

Immediate cause of death	Duration
Myocardial failure	
Due to Chronic Myocarditis	
Due to	
Other Conditions Benign prostatic hypertrophy	

(Include pregnancy within 3 months of death)
Date of operation 11/16/42
Major findings of operation: Benign prostatic hypertrophy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. J. Coffman M.D.
Address Md. General Hosp. Date signed 11/17/42

F 97783

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97783 Registered No. 314

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) --

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 Gorsuch Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH H. LAMB

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Carrie H. Fisher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/28/1865

8. AGE: Years	Months	Days	If less than one day
77	6	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Owner
11. Industry or business Fire Appliance Co.

FATHER 12. Name John Lamb
13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Amanda Pruitt
15. Birthplace Baltimore Co., Md.

16 (a) Informant Mrs. Carrie H. Lamb
(b) Address 809 Gorsuch Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

NOV 19 1942 Huntington Hill

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17, 1942, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 - 1942 to Nov 17 - 1942 and that I last saw him alive on Nov 16 - 1942

Immediate cause of death Myocardial Insufficiency
Pulmonary Edema
Due to Chronic Hypertension
Arteriosclerosis
Due to Old Nephritis
Other Conditions Enlarged Prostate

Duration: 10 Days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. G. Leupold M.D.
Address 156 W. Mt. Royal Ave. Date signed 11/18/42

F 97763 ✓ F 97763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1410 Poplar Grove St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 67
(d) Street No. 1410 Poplar Grove St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CLIFFORD S. GARLOCK

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Spanish	705 - 05 - 3433	male	white	married

6 (b) Name of husband or wife Mazie U.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1880

8. AGE: Years	Months	Days	If less than one day
62	3	27	hr. min.

9. Birthplace Hagerstown, Md. (Town, county, and state)
10. Usual Occupation Boiler - foreman
11. Industry or business B. & O. R. R.

FATHER
12. Name Daniel Garlock
13. Birthplace Warren, Pa.

MOTHER
14. Maiden Name Laura Rogers
15. Birthplace Rouzersville, Pa.

16 (a) Informant Mrs. Mazie U. Garlock
(b) Address 1410 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) 11 19 1942 (Date rec'd by registrar) (b) for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16, 1942 at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1942 to Nov 16 1942 and that I last saw h[illegible] alive on Nov 14 1942

Immediate cause of death	Duration
Acute Cardiac Dilation	1 day
Due to Chronic valvular heart disease	2
Due to	
Other Conditions Hypocandotes	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Glassman M. D.
Address 753 W Fayette St Date signed Nov 16

F 97764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 97764 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 45-15 Garrison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr Samuel A. Ver Valen

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	widower

6 (b) Name of husband or wife ?
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 28 1878

8. AGE: Years	Months	Days	If less than one day
64	5	20	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Henry Ver Valen (dead)
13. Birthplace New York

MOTHER
14. Maiden Name Cecelia Fowler (dead)
15. Birthplace New York

16 (a) Informant Alfred Ver Valen
(b) Address 5065 St. Albans way Homeland

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/21/42 (month) (day) (year)
(c) Cemetery or crematory
Location Haverstraw, N. Y.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md. Williamstown, N.J.

19 (a) NOV 19 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1942, at 6 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10 1942, to Nov 18 1942, and that I last saw him alive on Nov 18 1942.

Immediate cause of death	Duration
Cardio-respiratory failure	
Due to Bronchopneumonia	2 wks
Due to	
Other Conditions Parkinson's Disease Senile	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature John A. Wolff Jr.
Address Union Memorial Hosp. Date signed

VS 8

F 97765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97765
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1706 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 Edmondson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Augustus Pleasant

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-14-2137

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	col	married

6 (b) Name of husband or wife Geraldine Pleasant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24-1900

8. AGE: Years	Months	Days	If less than one day
41	10	22	hr. min.

9. Birthplace Powhatan Va.
(Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Doc. Pleasant
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Monroe
15. Birthplace Va.

16 (a) Informant Elizabeth Coleman
(b) Address 1706 - Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 327 N. Schroeder St

19 NOV 19 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1942, at 2105 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1942 to Nov 16 1942, and that I last saw h— alive on Nov 16 1942

Immediate cause of death
1. Pulmonary Tuberculosis — Duration 2 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis C. Jolliffe M. D.
Address 2329 Georgia Ave Date signed Nov 19-42

VE 8

F 97766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931

F 97766 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 McCulloh Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 H
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 McCulloh Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Morris

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-05-1488

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Widow

6 (b) Name of husband or wife Georgiana Morris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1868

8. AGE: Years	Months	Days	If less than one day
74	5		hr. min.

9. Birthplace Fayetteville N.C (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Howard Scott
(b) Address 1213 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19-42 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem
Location

18 (a) Funeral director Mrs Koty R. Williams
(b) Address 322 N. Eutaw St

19 (a) NOV 19 1942 (Date rec'd by registrar) (b) Huntington Millard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-16- 1942, at 9:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy thereon and from the evidence obtained by said Inquest & Autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio - Vascular	
Due to Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: two

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 11-16-42

VS 6

F 97767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97767 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1527 E. Madison St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1527 E Madison St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Lomax

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-14644

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Kate R. Lomax
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6, 1877

8. AGE: Years	Months	Days	If less than one day
65	2	11	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Porter
11. Industry or business Con Factory

FATHER
12. Name James Lomax
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Josephine Gaines
15. Birthplace Ellington Md

16 (a) Informant Mrs Lydia Pearrance
(b) Address 1524 E Madison St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Arlington Memorial
Location Balto County

18 (a) Funeral director J. L. Preston Company
(b) Address 579 Mosher St

19 (a) NOV 19 1942 (Date rec'd by Registrar) Huntington Ave

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1942 at 2:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1st 1942 to Nov 17 1942, and that I last saw h alive on Nov 17 1942.

Immediate cause of death
Bronchopneumonia
Due to Cardiac Decompensation
Due to Hypertension
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Duration: 3 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert A Lefevre M. D.
Address 8 W N. Bond St Date signed 11/18/42

F 97768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13b

F 97768

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 146 N. High St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Viola Ball 74575

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex female | 5. Color or race black | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Stephen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 10, 1907

8. AGE: Years 35 | Months 7 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER 12. Name Charles Young

13. Birthplace Va.

MOTHER 14. Maiden Name Liza Jones

15. Birthplace Md.

16 (a) Informant Hospital records

(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 21-1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery

Location A. A. Co. Md.

18 (a) Funeral director Robert E. Williams

(b) Address 515 W Eldorado

19 (a) NOV 19 1942 (Date received by Registrar)

Huntington Hillcrest Md

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 1942 at 8:40A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1942, to Nov. 18 1942 and that I last saw her alive on Nov. 18 1942.

Immediate cause of death ... Duration

Pulmonary tuberculosis ... 9 mos?

Due to ...

Due to ...

Other Conditions ...

(Include pregnancy within 3 months of death)

Date of operation ...

Major findings of operation: ...

of autopsy: ...

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ...
(e) Means of injury ...

23. Signature Ad Hayes

Address Balto City Hosp Date signed 11/18/42

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97769

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97769 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 900 Block Shield Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles L. Barnes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Emily (nee Brown)
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) June 12, 1896

8. AGE: Years	Months	Days	If less than one day
46	5	3	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business General

FATHER
12. Name Thomas Wm. Barnes
13. Birthplace St. Mary's County Md

MOTHER
14. Maiden Name Mary Ellen Cockey
15. Birthplace Balto. Co. Md.

16 (a) Informant Landon M. Burks
(b) Address Sparks, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 21, 1941 (month) (day) (year)
(c) Cemetery or crematory Stephenson
Location Sparks, Md.

18 (a) Funeral director Landon M. Burks
(b) Address Sparks, Md.

19 (a) NOV 19 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 15 1942, at 9 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest & Autopsy and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio vascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Grafton M.D. Medical Examiner.
Date signed Nov. 16 1942.

VS 4

97770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 N

Registered No. 97770

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1112 N. Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 1112 N. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret L. Kettel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Thos. J. Kettel

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Aug 8, 1890

8. AGE: Years	Months	Days	If less than one day
52	3	9	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name John J. Mulroy
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary A. McEvoy
15. Birthplace Ireland

16 (a) Informant Thomas J. Kettel
(b) Address 1112 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Conway & Son
(b) Address 901 Hollins St

NOV 19 1942 (Date rec'd by Registrar)

(b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1942 at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 9 1942 to Nov 16 1942 and that I last saw h[illegible] alive on Nov 16 1942.

Immediate cause of death	Duration
Hypertensive Cardio-Vascular Disease	1 yr.
Due to Mitral Stenosis	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Carl P. Rostling M. D.
Address 1126 W Lombard St Date signed 11/18/42

97771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6

Registered No. 97771

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave
(c) Hospital or institution:
Sinai Hospital of Baltimore, Inc.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 W. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Luther Jarvis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9th 1925

8. AGE: Years 17 | Months 8 | Days 9 | If less than one day hr. min.

9. Birthplace Olive Hill Kentucky
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Edward Jarvis
13. Birthplace Kentucky

MOTHER 14. Maiden Name "
15. Birthplace Kentucky

16 (a) Informant Mrs Hebert Jarvis
(b) Address 1019 W Lombard St

17 (a) buried (b) Date thereof 11/22/1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Dickeridge Mem.
Location Olive Hill, Kentucky

18 (a) Funeral director John J Cowan & Son
(b) Address 901-3 Hollins St

19 (a) 11-19-1942 (b) Huntington Williams M.D.
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1942, at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 18 1942, to Nov 18 1942, and that I last saw him alive on Nov 18 1942

	Duration
Immediate cause of death Respiratory Paralysis	
Due to Meningococcus Septicaemia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Adrenal hemorrhage; ecchymoses

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence of M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert A. Moore M. D.

Address Sinai Hospital of Balto., Inc Date signed 11-18-42
Monument & Rutland Ave.

VS 3

97772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46R E 7772 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2210 Roslyn Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2210 Roslyn Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Summerfield Smardon

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-3526

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Katherine Smardon

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) June 30, 1885

8. AGE: Years	Months	Days	If less than one day
57 56	4	11 17	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Clerk - Contract Dept.

11. Industry or business Shell Oil Co.

FATHER
12. Name George Smardon
13. Birthplace Anne Arundel County, Md.

MOTHER
14. Maiden Name Elizabeth Lauer
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. M. Katherine Smardon
(b) Address 2210 Roslyn Ave.

17 (a) Burial (b) Date thereof Nov. 20, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore, Md.

18 (a) Funeral director Phillips Lawrence
(b) Address 1003 W. Baltimore St.

19 (a) NOV 19 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 1942, at 7 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9 1941 to Nov 17 1942 and that I last saw him alive on Nov 17 1942

Immediate cause of death	Duration
Carcinoma of Oesophagus	14 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Sept 9 '41

Major findings of operation: Carcinoma upper 3rd of Oesophagus

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Seagrott M. D.
Address 1729 W. Lombard St. Date signed 11/19/42

VS 3

97773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. 97773

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 907 S Highland
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 907 S Highland ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Frisch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Joseph D.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1884

8. AGE: Years 58 | Months 2 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

MOTHER / FATHER

12. Name Charles S Meth Smith

13. Birthplace

14. Maiden Name Smith

15. Birthplace

16 (a) Informant Charles McEvoy

(b) Address 903 S Bouldin St

17 (a) X (Burial, cremation, or removal) (b) Date thereof 11-21-42 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Fredrick ave

18 (a) Funeral director John J Reda

(b) Address 2829 Hudson St

NOV 19 1942 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 18 1942 at 2:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1938 to Nov 18 1942 and that I last saw h alive on Nov 14 1942.

Immediate cause of death

Lifetime cardiac and renal disease

Duration 7 yrs

Due to

Due to

Other Conditions Cardiac Insufficiency 4 hrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter E Sikorsky M. D.

Address 3939 McKeough Date signed Nov 18 1942

VS 2

F 97774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 97774

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4013 Liberty Heights Ave.
(c) Hospital or institution:
Alberta Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 Arlington Ave, Govans (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna J. Walsh

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife James G. Walsh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24, 1880

8. AGE: Years	Months	Days	If less than one day
62	4	24 23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Michael McMahon
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Kaine
15. Birthplace Ireland

16 (a) Informant Miss, M. Angela Walsh
(b) Address 711 Arlington Ave, Govans

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John A. Moran
(b) Address 4201 Greenmount Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1942 at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1942, to Nov 16 1942, and that I last saw her alive on Nov. 16 1942.

Immediate cause of death Generalized Carcinomatosis

Due to Cancer arising from Lt breast

Due to

Other Conditions Hypostatic pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Govatos M. D.

Address 101 N. Reed St Date signed 11-18-42

VS 8

Huntington Williams M.D.

AB-77918 F 97775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89a ✓ F 97775 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 226 S. Oldham St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Trecost (Birth F 51606)

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16-1942

8. AGE: Years | Months: 5 | Days: 3 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name William Trecost
13. Birthplace W.Va.

MOTHER
14. Maiden Name Nora Smith
15. Birthplace W.Va.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 22/42 (month) (day) (year)
(c) Cemetery or crematory CLARKSBURG W.VA.
Location CLARKSBURG W.VA.

18 (a) Funeral director Lilly & Zinn Inc.
(b) Address 403 S. WOLFE ST.

19 (a) NOV 19 1942 (Date rec'd by Registrar) Huntington W. Va. Registrar M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1942 at 8:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 9 1942 to Nov. 19 1942 and that I last saw him alive on Nov. 19 1942

Immediate cause of death: Respiratory Arrest

Due to: Pneumococcus Meningitis

Due to:

Other Conditions: Otitis media.

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration
10 days
11 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 11-19-42

Every item of information should be carefully supplied. Answers are especially important. Physicians: please write the causes of death clearly and legibly.

F 97776

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

183 ✓ F 97776 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address found in harbor ft. of South Bond St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN PETERSON

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
abt 50			hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation Seaman
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-42 (month) (day) (year)
(c) Cemetery or crematory Second Unit of Mary
Location Fremont Hill Rd.

18 (a) Funeral director Lilly and Zeiler Inc.
(b) Address 403 S. Wolfe St.

19 (a) NOV 19 1942 (Date rec'd by registrar) (b) Huntington Williams MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7, 1942, at 11 30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death	Duration
drowning	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 2/3
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov - 42 at 1 M
(c) Where did injury occur? Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? harbor (Specify type of place) While at work?
(e) Means of injury drowning

23. Signature [illegible] M.D. Medical Examiner.
Date signed 11-7-42

VS 6

F 97777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N Registered No.

F 97777

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 502 S. DECKER AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 502 S. DECKER AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN T. OWENS

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWER

6 (b) Name of husband or wife ANNIE OWENS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 9 1857

8. AGE: Years	Months	Days	If less than one day
85	4	13	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation RETIRED
11. Industry or business

FATHER
12. Name JOHN B. OWENS
13. Birthplace MD.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace MD.

16 (a) Informant GEORGE J. HOOKER (SON IN LAW)
(b) Address 502 S. DECKER AVE.

17 (a) BURIAL (b) Date thereof NOV. 20/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory PARKWOOD
Location TAYLOR AVE.

18 (a) Funeral director Lilly & Zeilenhn.
(b) Address 403 S. WOLFE ST.

19 (a) NOV 19 1942 (b) Huntington Hitchins, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 17 1942, at 1 AM M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 9 1942, to Nov 17 1942 and that I last saw h[illegible] alive on Nov 16 1942.

Immediate cause of death	Duration
Arteriosclerotic C.V. Disease	
Cerebral Hemorrhage	11-9-42
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. A. Schumunk M. D.
Address 842 S. Ponca Ave. Date signed 11-18-42

VS 2

F 97778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940 F 97778 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1016 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME IRVINE J. VAN FOSSEN

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1. 1876

8. AGE: Years	Months	Days	If less than one day
66	4	14	hr. min.

9. Birthplace Fredrick Md. (Town, county, and state)
10. Usual Occupation Canner
11. Industry or business

FATHER
12. Name Eldred Van-Fossen
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth —
15. Birthplace Md

16 (a) Informant Mrs. Nelson (Daughter)
(b) Address 1704 E. 30th St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Nov. 20 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Fredrick - Md.

18 (a) Funeral director George A. Nusbaum
(b) Address 21 W. 25th St.

19 (a) NOV 19 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 1942, at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Coronary arteriosclerosis	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner
Date signed 10-17-42

VS 6

F 97779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11 7a

Registered No. F 97779

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2906 E. Pratt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2906 E. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Arthur Horner

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 17 1877

8. AGE: Years 65 | Months 1 | Days | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Office

11. Industry or business Retired

FATHER 12. Name John Horner

13. Birthplace Balto.

MOTHER 14. Maiden Name Elizabeth Rodgers

15. Birthplace Balto.

16 (a) Informant Ida Horner

(b) Address 2906 E. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 20 42 (month) (day) (year)

(c) Cemetery or crematory Laudon Park

Location Frederick Rd

18 (a) Funeral director Wm. H. Keppel Sons

(b) Address 110 Belair Rd

19 (a) NOV 19 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1942 at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to Nov. 17 1942 and that I last saw h/M. alive on Nov. 16 1942

Immediate cause of death Cerebral Hemorrhage — Duration 2 days

Due to Chronic Myocarditis — 10 yr

Due to Gastric Ulcer — 2 yr

Other Conditions Arteriosclerosis — 10 yr

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Joseph Tawney M. D.

Address 4441 Belleview Ave Date signed 11/17/42

VS 150

PRINT ENTRIES AND ANSWERS IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

302 Registered No. F 97780

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 57 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town MT. WASHINGTON 15 (If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 GREENBERRY RD. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD SHOEMAKER BOYLSTON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife MRS. EDW. BOYLSTON
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 22, 1910

8. AGE: Years	Months	Days	If less than one day
32	5	28	hr. min.

9. Birthplace PENNSYLVANIA (Town, county, and state)
10. Usual Occupation LAWYER
11. Industry or business

FATHER
12. Name SAMUEL S. BOYLSTON
13. Birthplace NEW YORK

MOTHER
14. Maiden Name SARAH PORTER SMITH
15. Birthplace [illegible]

16 (a) Informant Johnson & Batmenberg
(b) Address 1011 Munsey Bldg.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 20 (month) (day) (year)
(c) Cemetery or Crematory Columbia
Location Columbia Md.

18 (a) Funeral director John C. Mitchell & Sons
(b) Address 1700 Eutaw Place

19 (a) NOV 19 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH NOVEMBER 18, 1942, at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/27 1942, to 11/18 1942, and that I last saw him alive on Nov. 18 1942.

Immediate cause of death	Duration
Coronary occlusion (?)	
Due to Syphilitic cardiovascular disease	?
Due to Syphilis	?
Other Conditions Empyema following bronchopneumonia (Include pregnancy within 3 months of death)	2 months

Date of operation 10-13-42
Major findings of operation: Empyema left
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Ridgely Jr. M. D.
Address Union Memorial Hospital Date signed 11-18-42
Baltimore, Md.

VS 2

425546 F 97781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97781

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) T
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Beckley
(If outside city or town limits, write RURAL and give town)
(d) Street No. 110 Meadow Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Harvey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elbert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3 - 10 - 86

8. AGE: Years 56 | Months 8 | Days 9 | If less than one day hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Samuels Earles
13. Birthplace Virginia

MOTHER
14. Maiden Name Callie Frazell
15. Birthplace Virginia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19 1942 (month) (day) (year)

(c) Cemetery or crematory
Location Princeton, West Virginia

18 (a) Funeral director Chas. E. Mitchell & Son
(b) Address 1900 Eutaw Place

19 (b) NOV 19 1942 (Date rec'd by registrar) Huntington, W. Va. Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1942 at 6 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 16 1942 to Nov 19 1942 and that I last saw her alive on Nov 19 1942

Immediate cause of death: Post operative pneumonia following caesarean section Part cp. of uterus — Duration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11/18/42

Major findings of operation: cer., uterus

of autopsy: pneumonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. E. Stetson

Address Johns Hopkins Hospital, signed 11/19/42 M. D.

F 97783

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 97782 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2812 W. North Ave.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2812 W. North Ave.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Julia M. Bryan

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Terry H. Bryan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1876

8. AGE: Years	Months	Days	If less than one day
66	3	12	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name John Giles
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Elizabeth A. Bryan
(b) Address 2812 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/42 (month) (day) (year)
(c) Cemetery Greenmount
Location North & Greenmount Aves.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 1942, at 10 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Chronic myocardial degeneration — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov. 19 1942

VS 6

F 97783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N Registered No. F 97783

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1701 Linden ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 Linden ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Louisa S. Kennard
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed or divorced single
6 (b) Name of husband or wife ✓
6 (c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) June 18, 1873
8. AGE: Years 69 Months 5 Days — If less than one day hr. min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Wm. H. Kennard
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Virginia C. Greiner
15. Birthplace Richmond Va.

16 (a) Informant Florence E. Kennard
(b) Address 1701 Linden ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 20 (Month) (day) 42 (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave.
18 (a) Funeral director John Mitchell Sons
(b) Address 1910 Eutaw Place
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/18 1942 at 8:35 AM
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to 11/18 1942
and that I last saw her alive on 11/17 1942
Immediate cause of death Myocarditis
Duration Endstage
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause for which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W H Hardy M. D.
Address 1403 Park ave Date signed 11/18/42

NOV 19 1942

VS 3

Please write the causes of death clearly and legibly. Typewriting supplies if possible.

AB-75682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97784

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Western Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 E. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Robinson or Joe Robson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15- 1877

8. AGE: Years 65 | Months 9 | Days 16 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Ned. Robinson
13. Birthplace Va.

MOTHER
14. Maiden Name Sallie Manuel
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY [illegible] SCHOOL NOV 19 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) NOV 19 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-1 1942, at 4:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-15 1942 to 11-1 1942, and that I last saw h[illegible] alive on 11-1 1942

	Duration
Immediate cause of death: Cardiac failure	?
Due to: Syphilitic aortic insufficiency	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. K. Faulkner M. D.
Address Balto. City Hosp. Date signed 11-4-42

VS 250

9578

F-97785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 97285

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 Watson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Ed. Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6 - 17 - 12

8. AGE: Years 30 | Months 4 | Days 25 | If less than one day hr. min.

9. Birthplace NC (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Arthur Brown
13. Birthplace N.C.

MOTHER
14. Maiden Name Rebecca Hawes
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SERVICE NOV 19 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 12 1942 at 5-00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 8 1942 to Nov 12 1942 and that I last saw h. alive on Nov. 12 1942

Immediate cause of death Heart failure (cardiac dilatation and hypertrophy) with myocardial insufficiency | Duration 10 months

Due to Myocarditis

Due to Cerebral embolism

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: cardiac dilatation and hypertrophy with myocardial insufficiency. Embolism of left cerebral artery.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Anderson
Address The Johns Hopkins Hosp. Date signed 11/13/42

VS 250

9579

Every item of information should be carefully supplied. The [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

97786

JL - 74970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97786
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo-8d
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Cornall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mildred (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 21, 1868

8. AGE: Years 74 | Months 6 | Days 13 | If less than one day hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name James
13. Birthplace N. Y.

MOTHER
14. Maiden Name Letitia ?
15. Birthplace N. Y.

16 (a) Informant Baltimore City Hosp. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 19 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) NOV 19 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-4 1942, at 9 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26 1942, to 11-4 1942, and that I last saw h alive on 11-4 1942.

Immediate cause of death	Duration
Carcinoma of prostate	3
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. R. Ratcliffe M. D.
Address Balto. City Hosp. Date signed 11-5-42

VS 180

9580

Please fill in especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 97737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 97787

Registered No.

Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 106 S. Haight Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-

(e) Length of stay in Baltimore (yrs., mos., or days) about 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 106 S. Haight Street (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Concetta Farace

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Salvatore

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Sept. 20-1881

8. AGE: Years	Months	Days	If less than one day
61	1	27	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Giuseppi Culotta

13. Birthplace Italy

MOTHER

14. Maiden Name Rosalia Culotta

15. Birthplace Italy

16 (a) Informant Mrs. Sadie Liberto

(b) Address 106 S. Haight Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 / 20 / 42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Old Frederick Road

18 (a) Funeral director Joseph Farace Inc.

(b) Address 203 Monument Ave

19 (a) (b)

NOV 19 1942

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17- 1942 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-4 1942, to 11-17 1942, and that I last saw h[illegible] alive on 11-16 1942

	Duration
Immediate cause of death Cardiac decompensation -	15 days
Due to Ascites - Hypertension	10 yrs
Due to Chronic Nephritis.	?
Other Conditions Diabetis mellitus.	?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S. D'Amario M. D.

Address Medical Arts Bldg Date signed

F 97788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 97788

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2101 Cold Spring Lane

(c) Hospital or institution: Cold Spring Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr 3 mo

(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1131 So. Hanover St. (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME Louis Calvin Davis

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife: Sarah Jane

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5/16/1855

8. AGE: Years	Months	Days	If less than one day
87	6	2	hr. min.

9. Birthplace Williamsport Md (Town, county, and state)

10. Usual Occupation Stationary Engineer

11. Industry or business Retired 20 yrs

FATHER

12. Name Unknown

13. Birthplace Unknown

MOTHER

14. Maiden Name Matilda Miller

15. Birthplace Williamsport Md

16 (a) Informant Mrs Lee Simmons

(b) Address 3603 Waverly Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/42 (month, day, year)

(c) Cemetery or crematory Rose Hill

Location Hagerstown Md

18 (a) Funeral director Wilbern Coon Inc

(b) Address 217 or Pearl st

19 (a) NOV 19 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1942 at 4 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1941 to Nov 18 1942 and that I last saw h[illegible] alive on Nov 17 1942.

Immediate cause of death: Chronic Myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. N. Futterman

Address 2324 Reisterstown Rd Date signed 11/19/42 M.D.

VS 3

F 97759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97789 / 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2453 Druid Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2453 Druid Hill Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MATILDA YOUNG

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Widowed

6 (b) Name of husband or wife Andrew Young
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 10, 1873

8. AGE: Years	Months	Days	If less than one day
69	5	6	hr. min.

9. Birthplace Kentucky
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Jefferson Davis
13. Birthplace Unknown

MOTHER
14. Maiden Name Helen Trotter
15. Birthplace Unknown

16 (a) Informant Mrs. Minnie Watson
(b) Address 1314 W. Lanvale St.

17 (a) Burial (b) Date thereof 11/19/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Columbus Mem. Cemetery
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley Ave

NOV 19 1942 (b) Huntington Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 1942 at 3 30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerosis	
Cardiovascular	
Due to Decrepitude	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Williams M.D.
and Medical Examiner.
Date signed Nov 17 1942

VS 6

E 97790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. E 97790

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5321 Hamlin Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5321 Hamlin Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Kilian Albert Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie W. Albert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1883

8. AGE: Years	Months	Days	If less than one day
59	2	0	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation Unemployed 1½ years
11. Industry or business Steam fitter

FATHER
12. Name Charles Albert
13. Birthplace Unknown

MOTHER
14. Maiden Name Kundie Fisher
15. Birthplace Unknown

16 (a) Informant William Albert
(b) Address R. F. D. # 4 Westminster, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Maryland

18 (a) Funeral director LORING BYERS
(b) Address 5905 Park Heights Avenue
(c) Huntington Williams M.D. Registrar
NOV 20 1942 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17, 1942 at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1942 to Nov 17 1942 and that I last saw him alive on Nov 15 1942

Immediate cause of death: Coronary Thrombosis — Duration: 1 Week
Due to: Hypertension
Due to: Old age, Worry
Other Conditions: Bad head injury 1 year ago
(Include pregnancy within 3 months of death)
Date of operation: no
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Charles L. Bell M.D.
Address 5776 Park Heights Ave Date signed Nov 19 1942

VS 2

97791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1938

Registered No. E 97791

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 126 N Monroe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 126 N Monroe St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret L Clayton

3 (b) If veteran, name war: No

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 11 1880

8. AGE: Years 61 | Months 11 | Days 8 | If less than one day: hr. min.

9. Birthplace Annapolis Md (town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name R Clinton Clayton
13. Birthplace Annapolis Md

MOTHER
14. Maiden Name Isabella B Edwards
15. Birthplace Md

16 (a) Informant Rudolph Clayton
(b) Address Luverne Pa

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 11/21/42 (month) (day) (year)
(c) Cemetery or crematory St Anns Cem
Location Annapolis Md

18 (a) Funeral director Williams & Son
(b) Address 1219 E Pratt St

19 (a) NOV 20 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1942, at 6 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1942 to 11/18 1942, and that I last saw her alive on 11/18 1942.

Immediate cause of death: Myocarditis Arteriosclerosis Hypertension — Duration: Few days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W H Woodley M.D.
Address 1402 Park ave Date signed 11/19/42

VS 150

Please write plainly. Every item of information should be carefully supplied. Type or use INK. Physicians: please write the causes of death clearly and legibly.

37792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74a

Registered No. F 97792

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 Abbott Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miss Mary Keeley

3 (b) If veteran, name war: 10

3 (c) Social Security Account No. None

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: s

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23 - 1867

8. Age: Years 75 (R) | Months 5 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Lawrence J. Keeley

13. Birthplace Ireland

MOTHER 14. Maiden Name Bridget Costello

15. Birthplace Ireland

16 (a) Informant Mary E. Mullen

(b) Address 1022 Abbott Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Catholic

Location Baltimore Md

18 (a) Funeral director Thelma Cook

(b) Address 1211 E. Lombard St.

(c) NOV 20 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 18 1942, at 11:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11 1942 to Nov. 18 1942, and that I last saw her alive on Nov. 18 1942.

Immediate cause of death	Duration
Lymphatic Leukemia	2
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Same

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilson H. Fiesling M.D.

Address St. Joseph's Hosp. Date signed 11-18-42

M. D.

VS 8

F 97793

425502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

F 97793

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1203 Winchester St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harding W. Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-23-21

8. AGE: Years	Months	Days	If less than one day
21	7	25	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Wm Jackson

13. Birthplace Md

MOTHER 14. Maiden Name Pearl Graham

15. Birthplace Md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 11 2 42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cemetery

Location Baltimore Md

18 (a) Funeral director William A. Jackson

(b) Address 946 Pennsylvania ave

19 (a) NOV 20 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18th 1942 at 2.55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 16 1942 to Nov 18 1942 and that I last saw h[illegible] alive on Nov 18 1942

Immediate cause of death Myocardial infarct

Duration: 10 minutes

Due to lung abscess, bilateral, with empyema

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: coronary thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Duncan Jr. M. D.

Address Johns Hopkins Hosp. Date signed 11-18-42

VS 180

F 97794

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97794 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: Fmrly Balto Gen'l Hosp 23-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 E. Fitzhugh St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Louise BOWERS.

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	widowed

6 (b) Name of husband or wife William Bowers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1866

8. AGE: Years	Months	Days	If less than one day
76	7	1	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Adolph Hennies
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Mary
15. Birthplace Austria

16 (a) Informant Carl Bowers
(b) Address 5 E. Fitzhugh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 20 1942 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location Edmondson Ave.

18 (a) Funeral director Fred H. Krause & Son
(b) Address 1716 S. Charles St

19 (a) NOV 20 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1942 at 5:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/15 1942 to 11/17 1942 and that I last saw h[illegible] alive on 11/17 1942.

Immediate cause of death Toxemia — Duration

Due to Bronchopneumonia — Duration

Due to Generalized arteriosclerosis — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Andrew Zepp M. D.
Address 1213 Light St Date signed

VS 180

Please print. Every item of information should be carefully supplied. The accuracy is important. Physicians: please write the causes of death clearly and legibly.

F 97795

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH ✓ 20

F 97795 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 Poplar Grove Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Zerrlaut

3 (b) If veteran, name war	3 (c) Social Security Account No.
SAW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1870

8. AGE: Years	Months	Days	If less than one day
72	7	0	hr. min.

9. Birthplace Hampden, Maryland (Town, county, and state)
10. Usual Occupation Pensioned Veteran
11. Industry or business

FATHER
12. Name Edward Zerrlaut
13. Birthplace Hampden, Md.

MOTHER
14. Maiden Name Emma Clark
15. Birthplace Hampden, Md.

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Road Extended

18 (a) Funeral director A. Lee Ader
(b) Address 4644 York Road,

19 (a) NOV 20 1942 (b) Huntington Williams M.P. (Date received by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17, 1942 at 10:48 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 17, 1942 to Nov. 17, 1942 and that I last saw him alive on Nov. 17, 1942.

Immediate cause of death	Duration
Toxemia	2 wks.
Widespread peritonitis	2 wks.
Due to Tuberculous hydronephrosis with pyonephrosis	Unk.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work? (Specify)
(e) Means of injury

23. Signature J. Williams
Address US Marine Hospital, Baltimore, Maryland. Date signed 11/18/42 M.D.

VS 150

424577

F 97796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97796

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Talbot
(c) City or town Easton
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 S. Harrison St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Leanna Jump

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	

6 (b) Name of husband or wife Herbert Jump.
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1891

8. AGE: Years	Months	Days	If less than one day
51	9	18	hr. min.

9. Birthplace Delaware
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Isaac Davis
13. Birthplace Delaware

MOTHER
14. Maiden Name Rachel Coverdale
15. Birthplace Delaware

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/42 (month) (day) (year)
(c) Cemetery or crematory Spring Hill
Location Easton, Md.

18 (a) Funeral director Barton Bros.
(b) Address Centreville, Md. for Baltimore, Md.

19 (a) (Date received by local registrar) NOV 28 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1942 at 2 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-29 1942 to 11-19 1942 and that I last saw h[illegible] alive on 11-19 1942

Immediate cause of death Metastases from Carcinoma of the breast

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hope R. Mount.
Address Johns Hopkins Hospital Date signed 11/24/42

VS 150

F 97797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 97797

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3329 E. Monument St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country Brith F. 61527

3 (a) FULL NAME James Paul Wiesbaussen. Wiesbaussen

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-29-42

8. AGE: Years	Months	Days	If less than one day
0	0	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Owen Elmer Wiesbaussen
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Helen Rebecca Brown.
15. Birthplace Baltimore

16 (a) Informant Mother
(b) Address 3329 E. Monument St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11 13 42 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Carnegie Institute of Embryology Location Baltimore

18 (a) Funeral director —
(b) Address

19 (a) NOV 20 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-12 1942, at 1:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-29 1942, to 11-12 1942 and that I last saw him alive on 11-12 1942.

Immediate cause of death asphyxia
Cardio-respiratory failure — Duration —

Due to aspiration of food. — Duration 11½ hrs.

Due to prematurity — Duration 13 days

Other Conditions — Duration —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No.
(a) Accident, suicide, or homicide
(b) Date of occurrence at 2.8 P.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alfred B. Dayton M. D.
Address Union Memorial Hosp. Date signed 11-12-42

VS 3

97798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. E 97798

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3511 E. Fairmount Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alexander Fisher

3 (b) If veteran, name war: W

3 (c) Social Security Account No. 213-07-2287

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Budget

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 17 1890

8. AGE: Years	Months	Days	If less than one day
52	4	1	hr. min.

9. Birthplace: Europe
(Town, county, and state)

10. Usual Occupation: Corn Operator

11. Industry or business

FATHER 12. Name: David Fisher
13. Birthplace: Europe

MOTHER 14. Maiden name: Barbara (Unknown)
15. Birthplace: Europe

16 (a) Informant: Budget Fisher
(b) Address: 3511 E Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/42 (month) (day) (year)

(c) Cemetery or crematory: Laurel
Location: Towson Md

18 (a) Funeral director: Wilson & Son
(b) Address: 1219 E Pratt St

NOV 20 1942 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 15

20. DATE OF DEATH Nov. 18 1942, at 3 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & investigation thereon and from the evidence (Autopsy or Inquiry) obtained by said inquiry & investigation (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov. 19 1942

VS 6

F 97799

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

F 97799 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring - Belvedere Ave
(c) Hospital or institution: Hebrew Home For Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvedere Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Greenfield

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER 12. Name Unk.

13. Birthplace Unk

MOTHER 14. Maiden Name Unk.

15. Birthplace Unk.

16 (a) Informant Sig Feinblatt

(b) Address Greenspring. Belvedere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20/42 (month) (day) (year)

(c) Cemetery or crematory Oheb Shalom Cemet

Location Belmont Ave

18 (a) Funeral director Sol Levinson & Bro

(b) Address 1124-26 W. North Ave

19 (a) NOV 20 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-20 1942, at 6 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-23 1942, to 11-20 1942, and that I last saw him alive on 11-20 1942.

Immediate cause of death Cerebral vas. disease — Duration

Hypertension

Arteriosclerosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Dr. Edmund Levin M. D.

Address Levindale Date signed

VS 8

97800 T.N 76555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46D

E 97800 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Henry Webb

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Pricella Webb
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 5th, 1870

8. AGE: Years	Months	Days	If less than one day
72	7	12	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name James Webb
13. Birthplace Va.

MOTHER 14. Maiden Name Eliza Adams
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-22-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location B. A. County
18 (a) Funeral director A. I. Halstead
(b) Address 918 Druid Hill Ave.
NOV 20 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-16 1942 at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-6 1942 to 11-16 1942 and that I last saw h alive on 11-16 1942

Immediate cause of death: Carcinoma of rectosigmoid — Duration 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 9-25-42

Major findings of operation: Carcinoma of rectosigmoid

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Magee M. D.
Address Bush City Hospital Date signed 11-17-42

VS 250

Please type or print plainly. Physicians: please write the causes of death clearly and legibly.

97876865

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

123 Registered No. E 92811

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 ds.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 817 Bradley St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Nelson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Sarah (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1867

8. AGE: Years	Months	Days	If less than one day
75	0	6 5	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name James Nelson
13. Birthplace Va.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-21-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a. a.

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill ave.

19 (a) (Date received by registrar) (b) Huntington Williams M.D.
NOV 20 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-7 1942, at 1 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-5 1942, to 11-7 1942, and that I last saw h[illegible] alive on 11-7 1942.

Immediate cause of death	Duration
Perinatal abscess	?
Due to	
Due to	
Other Conditions Fecal and cerebral arteriosclerosis	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Ou above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp Date signed 11-18-42

VS 766

F 97892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

Registered No. 97802

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1505 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES O. DORSEY

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years 45 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER 12. Name Oscar Dorsey

13. Birthplace Md.

MOTHER 14. Maiden Name Emily Fairfax

15. Birthplace Md.

16 (a) Informant Mary H Dorsey

(b) Address 1323 Whatcoat St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-21-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A.A. County

18 (a) Funeral director A. Howard

(b) Address 1 E Druid Hill Ave.

19 (a) NOV 20 1942 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16 1942, at 5 20 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic glomerulonephritis	
Due to	
Due to	
Other Conditions. No	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. (Medical Examiner)

Date signed 11-17-42

VS 6

F 97803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 97803

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1008 Harford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 Harford Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lynn Barnes

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 5, 1877

8. AGE: Years	Months	Days	If less than one day
65	10	12	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Frank Barnes
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Emily Cooper
15. Birthplace Balto. Md.

16 (a) Informant Lucy Washington
(b) Address 1008 Harford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 21, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Mrs. Roberta A. Elliott & Dgtr.
(b) Address 1129 N. Carlton St.

19 (a) (Date received) NOV 20 1942 Williams, M. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-17 1942 at 5:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1942 to Nov. 17 1942 and that I last saw h— alive on Nov 17 1942

Immediate cause of death — Duration
Uremia Myocardiatis — 1 Day
Due to Lobar Pneumonia — 4 Days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lucy L. Lucy M. D.
Address 1420 E. Chase Date signed N. 20. 42

VS 3

F 97804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 97804 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 2 7-11
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address 4407 Alvirich Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Oliver Caltrider

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-7050

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mrs. Willia Caltrider Blanche E. Caltrider (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15 1883

8. AGE: Years 59 | Months 5 | Days 7 | If less than one day: hr. min.

9. Birthplace Maryland (Baltimore Co.) (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Chesapeake Cadillac Co.

FATHER
12. Name William D. Caltrider
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah V. Boring
15. Birthplace Maryland

16 (a) Informant Mrs. Willia Caltrider
(b) Address 4407 Alvirich Rd. City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 21-1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address Falls Road

NOV 20 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1942, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 18 1942 to Nov. 19 1942 and that I last saw h[illegible] alive on Nov. 19 1942

Immediate cause of death: Cardiac Failure — Duration: 1 day

Due to: Myocardial Infarction —

Due to: Coronary Sclerosis —

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Douglas Lockard, M. D.
Address Union Memorial Hosp. Date signed 11-19-42

F 97805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 97805 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1412 E. Chase Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10-1
(e) Length of stay in Baltimore (yrs., mos., or days) 54 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1412 E. Chase Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miss Charlotte Rebecca Martin

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22-1862

8. AGE: Years 80 | Months 7 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

MOTHER / FATHER

12. Name Joshua Murray Martin

13. Birthplace Maryland

14. Maiden Name Elizabeth Ann Parkes

15. Birthplace Maryland

16 (a) Informant Miss Edith V. Thompson

(b) Address 1412 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 21-1942 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md.

18 (a) Funeral director Horace F. Burgee

(b) Address 3631 Falls Road

19 (a) (b) Huntington Williams, M.D. Registrar

NOV 20 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1942, at 5.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1935 to 11/17 1942 and that I last saw h.r alive on 11/16 1942

Immediate cause of death Cerebral Hemorrhage — Duration Months Hours Minutes

Due to Hypertension Arteriosclerosis

Due to Myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. T. Handy M.D.

Address 11/18/42 1402 Park Ave Date signed

420402

F 97806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97806 Registered No.

Every item of information should be carefully supplied. The figures are especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 -
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Panama City
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country Panama, C.A.

3 (a) FULL NAME John Joseph McKee

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Nellie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1 - 3 - 89

8. AGE: Years 53 | Months 10 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace N. D. (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business

FATHER
12. Name John C. McKee
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary Dykes
15. Birthplace Canada.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 - 20 - 42 (month) (day) (year)

(c) Cemetery or crematory Memphis Tenn.
Location

18 (a) Funeral director H. Riley Slade
(b) Address 4907 York Road

19 (Date received by local registrar) NOV 20 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1942 at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 8 1942 to Nov. 19 1942 and that I last saw h[illegible] alive on Nov. 19 1942

Immediate cause of death	Duration
Cardiac failure	
Due to Bladder Tumor with extensive metastasis.	
Due to Extensive emaciation.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 4 yrs ago.
Major findings of operation Bladd. Tumor with Metastasis
of autopsy: Not known

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John E. Heuisler M.D.
Address Johns Hopkins Hosp. Balto. Date signed 11/19/42

VS 180

F 97807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a

F 97807 Registered No.

Every item of information should be carefully supplied. The accuracy of important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 24 da
(e) Length of stay in Baltimore (yrs., mos., or days): Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: None (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

12-6

3 (a) FULL NAME: HARVEY AUGUSTUS THOMAS

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO.	217-14-9079

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct. 28, 1888

8. AGE: Years	Months	Days	If less than one day
54	0	30 20	hr. min.

9. Birthplace: Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation: Cook
11. Industry or business:

FATHER
12. Name: Jacob Thomas
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Hattie
15. Birthplace: Maryland

16 (a) Informant: Records-US Marine Hospital
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20, 1942 (month) (day) (year)
(c) Cemetery or crematory: Mt Carmel
Location: Anne Arundel Co. Md

18 (a) Funeral director: A. R. Sleger
(b) Address: 4907 York Rd

19 (a) (b) H. Huston Wills Registered Embalmer

Registered by NOV 20 1942

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 18, 1942, at 12:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 24, 1942 to Nov. 18, 1942, and that I last saw him alive on Nov. 18, 1942

Immediate cause of death	Duration
Uremia	3wks
Due to: Hypertensive heart disease	unk.
Due to: Acute nephrosclerosis	unk.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: J. Proctor M.D.
Address: US Marine Hospital, Baltimore, Maryland. Date signed 11/18/42

F 97808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942a

F 97808 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2301 Ellamont St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-7
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2301 Ellamont St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELIZABETH (LISSIE) YEAKEL

3 (b) If veteran, name war: NONE

3 (c) Social Security Account No. NONE

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Albert C. Yeakel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/28/1876

8. AGE: Years 66 | Months 6 | Days 20 | If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Henry Waldschmidt
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name --
15. Birthplace --

16 (a) Informant Mrs. Wm. Sleeman, daughters
(b) Address 2301 Ellamont St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa., Balto., Md.
(c) NOV 20 19 42 (Date received by Registrar) Huntington Wilkinson, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1942 to Nov 18 1942 and that I last saw h[illegible] alive on Nov 18 1942

Immediate cause of death: Coronary occlusion — Duration: 1 day

Due to:

Due to Arteriosclerosis Hypertension

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Duckett M. D.
Address 2220 Garrison Blvd Date signed Nov 19 1942

VS 2

F 97809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97809 Registered No. 1170

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 239 Mallow Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr Leonard H Fink (Leonard H. Fink, Sr.)

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 212-07-8760

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Bessie Fink

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 10/27/1890

8. AGE: Years: 52 | Months: 0 | Days: 22 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: carpenter

11. Industry or business: Bethlehem-Fairfield Co.

FATHER
12. Name -- Joseph Leonard Fink
13. Birthplace -- Germany

MOTHER
14. Maiden Name -- Mary Priest
15. Birthplace -- North East, Md.

16 (a) Informant: Mr. Leonard H. Fink, Jr.
(b) Address: 239 Mallow Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) NOV 20 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/19/42 19.. at 4:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/11 1942 to 11/19 1942 and that I last saw him alive on 11/19 1942

Immediate cause of death
Generalized Peritonitis
Due to Perforated Gastric Ulcer

Duration: 8 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11/14/42

Major findings of operations: Perf. Gastric Ulcer.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Kreigh M.D.
Address Bon Secours Hosp Date signed 11-19-42

VS 8

Please write plainly and be careful to supply every item. Give the cause of death clearly and legibly.

F 97810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

F 97810 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 dys
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 45-11 Manoaota ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Martin, Mr. John W.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of ~~husband or~~ wife Ida L. Martin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3. 1890

8. AGE: Years	Months	Days	If less than one day
52	10	16	hr. min.

9. Birthplace MD. (Town, county, and state)
10. Usual Occupation B&O R.R. (Trainman)
11. Industry or business

FATHER
12. Name Wm Martin
13. Birthplace Md

MOTHER
14. Maiden Name Lucinda
15. Birthplace Md

16 (a) Informant Ida L. Martin
(b) Address 45-11 Manoaota Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J. Rupp
(b) Address 2405 Reisterstown Rd.

19 (a) NOV 20 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-19 1942 at 12 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-3 1942 to 11-19 1942 and that I last saw him alive on 11-18 1942

Immediate cause of death	Duration
Uremia	
Due to Kidney shut down	
Due to Hepatitis	
Other Conditions Chronic Cholecystitis & Obstructive Jaundice	

(Include pregnancy within 3 months of death)

Date of operation 11-16-42
Major findings of operation: Chronic Cholecystitis & Gallstones
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams, M. D.
Address St. Josephs Hospital Date signed
Baltimore MD.

F 97811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No. F 97811

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospital 2051

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo-24da

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2000 Penrose Ave.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Knapman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife George (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 14, 1886

8. AGE: Years	Months	Days	If less than one day
56	7	4	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Louis Mueller
13. Birthplace ?

MOTHER
14. Maiden Name Caroline
15. Birthplace ?

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-42 (month) (day) (year)

(c) Cemetery or crematory Bath Mgt

Location Balto Md

18 (a) Funeral director Lemmon Bloch

(b) Address 5305 Harford Rd

19 NOV 20 1942 (Date rec'd by registrar) (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-18-42 19 at 5 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-27 1942 to 11-18 1942 and that I last saw h[illegible] alive on 11-18 1942.

Immediate cause of death Carcinoma of [illegible] Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Henry Moran

Address Bath Mgt. Date signed 11-18-42

VS 180

Every item of information should be carefully supplied. Typewriting is preferred. Physicians: please write the causes of death clearly and legibly.

1st F 97812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 97812 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Marine Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3018 Hamilton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louisa S. Nau

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-31-1868

8. AGE: Years	Months	Days	If less than one day
74	5	17	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Frederick Rucker
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia
15. Birthplace Germany

16 (a) Informant Henry Nau
(b) Address 3018 Hamilton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore, Md.

18 (a) Funeral director Leonard Hagen
(b) Address 5305 Harford Rd

NOV 30 1942

19 (a) Waiting for Permit (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 1942, at 1:35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Grafman M.D.
Medical Examiner.
Date signed Nov. 18 1942

VS 6

F 97813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √61

F 97813 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 9→2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 Lake Montebello Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Dora Radford.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James M
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 22 1869

8. AGE: Years	Months	Days	If less than one day
73	1	29	hr. min.

9. Birthplace Balto (Town, county and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Margaret R. Rigan
(b) Address 2117 Lake Montebello Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Leonard F. Keyser
(b) Address 5305 Harford Rd

19 (a) (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 1942, at 3 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1942 to Nov 19 1942, and that I last saw her alive on Nov. 19 1942

Immediate cause of death: Diabetic Acidosis — Duration: 7
Due to: Diabetes Mellitus — Duration: 7
Due to:
Other Conditions: Arteriosclerotic Heart Disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fiesling, M. D.
Address St. Joseph's Hosp. Date signed 11-19-42

VS 3

1 #25611

F 97814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122 B

F 97814

Registered No.

Every item of information should be carefully supplied. The ... are especially important. Physicians: please write the causes of death clearly and legibly. USE INDELIBLE PENCIL OR WRITING INK.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7+5

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Rocklandville

(If outside city or town limits, write RURAL and give town)

(d) Street No. Falls Road

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Anne B. Emmons

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, (married), widowed, or divorced.

6 (b) Name of husband or wife: Lt. H. Blyth Emmons

6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Feb-25-1906

8. AGE: Years 35 | Months 10 | Days 24 | If less than one day: hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name C. S. Petrasek

13. Birthplace New York

MOTHER 14. Maiden Name Alice Schmidt

15. Birthplace New York.

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-42 (month) (day) (year)

(c) Cemetery or crematory Moravian Cem

Location STATEN ISLAND N.Y.

18 (a) Funeral director Edmund Funk

(b) Address 5305 Hartford Rd

19 (a) NOV 20 1942 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-18-42 19 to 11-19 19 42

and that I last saw h[illegible] alive on 11/19/ 19 42.

Immediate cause of death: SHOCK — Duration 7

Due to: Intestinal Obstruction — 4 days

Due to: Adhesions (old appendectomy)

Other Conditions: Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation 11-18-42

Major findings of operation: Adhesive Band across Ileum

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature R. C. Cope M. D.

Address Johns Hopkins Hosp Date signed 11-18-42

Houghton Holcombe, M.D.

VS 280

42557 F 97815 F 97815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 F Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 844 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie Hammond
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race Black
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife John Hammond
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 8-9-67
8. AGE: Years 75 Months 3 Days 9 If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business
FATHER 12. Name Paul Talbot
13. Birthplace Md.
MOTHER 14. Maiden Name Louisa ?
15. Birthplace Md.
16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location
18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St
19 (a) NOV 20 1942 (Date rec'd by registrar) (b)
Huntington Williams, M.D. Registrar

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MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 1942 at 3.30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17 1942 to Nov. 18 1942 and that I last saw h alive on Nov. 18 1942
Immediate cause of death Carcinoma of Sigmoid with Obstruction + Shock

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 11 17 42
Major findings of operation: Carcinoma of Sigmoid + obstruction
Date of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature M. C. Sawyer M.D.
Address Johns Hopkins Hospital Date signed 11/18/42

Every item of information should be carefully supplied. The ... especially important. Physicians: please write the causes of death clearly and legibly. ... PRINTING INK.

F 97816

T.N 68365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17B

F 97816

Registered No.

Every item of information should be carefully supplied. The cooperation of physicians is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 15 months

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 709 Greenmount Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Andrew Upton

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 22nd, 1878

8. AGE: Years	Months	Days	If less than one day
64	5	26	— hr. — min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER

12. Name William Upton

13. Birthplace Ireland

MOTHER

14. Maiden Name Catherine Ahern

15. Birthplace Ireland

16 (a) Informant Baltimore City Hospitals

(b) Address 4940 Eastern Ave (records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location Balt Md

18 (a) Funeral director George J. Roth Inc

(b) Address 224 Harford Ave Huntington Williams

19 (a) NOV 20 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-18 1942 3 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-22 1941 to 11-18 1942 and that I last saw him alive on 11-18 1942

Immediate cause of death Tuberculosis of left hip

Duration 1 yr.

Due to

Due to

Other Conditions Pulmonary tuberculosis. Sore, left breast

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address [illegible] Date signed 11-19-42

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F 97817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 97817 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 16
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2926 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry M. Schwartz (Schwarz)

3 (b) If veteran, name war None

3 (c) Social Security Account No. 215-01-7073

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Katherina (Fanna)

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2/9/1876

8. AGE: Years 66 | Months 9 | Days 10 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Silversmith

11. Industry or business Stieff Co. Balto Md

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Mrs. Myrtle Whitelock
(b) Address 2962 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/37 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto Md.

18 (a) Funeral director George J. Fuchs Inc.
(b) Address 7[illegible]

19 (a) NOV 20 1937 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1937 at 9 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (autopsy or inquiry) thereon and from the evidence obtained by said (autopsy or inquiry) held that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic myocardial degeneration	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed Nov. 19 1937.

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F 97818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 97818
Registered No.

Every item of information should be carefully supplied. The ... is especially important. Physicians: please write the causes of death clearly and legibly. ... PRINTING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2041 Hollins St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 - 2
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2041 Hollins St (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Mary C. Lammich

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Henry C. (Deceased)

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 31 1870

8. AGE: Years 72 | Months 5 | Days 19 | If less than one day — hr. — min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Daniel Tatum
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Mary M. Spetzler
15. Birthplace Balto. Md

16 (a) Informant Mrs Schuster Merchant
(b) Address 2044 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Geo. L. Boyer Jr
(b) Address 1512 Hollins St.

19 NOV 20 1942 (Date received) (b) [illegible] for Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/19 1942 at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/1 1942 to 11/19 1942 and that I last saw h[illegible] alive on 11/20 1942

Immediate cause of death
Myocarditis
Due to Senile debility
Due to Hypertension

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy —

Duration
1yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Chas A Parker M. D.
Address 2145 W Balto St Date signed —

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F 97819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 10

F 97819 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 228 Albemarle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 42 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 2
(d) Street No. 228 Albemarle (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Antonia Trombetta

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife late Giovanni Trombetta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1st 1872

8. AGE: Years 70 Months 10 Days 18 17 If less than one day hr. min.

9. Birthplace Salerno Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Giuseppe Gallucci
13. Birthplace Italy

MOTHER
14. Maiden Name Vincenza Piccirilli
15. Birthplace Italy

16 (a) Informant Theresa Opolko (Daughter)
(b) Address 228 Albemarle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 21/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Wells Hoce
(b) Address 52 N. Morley St.

19 (a) NOV 20 1942 (b) (Date received by registrar) Hunter L. Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1942 at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1941, to Nov 18 1942, and that I last saw h alive on Nov 18 1942.

Immediate cause of death Cardio-Vascular Disease — Duration 2 yrs

Due to

Due to

Other Conditions Chronic Nephritis — Duration 6 mos

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Scagnetti, M. D.
Address 1729 W Lowndes Date signed 11/19/42

VS 3

Information should be carefully supplied by the undertaker. Please write the causes of death clearly and legibly.

F 97820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97820

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8½ mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 641 Orpington Rd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Renate E. Mettee (Birth F-45324)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3 | 1 | 42

8. AGE: Years | Months: 8½ | Days: 19 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation infant

11. Industry or business

FATHER 12. Name Bradley T. J. Mettee, Jr.
13. Birthplace Md.

MOTHER 14. Maiden Name Renate Leroy
15. Birthplace Md.

16 (a) Informant Mrs. Renate Mettee
(b) Address 641 Orpington Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 20/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Henry H. Weitzel
(b) Address 410 Edmondson Ave.

19 (a) (Date) NOV 20 1942 Huntington Wits (Address)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1942 at 1:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 13 1942 to Nov 19 1942 and that I last saw her alive on Nov. 19 1942

Immediate cause of death Shock — Duration

Due to Dehydration + acidosis

Due to Infectious Diarrhea

Other Conditions Nutritional Anaemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Etta C. Link, M. D.
Address University Hospital Date signed 11-19-42

VS 189

TYPE OR PRINT IN INDELIBLE INK. Every item of information should be carefully supplied. The items are especially important. Physicians: please write the causes of death clearly and legibly.

F 97821

BAROU

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 97821
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2812 Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2812 Harlem Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George W. Barou

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 220-07-7753

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1. 1861

8. AGE: Years 81 | Months 1 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Brown Cork & Seal

FATHER
12. Name George W. Barou
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Annie N. Lowmann
15. Birthplace Baltimore Md.

16 (a) Informant Mary E. Seibach
(b) Address 3812 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 21. 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Mrs. John W. Teufel & Son
(b) Address 601 W. Lafayette St

19 (a) (Date rec'd by Local Reg.) NOV 20 1942 (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 1942, at 12:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1942 to Nov 18 1942 and that I last saw h[illegible] alive on Nov 15 1942.

Immediate cause of death: Myocardial degeneration — Generalized arteriosclerosis — Duration: several years.

Due to:

Due to:

Other Conditions: Chronic prostatic hypertrophy — chronic agastritis — Duration: 1 year.
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Michel M. D.
Address 2901 Edmondson Ave Date signed Nov 17 1942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97822 — 1190 — Registered No. F 97822

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street.
(c) Hospital or institution: South Balto. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 117 W. Barre St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Cameron.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Infant
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 2, 1942
8. AGE: Years | Months | Days: 17 | If less than one day: hr. min.
9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Carl B. Cammeron
13. Birthplace Newport News, Va

MOTHER
14. Maiden Name Retha E. Walters
15. Birthplace Balto., Md

16 (a) Informant Carl B. Cammeron (Father)
(b) Address 117 W. Barre St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20, 1942 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location B. & O. Co., Md.

18 (a) Funeral director A. J. Bovard Evans
(b) Address 1400 Pennsylvania Ave. Huntington Baltimore, Md.

19 (a) NOV 20 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/19 1942, at 2:17 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/2 1942 to 11/19 1942, and that I last saw h alive on 11/19 1942.

Immediate cause of death: Acute gastro enteritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Andrew Zeluff M. D.
Address 1213 Light St. Date signed 11/20/42

VS 180

Every item of information should be carefully supplied. The date of death is especially important. Physicians: please write the causes of death clearly and legibly.

F 97823 F 97823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

Please write plainly and fill in all items. Use ink. Write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 308 S. Ann Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 S. Ann Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Simon Polanowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Josephine Polanowski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 28 1873

8. AGE: Years	Months	Days	If less than one day
69	1	20	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Retired

FATHER
12. Name Polanowski
13. Birthplace Poland

MOTHER
14. Maiden Name Kosciolska
15. Birthplace Poland

16 (a) Informant Marie Kwapnik
(b) Address 148 N. Lakewood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 404 S. Chester St

19 (a) NOV 20 1942 (b) Date received by registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1942, at 9 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1942 to Nov 18 1942 and that I last saw h in alive on Nov 18 1942.

Immediate cause of death	Duration
Coronary Thrombosis	3 wks.
Due to	
Due to	
Other Conditions Myocarditis	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo J. Pulaski M. D.
Address 1265 E. Fort Ave. Date signed Nov 19/42

VS 8

F 97824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1318

Registered No. F 97824

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1557 Leslie
(c) Hospital or institution: Balto Md

(d) Length of stay in hospital or inst. (yrs., mos., or days) Dy
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1557 Leslie
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Wm Ennis

3 (b) If veteran, name war no

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Ada Ennis
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
70	Sept	23rd	85 hr. ____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Robt. Ennis
13. Birthplace Maryland

MOTHER
14. Maiden Name Henerette Green
15. Birthplace Maryland

16 (a) Informant Ada Ennis
(b) Address 1557 Leslie

17 (a) Buried (b) Date thereof 11-21-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director George G. Nelson
(b) Address 1303 Pennsylvania Ave

NOV 20 1942
(Date rec'd by registrar) (b) Huntington Williamsport Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/19 1942 at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-12-1942 to 11-19-1942 and that I last saw h[illegible] alive on 11-18-1942.

Immediate cause of death
Cardiac Dilatation
Chronic Myocarditis
Due to Nephritis Chron
Due to
Other Conditions Poly Arthritis
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operations:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1135 Edmondson Ave Date signed 11/20/42

F 97825
424474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1437 E. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen Pritchitt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/10

8. AGE: Years 32 | Months 4 | Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Andrew Pritchett

13. Birthplace Md.

MOTHER 14. Maiden Name Mary Barnes

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/20/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1500 Harlem Ave. Relay and Huntington Pikesville, Md.

19 (a) NOV 20 1942 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1942 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 27 1942 to Nov. 17 1942 and that I last saw her alive on Nov. 17 1942

Immediate cause of death Disseminated tuberculosis. Involvement of liver, pancreas, liver, & lungs. | Duration About 5 mos.

Due to Focal abscesses.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Disseminated tuberculosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard E. G. Zhentlin M. D.

Address Johns Hopkins Hosp. Date signed 11/19/42

VS 250

Every item of information should be carefully supplied. The accuracy is especially important. Physicians: please write the causes of death clearly and legibly. USE INK.

E 97826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. E 97826

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 875 Holland St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Collins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1868

8. AGE: Years	Months	Days	If less than one day
74	5	7	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business None

FATHER
12. Name Henry Collins
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary O Donnell
15. Birthplace Ireland.

16 (a) Informant Mrs Margaret A. Riordan
(b) Address 1022 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Lowry & Son
(b) Address 1128 Hollins St

19 (a) (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION 45

20. DATE OF DEATH Nov. 19 1942, at 11 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & investigation thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquest & investigation (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Coronary thrombosis	
Due to Arteriosclerotic cardio vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Grafton M.D.
Medical Examiner.
Date signed Nov. 19 1942

NOV 20 1942

VS 6

F 97827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

F 97827

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland: Wyman Park Apts.

(b) Street address: Beech Ave. & 40th St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days): ---

(e) Length of stay in Baltimore (yrs., mos., or days): 9 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Maryland (b) County: -------

(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No.: Beech Ave. & 40th St. (If rural give location)

(e) Citizen of foreign country? ------- (Yes or No) If yes, name country: -------

3 (a) FULL NAME: Blanche Best Eddy

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Lucius J. Eddy

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.): ----------

8. AGE: Years	Months	Days	If less than one day
About 60	---	---	-- hr. --- min.

9. Birthplace: Valley Falls, Kansas (Town, county, and state)

10. Usual Occupation: None

11. Industry or business: -----

FATHER

12. Name: John R. Best

13. Birthplace: Pennsylvania

MOTHER

14. Maiden Name: Laura Beland

15. Birthplace: Virginia

16 (a) Informant: Lucius J. Eddy

(b) Address: Wyman Park Apartments

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/42 (month) (day) (year)

(c) Cemetery or crematory: Druid Ridge

Location: Pikesville, Md.

18 (a) Funeral director: W. W. Mears and Son

(b) Address: 805 N. Calvert Street

19 (a) NOV 20 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 18th 1942, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1st 1942, to Nov. 18th 1942, and that I last saw her alive on Nov. 18th 1942.

	Duration
Immediate cause of death: Carcinoma of Pelvis	1 yr.
Due to: Metastasis to Liver	6 mos.
Due to:	
Other Conditions: Hypertensive Heart Disease	2 yrs.

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations: —

of autopsy: No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence: at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: J. A. Chatard M. D.

Address: 1316 N. Calvert St. Date signed: Nov. 19/42

VS 150

F 97828

F 97828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1503 Battery ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town, give the county and nearest town)
(d) Street No. 1503 Battery ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Alphonsus Hannung

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary Nugent

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/21/1870.

8. AGE: Years 72 | Months 4 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Caspar Hannung.
13. Birthplace Germany

MOTHER
14. Maiden Name Cath Pillar
15. Birthplace Germany

16 (a) Informant Mrs Mc Hannung.
(b) Address 1503 Battery ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Aga Co. Md.

18 (a) Funeral director J. J. Fahey & Sons
(b) Address 121 N. Eutaw St.
(c) NOV 20 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-19 1942, at 4:47 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1 1942 to 11-19 1942. and that I last saw him alive on 11-16 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 9 days

Due to Arteriosclerosis — 5 yr. +

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Rulland M. D.
Address 707 Fort Ave. Date signed 11-19-42

VS 3

F 97829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 97829 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1624 Jackson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 Jackson (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME albert Rutherford Ganoe

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Eva Wagner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/4/1875

8. AGE: Years	Months	Days	If less than one day
67	8	15	hr. min.

9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation Retired Trainman
11. Industry or business B & O. R.R.

FATHER
12. Name Benj. F. Ganoe
13. Birthplace W. Va.

MOTHER
14. Maiden Name Mollie - P.
15. Birthplace W. Va.

16 (a) Informant Joe Ganoe
(b) Address 1624 Jackson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/42
(c) Cemetery or crematory Baltimore Memorial
Location Maryland

18 (a) Funeral director J. J. Fahey & Sons
(b) Address 1618 Light St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

NOV 20 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-19 1942, at 2 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-10, 1942, to 11-19 1942 and that I last saw him alive on 11-17 1942.

Immediate cause of death	Duration
Chronic Myocardial Degeneration	5 yr. +
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Ganoe M. D.
Address 707 E. Fortune. Date signed 11-19-42

F 97830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 97830

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 306 E. Lafayette Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 526 Beaumont Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mary Angela Ruffer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widow

6 (b) Name of husband or wife Joseph A. Ruffer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/14/63

8. AGE: Years	Months	Days	If less than one day
79	3	6.	hr. min.

9. Birthplace Germany.

(Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER

12. Name Geo Gentner

13. Birthplace Germany.

MOTHER

14. Maiden Name ?

15. Birthplace Germany

16 (a) Informant Miss Ann Ruffer.

(b) Address 526 Beaumont.

17 (a) Burial (b) Date thereof 11/24/42

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location Baltimore Maryland

18 (a) Funeral director John J. Dalton Sons

(b) Address 618 Eutaw St

19 (a) (b) Interim for Williams, M.D.

(Date rec'd by registrar) Registrar

NOV 20 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1942, at 7:20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 24 1942 to Nov 20 1942, and that I last saw her alive on Nov 17 1942.

Immediate cause of death Cardio-Renal Disease

Due to

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature W. H. Fullerton M.D.

Address 7324 Reisterstown Rd Date signed 11/24/42

F 97831

435551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97831 Registered No. 1570

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7½
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Whitford
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Randolph Young

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-27-42

8. AGE: Years	Months	Days	If less than one day
	7½	23	hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name John Randolph Young
13. Birthplace Ohio

MOTHER 14. Maiden Name Martha Howell
15. Birthplace Pa.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof Nov 20/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory West Chester Pa.
Location

18 (a) Funeral director Philip Herring Sons
(b) Address 2024 Eutaw St.

NOV 20 1942 (b) Huntington Phillips M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20 1942, at 9 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 16 1942, to Nov. 20 1942, and that I last saw her alive on Nov. 20 1942,

Immediate cause of death shock — Duration

Due to Operation for Hydrocephalus

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 11-20-42

Major findings of operations: Hydrocephalus

of autopsy: 11

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Irving J. Sherman M. D.
Address Johns Hopkins Hosp. Date signed 11-20-42

VS 250

Please see that the cause of death is especially important. Physicians: please write the cause of death very plainly.

F 97832

4222104

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97832 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Queen Anne
(c) City or town Centerville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benny Maddox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie

6 (c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): 8-4-98

8. AGE: Years 54 | Months 3 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual Occupation: Farm Laborer

11. Industry or business

FATHER
12. Name: Charles Maddox
13. Birthplace: Md.

MOTHER
14. Maiden Name: Harriet Downs
15. Birthplace: Md.

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23-42 (month) (day) (year)
(c) Cemetery or crematory: Centerville Md
Location: " "

18 (a) Funeral director: W. H. Hood
(b) Address: Church Hill Md

19 (a) NOV 20 1942 (b) Registrar: Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 2 1942 at 11A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 14 1942 to Nov. 20 1942 and that I last saw h. alive on Nov. 20 1942

Immediate cause of death: emaciation — Duration:

Due to: carcinoma of esophagus (inoperable)

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 10/12/42

Major findings of operation: ca. of esophagus

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. E. Flora M. D.

Address: Johns Hopkins Hospital Baltimore Md 11/20/42

VS 189

Please write the cause or death clearly and legibly. Physicians: please write age if especially important.

F 97833
425478

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97833
Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town York
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1437 Monroe ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman Mummert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mabel

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation Assembly Work

11. Industry or business

FATHER
12. Name Albert Mummert
13. Birthplace Pa.

MOTHER
14. Maiden Name Amanda Sauffer
15. Birthplace Pa.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23/42 (month) (day) (year)
(c) Cemetery or crematory Wolfe's cemetery
Location York Pa.

18 (a) Funeral director A. F. Kollent
(b) Address York Pa.

19 NOV 20 1942 (Date rec'd by registrar) Hamilton for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20 1942 at 7 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1942 to Nov. 20 1942 and that I last saw him alive on Nov. 20 1942

Immediate cause of death Pneumonia — Atypical & bronchopneumonia distribution — Duration 10 days

Due to Undetermined organism Variety X.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Pneumonia-lobular-both lungs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harold E.C Hamilton
Address Johns Hopkins Hosp. Date signed 11/20/42

VS 250

F 97834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97834 Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hwy Highway
(c) Hospital or institution: Bethlehem Steel Co. Dispensary 24
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Shamokin
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1640 W. Walnut St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM GEORGE DELANEY

3 (b) If veteran, name war —

3 (c) Social Security Account No. 181-03-1167

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	Married

6 (b) Name of husband or wife Stella H. Delaney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 28, 1889

8. AGE: Years	Months	Days	If less than one day
53	9	22	hr. min.

9. Birthplace Shamokin Pa North Umberland Co.
(Town, county, and state)

10. Usual Occupation Steel Worker

11. Industry or business Bethlehem Steel Co.

FATHER
12. Name James J. Delaney
13. Birthplace Locust Gap Pa.

MOTHER
14. Maiden Name Margaret Kohlbraker
15. Birthplace Shamokin Pa

16 (a) Informant Campton Funeral Service
(b) Address Shamokin, Pa

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 11/24/42 (month) (day) (year)
(c) Cemetery or crematory St. Edwards
Location Shamokin, Pa

18 (a) Funeral director WM. J. TIGNER & SONS INC
(b) Address North & Pa Aves.

NOV 20 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 19 42 at 9 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary arteriosclerosis — **Duration**

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williams M.D.
Medical Examiner.

Date signed 11-20-42

VS 6

F 97835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 520

F 97835 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Streets
(c) Hospital or institution: The Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 717 Allendale St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Millard Butterworth

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 216-09-6455

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ or wife Virginia Butterworth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1893

8. AGE: Years	Months	Days	If less than one day
49	2	20	hr. min.

9. Birthplace Doswell, Virginia (Town, county, and state)
10. Usual Occupation Engineering salesman
11. Industry or business J. B. Wilson Co., Norfolk, Va.

FATHER
12. Name Carey Butterworth
13. Birthplace Petersburg, Va.

MOTHER
14. Maiden Name Mattie W. Southall
15. Birthplace N. C.

16 (a) Informant Mrs. Virginia B. Butterworth
(b) Address 717 Allendale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/42 (month) (day) (year)
(c) Cemetery or crematory Riverview Cem.
Location Richmond, Va.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

NOV 20 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19, 1942, at 7:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 28, 1942, to Nov. 19 1942 and that I last saw him alive on Nov. 19 1942

Immediate cause of death Uraemia — Duration 7 days

Due to Nephrectomy

Due to Hypernephroma

Other Conditions Metastases to head of left femur

(Include pregnancy within 3 months of death)

Date of operation Oct. 29, 1942; Nov. 13, 1942

Major findings of operation: Hypernephroma left kidney

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank H. Ridgely Jr. M. D.
Address Union Memorial Hospital signed 11/19/42
Baltimore, Md.

VS 3

F 97836 F 97836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Norfolk (If outside city or town limits, write RURAL and give town)
(d) Street No. 540 Pembroke Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME John Archer Lejeune

3 (b) If veteran, name war Yes

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs. John A. Lejeune

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 10 1867

8. AGE: Years 75 | Months 10 | Days 10 | If less than one day hr. min.

9. Birthplace Louisiana (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Amide Lejeune
13. Birthplace Louisiana

MOTHER
14. Maiden Name Laura Archer Turpin
15. Birthplace Mississippi

16 (a) Informant Hosp. Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-42 (month) (day) (year)
(c) Cemetery or crematory Arlington Nat.
Location Arlington Va.

18 (a) Funeral director Wm. H. Tuckney & Son
(b) Address Forty & Penn

Nov 20 1942 Huntington Williams MD
(Date received) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1942 to Nov 20 1942 and that I last saw him alive on Nov 20 1942.

Immediate cause of death Uremia
Syphilis + hydronephrosis — Duration 6

Due to Ureteral + Urethral obstruction — Duration 8 years

Due to Prostatic malignancy & metastases — Duration 8 years?

Other Conditions Paget's disease of bones and Inguinal abscess — Duration 1 year?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Surgeon's Hospital

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank H. Ridgely Jr. M.D.
Address Union Memorial Hospital Date signed 11/29/42
Baltimore Md.

VS 3

F 97837

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

F 97837 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2015 N Payson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 50
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 N. Payson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Atlanta Schnader

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Henry L. Schnader
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Nov 24-1881

8. AGE: Years	Months	Days	If less than one day
60	11	19	hr. min.

9. Birthplace Denmark (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm Poulson
13. Birthplace Denmark

MOTHER
14. Maiden Name
15. Birthplace Denmark

16 (a) Informant Henry L. Schnader
(b) Address 2015 N. Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/42 (month) (day) (year)
(c) Cemetery or crematory Lincoln
Location Baltimore Md

18 (a) Funeral director F. B. Shufeldt & Son
(b) Address 1300 Eutaw Place

NOV 20 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/19/1942, at 3:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 17 1942 to Nov 19 1942 and that I last saw h alive on Nov 19 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Hypertensive Cardiac	7
Due to Vascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis T. Levy M. D.
Address 1544 W. Mulberry Date signed 11/20/42

VS 3

F 97838 ✓ F 97838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l Hosp 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Brooklyn
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3528 7th St
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Robert SCHLEIN (Birth F-63179)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 17 1942

8. AGE: Years	Months	Days	If less than one day
		23	..... hr. ..... min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Robert H Schlein
13. Birthplace Pa

MOTHER
14. Maiden Name Bettie V Deibler
15. Birthplace Pa

16 (a) Informant Robert H Schlein
(b) Address 3528 7th St Brooklyn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-42 (month) (day) (year)
(c) Cemetery or crematory .....
Location Williamsport Pa

18 (a) Funeral director William M Mauck
(b) Address 715 Light St

NOV 20 1942 Date rec'd Registrar Hagerstown Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/20 19 42, at 6.10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/20 19 42 to 11/20 19 42, and that I last saw him alive on 11/20 19 42.

Immediate cause of death Atelectasis

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Dr Andrew Zapp M. D.
Address 1213 Light St Date signed .....

VS 150

F 97839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97839

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Catonsville
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Glen Burnie
(If outside city or town limits, write RURAL, and give town)
(d) Street No. Old Annapolis Rd
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William John Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No. 243-05-5140

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anna Marie

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Oct. 28 1890

8. AGE: Years 52 | Months - | Days 19 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Leader

11. Industry or business Md. Dry Docks

FATHER
12. Name Wm. John
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Ruben
15. Birthplace Md. Cedar Co.

16 (a) Informant Wife
(b) Address Old Annapolis Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road

18 (a) Funeral director John R. Lemmon
(b) Address 1242 Leeds Ave. (Undertaker or Assistant)

19 (a) NOV 21 1942 Huntington Woods (Date of Registration) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-19 1942 at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/18 1942 to 11/19 1942 and that I last saw h[illegible] alive on 11/19 1942.

Immediate cause of death Empyema — Duration 8 days
Due to Lobar pneumonia — Duration 3 wks
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur Ronberg M.D.
Address St. Agnes Hosp. Date signed 11/19/42

VS 180

F 978 0 Huegelmeier ✓ F 97840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

113 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1512 Clifton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 5
(e) Length of stay in Baltimore (yrs., mos., or days) 79

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 Clifton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME August Joseph Huegel Meier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Isabelle Huegelmeier
6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Aug 18 - 1863

8. AGE: Years	Months	Days	If less than one day
79	3	1	hr. min.

9. Birthplace Baltimore
(Town, county, or state)
10. Usual Occupation Gunsmith Public School
11. Industry or business Retired

FATHER
12. Name W H Huegelmeier
13. Birthplace Germany

MOTHER
14. Maiden Name Mary A Wallbaum
15. Birthplace Germany

16 (a) Informant Isabelle Huegelmeier
(b) Address 1512 Clifton Ave

17 (a) Burial (b) Date thereof Nov 23 -
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2014 E. Baltimore

19 (a) NOV 21 1942 Acting for Williams, MD
(Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19th 1942, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1941 to 11/19 1942, and that I last saw him alive on 11/9 1942

Immediate cause of death	Duration
Bronchopneumonia	
Due to (a)	
Due to	
Other Conditions Typhoid Fever	
Pneumonia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wyland Fuller M. D.
Address 5703 Harford Rd Date signed 11/20/42

VS 8

F 97841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 D

F 97841 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3203 E Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 10
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3203 E. Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie Virginia Gaddy

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Frank T. Gaddy
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) May 3 1903

8. AGE: Years	Months	Days	If less than one day
39	8	17	____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Joseph F. Rings
13. Birthplace Md

MOTHER
14. Maiden Name Sarah E. Hilton
15. Birthplace Md

16 (a) Informant Sarah E. Mullinicaux
(b) Address 3410 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E. Monument

19 (a) Filed Nov 24 1942 (Date Filed by Registrar) Hunting Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 1942; at 5:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942 to Nov. 20 1942 and that I last saw her alive on Nov. 19 1942

Immediate cause of death Cancer Uterus — Duration 1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature David Schmeisser
Address 1101 N. Ouenton Ave Date signed Nov 21-42 M. D.

VS 3

F 97842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97842

1. PLACE OF DEATH:

(a) Baltimore City or County Eutaw Place & Brooks Lane.

(b) Street address Esplanade Apts.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 17 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Esplanade Apts. (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME MORRIS R. WILSON.

3 (b) If veteran, name war ———

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Florence Wilson.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 16th. 1870

8. AGE: Years	Months	Days	If less than one day
72	8	3	hr. min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)

10. Usual Occupation Retired Clothing Mnfgr.

11. Industry or business

FATHER

12. Name Simon Wilson.

13. Birthplace Germany.

MOTHER

14. Maiden Name Hannah Schwerin.

15. Birthplace Germany.

16 (a) Informant Mrs. Florence Wilson.

(b) Address Esplanade Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/42. (month) (day) (year)

(c) Cemetery or crematory Baltimore Hebrew

Location Balto. Md.

18 (a) Funeral director [illegible]

(b) Address 1902 Eutaw Place.

19 (a) NOV 21 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19th. 1942, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to Nov 19 1942 and that I last saw h[illegible] alive on Nov 18 1942

Immediate cause of death	Duration
Diabetic Coma	5 Days
Due to General Arterio Sclerosis, Diabetes	10 yrs
Due to Locomotor Ataxia	10 yrs
Other Conditions Syphilis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Emma S. Wagner M.D.

Address Esplanade Apts. Date signed 11/19/42

VS 2

F 97843

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ F 97843 830 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4831 Park Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4831 Park Heights Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FLORENCE S. HOVELL

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Charles R. Hovell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1874

8. AGE: Years	Months	Days	If less than one day
67	11	0	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Henry S. Sohl
13. Birthplace Va.

MOTHER
14. Maiden Name Martha P. Durham
15. Birthplace Balto., Md.

16 (a) Informant Mr. Charles R. Hovell
(b) Address 4831 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) NOV 21 1942 (Date received by Registrar) Hunter for Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20, 1942, at 3.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 11 1942 to Nov 20 1942 and that I last saw h[illegible] alive on Nov 20 1942

Immediate cause of death	Duration
Cerebral Hemorrhage	11/11/42
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. D. Bukert M. D.
Address 4803 Park Heights Ave Date signed 11/21/42

VS 3

F 97844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97814 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 311 Otterbein St.
(c) Hospital or institution: 21
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 311 Otterbein (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Frier
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Colored	Widow

6 (b) Name of husband or wife Peter Frier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1885

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation
11. Industry or business Housework.

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Sallie Alexander
(b) Address 806 Vine St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23 - 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Arc. - Md

18 (a) Funeral director Jenners & Sayes
(b) Address 142 Mosher St.

19 (a) NOV 21 1942 (Date received by registrar)
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1942 at 2 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 19 42 to Nov 20 19 42 and that I last saw her alive on Nov. 19 19 42

Immediate cause of death	Duration
Chr. Cardio-renal disease	6 mos ?
Due to Unknown	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John W. Gaines M. D.
Address 665 W. Baltimore Date signed Nov 20/42

F 97815
T.N 78053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 97815 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore, City Hospitals 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2510 Francis St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Doris Schultz (Birth F. 47076)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 21, 1942

8. AGE: Years	Months	Days	If less than one day
–	~~10~~ 9	29	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George Schultz
13. Birthplace Maryland

MOTHER
14. Maiden Name Nellie ~~Wilderman~~ Widerman
15. Birthplace Baltimore, Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem
Location Randallstown Md.

18 (a) Funeral director Phillips Lawrence
(b) Address 1053 W. Baltimore Street

19 (a) NOV 21 1942 (Date received by registrar) (b) Registrar Huntington Williams

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1942 at 12:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17 1942 to Nov. 20 1942 and that I last saw h[illegible] alive on Nov. 20 1942

Immediate cause of death	Duration
Bronchopneumonia	11 days
Due to	
Due to	
Other Conditions Rickets	1 mo.?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy Rickets, Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. K. Rantzen M. D.
Address Balto. City Hosp. Date signed 11-20-42

F 97816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 97316 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 414 W Lexington St
(c) Hospital or institution: Vol of America 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2004 CHRISTIAN ST
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY LEE STAPF 6>656 or 63,177 TW

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 10, 1942

8. AGE: Years	Months	Days	If less than one day
-	-	6	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name DOUGLAS REASY STAPF
13. Birthplace BALTIMORE, MD

MOTHER
14. Maiden Name DOROTHY KELLY
15. Birthplace BALTIMORE, MD.

16 (a) Informant Dorothy Stapf (mother)
(b) Address Balto. Md.

17 (a) Burial (b) Date thereof Nov. 23, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Glen Haven Mem. Park Cem
Location Glenburnie, Md.

18 (a) Funeral director Miller & Amoroso
(b) Address 1005 W. Baltimore St.

19 (a) (Date rec'd by Registrar) (b) 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV 16 1942, at 1:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from NOV 10 1942 to NOV 16 1942, and that I last saw h[illegible] alive on 11/16 1942.

Immediate cause of death — Duration

Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Willard Applegarth M. D.
Address Vol of America Date signed
414 W Lexington St

VS 3

F 97817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

F 97817 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital. 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) wife

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2001 Callow Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry T Norton (Norton)
3 (b) If veteran, name war
3 (c) Social Security Account No. 216-10-1761

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) | -11-1884

8. AGE: Years	Months	Days	If less than one day
58	10	8	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Norton
13. Birthplace Baltimore

MOTHER
14. Maiden Name Fannie St Clair
15. Birthplace Virginia

16 (a) Informant Mrs Hooper
(b) Address 3405 Ellamont Drive
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 23 42 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem.
Location Baltimore
18 (a) Funeral director Philip Herring Sons
(b) Address 2124 Orleans St.
19 (a) (Date received by Registrar) NOV 24 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 1942 at 2.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-18 1942 to 11-19 1942 and that I last saw h[illegible] alive on 11-19- 1942

Immediate cause of death: Cardiac respiratory failure
Due to: Bronchogenic Carcinoma of Lungs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Patrick C Hebron M. D.
Address Mercy Hospital Date signed 11-19-42

VS 180

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97848

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1942

F 97848 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 26 H
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 Woodbury Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY R. JONES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Robert Nelson Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1866

8. AGE: Years	Months	Days	If less than one day
76	3	27	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Robert Douglass
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sarah Ellen Faucher
15. Birthplace Baltimore, Maryland

16 (a) Informant Wilmar L. Jones husband
(b) Address 1734 N. Glenmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 21st 1942 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Olivet
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul

19 (a) (b)

NOV 21 1942 Registrar

V3 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1942 at 2 0 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Asphyxiation	
Due to Aspiration of vomitus	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-18-42 at M
(c) Where did injury occur? home Alabama (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury aspiration of vomitus

23. Signature R. L. Wollenmuller M.D. Medical Examiner.
Date signed 11-19-42

97819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. 97819

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2446 Fleet St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HENRY J. KRUG

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1880

8. AGE: Years	Months	Days	If less than one day
62	3	22	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Wenderline Krug
13. Birthplace Germany

MOTHER
14. Maiden Name Madelene Stadt
15. Birthplace Germany

16 (a) Informant Madelene Wolff (Mother) (Deceased)
(b) Address 4201 E. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Tilly & Zeibolz
(b) Address 403 S Wolfe St

19 (a) NOV 21 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1942, at 5 40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerosis	
Cardiorenal	
Due to disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Wollenweber M.D.
Medical Examiner.
Date signed 11-20-42

VS 6

97850 ✓ F 97850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5612 BENTONHEIGHTS AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 4
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 5612 BENTONHEIGHTS AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ADOLPH KLEINER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	215 05 7926	MALE	WHITE	MARRIED

6 (b) Name of husband or wife ANNETTE KLEINER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 22 1900

8. AGE: Years	Months	Days	If less than one day
42	1	28	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ADOLPH KLEINER
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name BARBARA FURST
15. Birthplace BALTO. MD.

16 (a) Informant ANNETTE KLEINER (WIFE)
(b) Address 5612 BENTONHEIGHTS AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 23/42 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Zeilenhn
(b) Address 403 S. WOLFE ST.

19 (Date received by registrar) NOV 21 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1942 at 2.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1942 to Nov 19 1942 and that I last saw h alive on Nov 19 1942.

Immediate cause of death Metastatic Carcinoma — Duration

Due to Primary Stomach Ca. —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy Abdominal metastases

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Richard Greenfield

23. Signature
Address 5707 Belair Rd. Date signed 11-19-42 M. D.

VS 3

97851

T.N 77417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

540

F 97851 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 S. Bouldin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Sauter

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles (D

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 18 189?

8. AGE: Years 49 | Months 7 | Days 5 2 | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Domestic

11. Industry or business

FATHER
12. Name: Bart Kratz
13. Birthplace: Austria

MOTHER
14. Maiden Name: Julia Erns
15. Birthplace: Austria

16 (a) Informant: Baltimore City Hospitals
(b) Address: 4940 Eastern Ave (Records

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 23/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeiler Inc
(b) Address 403 S. WOLFE ST.

19 (a) NOV 21 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-20 1942 at 6.05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-15 1942 to 11-20 1942 and that I last saw h[illegible] alive on 11-20 1942

Immediate cause of death Glioma of r.t. temporo Frontal region of brain.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11-18-42

Major findings of operation: Ca adm.

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Hooper M. D.
Address Lilly & Zeiler Inc. Date signed 11-20-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

F 97852 ✓ F 97852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. 23-1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto city
(b) Street address 907 Leadenhall St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 12 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 907 Leadenhall (If rural give location)
(e) Citizen of foreign country? ✓ (Yes or No) If yes, name country ✓

3 (a) FULL NAME Roy Taylor (Birth F 67695)

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C	Single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-19-42

8. AGE: Years	Months	Days	If less than one day
✓	✓	1	hr. min.

9. Birthplace Balto City (Town, county, and state)
10. Usual Occupation ✓
11. Industry or business ✓

FATHER
12. Name Frazier Taylor
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Alice Taylor
15. Birthplace Virginia

16 (a) Informant Mary Alice Taylor
(b) Address 907 Leadenhall St

17 (a) (Burial, cremation, or removal) (b) Date thereof 11 21 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto

18 (a) Funeral director Walter B. Smith
(b) Address 1391 W Hamburg St

19 NOV 21 1942 (Date rec'd by registrar) (b) Huntington Willis Deputy M.E.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-20 1942, at 11a M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-19- 1942, to 11-20 1942, and that I last saw him alive on 11-20- 1942.

Immediate cause of death	Duration
Premature birth	
Due to 6 Months	
Due to ✓	
Other Conditions ✓	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Carper M. D.
Address 1916 E. Monument St Date signed 11-20-42

V8-3

97853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. E 97853

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2902 Evergreen Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2902 Evergreen Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rev. JEFFERSON W. LAUGHLIN

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Laura N.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1862

8. AGE: Years 80 | Months 8 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Jonathan Laughlin
13. Birthplace Unknown

MOTHER 14. Maiden Name Mary E. King
15. Birthplace Pennsylvania

16 (a) Informant Elmer L. Merkins
(b) Address 2902 Evergreen Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd.

19 (a) NOV 21 1942 Huntington Williams M.D.
(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1942 at 10 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Intermediate	
Cardiovascular disease	
Due to	
Due to	
Other Conditions h.w	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. J. Wollenweber M.D.
Asst Medical Examiner.
Date signed 11-20-42

VE 6

F 97854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 97854 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6624 O'Donnell St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 1 hr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) ~~County~~
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Carter (Birth F 6 29 29)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 21, 1942

8. AGE: Years | Months | Days | If less than one day: 1 hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation home

11. Industry or business

FATHER
12. Name Fred M Carter
13. Birthplace Wise Co. Va

MOTHER
14. Maiden Name Beatrice Mullins
15. Birthplace Pound Va

16 (a) Informant Mrs Fred M Wise
(b) Address 6624 O'Donnell St

17 (a) Burial (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Ave

18 (a) Funeral director Albert L Will Jr
(b) Address 1604 E Chester Street

19 (a) (Date received by Local Registrar) NOV 24 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 21 1942, at 6 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 21 1942, to Nov. 21 1942, and that I last saw h M alive on Nov. 21 1942.

Immediate cause of death	Duration
Prematurity;	6 Hrs Mos.
Due to Excessive Extension.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H H Bartleman M. D.
Address 6045 Palmer Way Date signed 11/24/42

VS 2

F 97855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

F 97855 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 - 92 104 da.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. No Home (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Sullivan 73358

3 (b) If veteran, name war

3 (c) Social Security Account No. No Record

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1886

8. AGE: Years	Months	Days	If less than one day
56	3	24	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Workman

11. Industry or business

FATHER — 12. Name Patrick

13. Birthplace Ireland

MOTHER — 14. Maiden Name Mary O'Keefe

15. Birthplace Ireland

16 (a) Informant Hospital records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/42 (month) (day) (year)

(c) Cemetery or crematory Laurel Mount Cem

Location Laurel Mount Cem

18 (a) Funeral director J. Wm. J. Finley Sons

(b) Address 3 E. Eager St. Balto

19 (a) NOV 21 1942 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 12 1942, at 5:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1942, to Nov. 12 1942, and that I last saw him alive on Nov. 12 1942.

Immediate cause of death — Duration

Pulmonary tuberculosis — 5 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A. Barnes L. Harte M.D.

Address Balto City Hosp Date signed 11/21/42

VS 180

F 97856
T.N. 77855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13101

✓ F 97856
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 26-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Boonth ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ellen (D

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9th, 1886

8. AGE: Years 56 | Months 3 | Days 8 | If less than one day hr. min.

9. Birthplace Ky.
(Town, county, and state)

10. Usual Occupation Workman

11. Industry or business

FATHER
12. Name Joseph Boonth
13. Birthplace Ireland

MOTHER
14. Maiden Name Virginia ?
15. Birthplace Scotland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (b) Date thereof 11/21/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Laurel Hill Mem.
Location Greenmount Ave & Baltimore Pike

18 (a) Funeral director John J. Young & Sons
(b) Address 1310 Eutaw Place

19 (a) NOV 21 1942 Huntington Williams
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-16 1942 at 6.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-6 1942 to 11-16 1942, and that I last saw him alive on 11-16 1942

Immediate cause of death Uraemia - broncho-pneumonia

Due to Arteriosclerosis C.V.R.D.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry Stone M. D.
Address Balto City Hosp. Date signed 11-22-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 250

F 97857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 B

Registered No. F 97857

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 18
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3818 W. Fairmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL LE COMPTE

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Sallie M. LE Compte
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7-1863.

8. AGE: Years 79 | Months 4 | Days 13 | If less than one day hr. min.

9. Birthplace Cambridge - Md. Dor. Co.
(town, county and state)

10. Usual Occupation Stationary Engineer.
11. Industry or business

FATHER 12. Name Phillip Le Compte.
13. Birthplace Cambridge - Md.

MOTHER 14. Maiden Name Sudie Hubbard.
15. Birthplace Cambridge - Md.

16 (a) Informant Mrs. Sallie M. Le Compte
(b) Address 1838 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23-42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cemetery
Location Baltimore - Md.

18 (a) Funeral director Charles J. Schwab
(b) Address 505 N. Monroe St.

19 (a) NOV 21 1942 Huntington Williams M.D.
(Date rec'd by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1942 at 3 Ho M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Valvular heart disease
Mitral stenosis

Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence At M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Wallenmeyer Jr. M.D.
Medical Examiner.
Date signed 11-30-42

VS 6

97858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 97858

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4112 Penhurst Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4112 Penhurst Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward F. Leyh

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-5069

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth H Leyh
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Mar 24 1887

8. AGE: Years	Months	Days	If less than one day
55	7	27th	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Insurance Agent
11. Industry or business Prudential Ins, Co

FATHER
12. Name Frederick L. Leyh
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Clara Schaeffer
15. Birthplace Baltimore Md

16 (a) Informant Elizabeth H. Leyh
(b) Address 4112 Penhurst Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Henry M. Himmelrich
(b) Address 4204 Ridgewood Ave

19 (NOV 21 1942) Huntington Williams, M.D. Registrar
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Thursday Nov 19 1942 at 1 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 19 1942 to Nov 20th 1942, and that I last saw him alive on November 19th 1942.

Immediate cause of death	Duration
1) Coronary Thrombosis	6 hrs
Due to	
Due to 6	
Other Conditions Angiana Pectoris	- 2 years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl L. Chamberlain
Address 4408 Liberty Heights Ave. Date signed 11/21/42 M. D.

97859 (green) X ✓ F 97859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp. 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Relay (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~12 N. Calvert St~~ (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Thomas Clark Berlin (Birth F 6,424) ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1, 1942

8. AGE: Years	Months	Days	If less than one day
—	—	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Thomas C. Berlin
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Nora Geary
15. Birthplace Balto. Md.

16 (a) Informant Mr. Thomas C. Berlin
(b) Address 12 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 21/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Harry H. Witzke
(b) Address 101 Edmondson Ave.

19 (a) Nov 21 1942 (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 21 1942, at 8:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/17 1942 to 11/21 1942 and that I last saw him alive on 11/21 1942

Immediate cause of death	Duration
(a) Unknown.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: Bronchial Pneumonia
of autopsy: Atelectasis Rt Lung.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. J. Kaier M.D.
Address Bon Secours Hosp. Date signed Nov 24 1942

VS 8

97860 F 97860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2803 W. North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2803 W. North Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY C. ANDREWS

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 70 years | Months - | Days - | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Henry C. Andrews
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Mr. H. C. Andrews
(b) Address 2803 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/42 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) NOV 21 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21. 1942, at 6A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1942, to Nov 21 1942, and that I last saw her alive on Nov 20, 1942

Immediate cause of death — Duration

Chronic Valvular

Due to Disease of Heart

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Andrews M. D.

Address 2737 W. North Ave. Date signed 11/23/42

Approved: Robert Lee Latham M.D. for City Health Commissioner

VS 8

97861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 97861 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2834 Maryland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-6
(e) Length of stay in Baltimore (yrs., mos., or days) 17yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2834 Maryland. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia Katherine Martin.

3 (b) If veteran, name war:
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female.	White	Widowed.

6 (b) Name of husband or wife: Robert F. T. Martin. Deceased.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1863.

8. AGE: Years	Months	Days	If less than one day: hr.	min.
79	1	13		

9. Birthplace Nellysford, Nelson Co. Va. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name John J. Coleman.
13. Birthplace Nelson Co. Virginia.

MOTHER
14. Maiden Name Jacinta J. Rodes.
15. Birthplace Virginia.

16 (a) Informant Mrs. Bessie M. Odell, Daughter.
(b) Address 2834 Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Parkton, Md. Va.

18 (a) Funeral director John J. Mitchell & Sons, Inc.
(b) Address 120 Eutaw Place

19 NOV 21 1942 (b) Filed by (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1942, at 6:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941, to Nov. 19 1942, and that I last saw her alive on Nov. 19 1942.

Immediate cause of death: Cardiac Failure.
Due to Generalized Arteriosclerosis.
Due to Senility.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: Progressing for last 4yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. B. Stevens M.D.
Address 3400 Eutaw Pl. Date signed 11/19/42

VS 3

97862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Registered No. F 97862

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Lombard & Green Sts.
(c) Hospital or institution: University of Md. Hospital 15-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days): 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: none
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 3205 Clifton Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country:

3 (a) FULL NAME: Silas Rodney Webster

3 (b) If veteran, name war:

3 (c) Social Security Account No.: none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Emma May Rich

6 (c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): Oct. 11, 1888

8. AGE: Years: 54 | Months: 1 | Days: 9 | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Marine Engineer & Supplies

11. Industry or business:

FATHER
12. Name: Noah W. Webster
13. Birthplace: Md.

MOTHER
14. Maiden Name: Rose White
15. Birthplace: Md.

16 (a) Informant: Mrs. Silas R. Webster
(b) Address: 3205 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/23/42 (month) (day) (year)
(c) Cemetery or crematory: Greenmount
Location: Greenmount & North Avenues

18 (a) Funeral director: John O. McTatlebaum Sons, Inc.
(b) Address: 1900 Eutaw Place

19 (a) NOV 21 1942 (Date rec'd by registrar) (b) Filing for William Webster

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11-20-42 19 , at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-19 19 42 to 11-20 19 42 and that I last saw h[illegible] alive on 11-20 19

Immediate cause of death: Cerebral-Vascular Accident

Due to: Hypertensive C.V.D.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: W. H. Tomlinson Jr. M. D.

Address: Lemmon & Hospital Date signed: 11-20-42

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

97863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 97863
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo24da
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 221 Ridgemede Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT E. LEE PRICE

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 216-03-8905

4. Sex MALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife NORAEAMES

6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1892

8. AGE: Years 49 | Months 11 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation MANAGER APARTMENT HOUSE

11. Industry or business

FATHER
12. Name Orlando Price
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary
15. Birthplace --

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 / 24 / 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemy.
Location Frederick Ave. Balto. Md.

18 (a) Funeral director John O. Mitchell Funeral
(b) Address 1902 Eutaw Place, Baltimore, Md.

19 (Date rec'd by registrar) NOV 21 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21, 1942 at 6:35 am M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 26, 1942 to Nov. 21, 1942 and that I last saw him alive on Nov. 21, 1942.

Immediate cause of death Cardiac disease coronary insufficiency with episodes of acute left ventricular failure — Duration Unk.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Calvin M.D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 11/21/42

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

F 97864 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Virginia Ave
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 N Bruce St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rosa Griffin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1869

8. AGE: Years	Months	Days	If less than one day
73	3		hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name Ellen Attest
15. Birthplace Parkeley Va

16 (a) Informant Virginia A Parker
(b) Address 503 N Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 21, 1942 (month) (day) (year)
(c) Cemetery or crematory Parkeley, Location Virginia

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St.

19 (a) NOV 22 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 1942 at 1.00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 14 1942, to Nov 20 1942, and that I last saw h alive on Nov 20 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	two d
Due to	
Due to Hypertension Cardiovascular Renal	
Other Conditions Senile	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Virginia A Parker M. D.
Address 503 N Bruce Date signed Nov 21st

VS 2

F 97865
T.N

BALTIMORE CITY HEALTH DEPARTMENT
77731 CERTIFICATE OF DEATH

15

F 97865
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 W. Saratoga St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Mouldin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Cora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr, 12th 1877

8. AGE: Years 65 | Months 7 | Days 9 | If less than one day hr. min.

9. Birthplace Washington D.C (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Joseph Mouldin
13. Birthplace Maryland

MOTHER
14. Maiden Name Canellis Simmley
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 21, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

NOV 22 1942
(Date rec'd by registrar) (b) Huntington Williams Funeral Home

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-19 1942, at 3 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-31 1942, to 11-19 1942, and that I last saw h[illegible] alive on 11-19 1942.

Immediate cause of death
Tuberculosis entritis
Tuberculosis peritonitis — Duration 7 7

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: On store

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Rosebrun M. D.
Address Balt. City Hosp Date signed 11-20-42

VS 250

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97866 ✓ F 97866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 13/a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto City.
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 W. Saratoga St.
(If rural give location)
(e) Citizen of foreign country? U.S. (Yes or No)
If yes, name country

3 (a) FULL NAME Lucinda Parker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife GEORGE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/8/81 c

8. AGE: Years	Months	Days	If less than one day
52		11	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Moses Johnson
13. Birthplace Maryland

MOTHER
14. Maiden Name Lucinda Johnson
15. Birthplace Maryland

16 (a) Informant Mrs. Adrienne Shultz
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 3221 Schroder St.

19 (d) NOV 22 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1942 at 4:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 6 1942 to Nov 18 1942 and that I last saw her alive on Nov 6 1942.

Immediate cause of death	Duration
Uraemia	
Due to Chronic Nephritis	
Due to	
Other Conditions Hypertension & cardiac hypertrophy	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy Chronic nephritis. Cardiac hypertrophy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William A. Johnson M.D.
Address Mercy Hospital Date signed 11/20/42

VS 150

—2—

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3 V F 97867 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 E. Lexington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 E Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-8734

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Mar

6 (b) Name of husband or wife Martha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24 1913

8. AGE: Years 29 | Months 3 | Days 24 | If less than one day hr. min.

9. Birthplace md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Levi Johnson
13. Birthplace Md

MOTHER
14. Maiden Name Lillie May Young
15. Birthplace md

16 (a) Informant Martha Young
(b) Address 1213 E Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 21 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Ehrg Wilson
(b) Address 1000 Bradley av

19 (a) NOV 22 1942 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 1942 at 8 30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 16 1942 to Nov 18 1942 and that I last saw h[illegible] alive on Nov 16, 1942

Immediate cause of death

Acute Miliary Tuberculosis — Duration 3 wks

Due to Tuberculosis (abdn)

Due to

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis M Luke M.D.
Address 1501 E. Eager St Date signed 11/21/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 250

424654 97868

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 97868 Registered No.

CERTIFICATE OF DEATH 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Johns Hopkins Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 Maryland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theodore Kendziemski.

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 216-05-9372

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Stella
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/9/42.

8. AGE: Years	Months	Days	If less than one day
60	7	10	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Carpenter.
11. Industry or business

FATHER
12. Name Thomas Kendziemski
13. Birthplace Poland.

MOTHER
14. Maiden Name Julia Z.
15. Birthplace Poland.

16 (a) Informant Remedios.
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/42 (month) (day) (year)
(c) Cemetery or crematory New York
Location New York City

18 (a) Funeral director Fulton Funeral Home
(b) Address 2170 Fulton Ave

19 NOV 22 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov-19- 1942 at 5:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct-30- 1942 to Nov-19 1942, and that I last saw him alive on Nov-19- 1942.

Immediate cause of death Myocardial infarction — Duration 12 days
Due to Coronary occlusion thrombosis R. ant. descending
Due to Coronary artery
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold E. C. Thornton
Address Johns Hopkins Hosp. Date signed Nov 22 1942

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 280

F 97869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

F 97339 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 638 N Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 638 N Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isidore Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Shoe Maker

FATHER
12. Name Bernard Robinson
13. Birthplace Russia

MOTHER
14. Maiden Name Cramie ?
15. Birthplace Russia

16 (a) Informant Sarah Robinson
(b) Address 638 N Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Young Men
Location Windsor Mill Road

18 (a) Funeral director Sol Levinson & Bros
Address 1125 W North Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams Mgr

NOV 22 1942

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21, 1942 at 5.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1942 to Nov 21 1942 and that I last saw him alive on Nov 21 1942

Immediate cause of death Myocardial degeneration & insufficiency — Duration Several

Due to arteriosclerotic heart disease, Congestive type of Hypertension — Duration Years

Due to generalized arteriosclerosis

Other Conditions senile dementia — Duration 1 year

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Mitchell M. D.
Address 2901 Edmondson Ave Date signed 11/23

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 97870 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 300 S. Smallwood St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 50Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 300 S Smallwood St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Pumpian

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Yetta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec, 25, 1877

8. AGE: Years 65 | Months 10 | Days 25 | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business Grocer Business

FATHER
12. Name Joseph H Pumpian
13. Birthplace Russia

MOTHER
14. Maiden Name Dobra ?
15. Birthplace Russia

16 (a) Informant Benjamin Pumpian
(b) Address 2326 W North Ave

17 (a) Burial (b) Date thereof Nov 22, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinsen & Bros
(b) Address 1124 1126 W North Ave

19 (a) NOV 22 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 4.30

20. DATE OF DEATH November 20 1942 at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-42 1942, to 11-9 1942, and that I last saw h[illegible] alive on 11-9 1942.

Immediate cause of death Obstructive Dyspnea.

Duration 8 Mo

Due to Laryngitis - chronic w laryngeal paralysis

Due to

Other Conditions Diabetes

(Include pregnancy within 3 months of death)

Date of operation 4-5-42

Major findings of operation: Laryngeal Paralysis - tracheotomy

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Nelson Carey M. D.
Address 1014 St Paul St Date signed 11-23-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

F 97871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 97871 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1831 N. Bond St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1831 N. Bond St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine F. Kennard

3 (b) If veteran, name war ****

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband **** William W. Kennard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1887

8. AGE: Years 55 | Months I | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name Patrick Quirk
13. Birthplace Ireland.

MOTHER
14. Maiden Name Catherine Lacey
15. Birthplace Ireland

16 (a) Informant Mr William W. Kennard
(b) Address 1831 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave. Parkwood.

18 (a) Funeral director John A. Moran
(b) Address 4201 Greenmount Ave.

19 (a) Date received by registrar NOV 23 1942 (b) Signature by Williams MP Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 19 1942, at 10.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov-10 1942, to Nov-18 1942, and that I last saw her alive on Nov-18 1942.

Immediate cause of death	Duration
Acute Dilatation Heart	1 day.
Due to Chronic Myocarditis	5 yrs
Due to	
Other Conditions Chronic Bronchitis	1 yr.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed 11/20/42

F 97872

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83W

F 97872 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 909 So. Bayliss St
(c) Hospital or institution: 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State [redacted] (b) County
(c) City or town [redacted]
(If outside city or [redacted]ts, write RURAL and give town)
(d) Street No. 909 S Bayliss St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edieth Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	colored	widow

6 (b) Name of husband or wife Benjamin Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Abt 1871

8. AGE: Years	Months	Days	If less than one day
71	7		hr. min.

9. Birthplace Beallon, Va
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Va

MOTHER
14. Maiden Name Sarah Ford
15. Birthplace Va

16 (a) Informant Emma Brown
(b) Address 909 So. Bayliss St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22 1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Location A & C Co Md

18 (a) Funeral director Robert E Wallace
(b) Address 1215 McElderry St

19 (a) NOV 22 1942 (Date rec'd by registrar) (b) Huntington Hilliard

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1942 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 4 1942 to Nov 19 1942 and that I last saw h[illegible] alive on Nov 19 1942

Immediate cause of death — Duration

Due to Apoplexy — 6 wks

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J Edward Fisher M. D.
Address 2 S Monument Date signed Nov 20/42

VS 8

B 97873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. B 97873

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., ~~mos., days~~) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5604 East Hughes Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sabbie Rogers

3 (b) If veteran, name war ✓
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	N	Married

6 (b) Name of husband or wife Morris
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business None

FATHER
12. Name Louis Rubenstal
13. Birthplace Germany

MOTHER
14. Maiden Name Sarah
15. Birthplace Germany

16 (a) Informant Herman Rogers
(b) Address 5101 Serendale Rd.

17 (a) Burial (b) Date thereof 11-22-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~cemetery~~ Windsor Mill Rd
Location Woman going Gen

18 (a) Funeral director Myers & Sons Inc
(b) Address 1139 E. Balto St

19 (a) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

NOV 22 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19 1942 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 16 1942 to Nov 19 1942 and that I last saw h~~e~~r alive on Nov 19 1942

Immediate cause of death Coronary Thrombosis — Duration 3 days
Due to Arteriosclerosis —
Due to
Other Conditions Diab. Mell. 10 years
Pulmonary Infarction
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur Katz M. D.
Address Sinai Hospital Date signed 11-19-42

correct age is especially important

VS 3

F 97874

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 97874 Registered No.

CERTIFICATE OF DEATH 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 E. Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Max Fell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Sarah Rachael Fell
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Russia (Town, county and state)
10. Usual Occupation Housewife (Self)
11. Industry or business

FATHER
12. Name Jacob Fell
13. Birthplace Russia

MOTHER
14. Maiden Name Besse —
15. Birthplace Russia

16 (a) Informant H. M. Fell
(b) Address 1135 W. Balto. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-42 (month) (day) (year)
(c) Cemetery or crematory Lehem Mt. Carmel
Location O'Donnell Street

18 (a) Funeral director Jacob Levin Inc
(b) Address 1439 E. Balto. St.

19 NOV 22 1942 (Date rec'd by registrar) (c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/22 19 , at 4:45 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 11/20 1942 to 11/22 1942 and that I last saw h[illegible] alive on 11/22 1942

Immediate cause of death: Circulatory Failure — Duration
Due to Coronary Occlusion
Due to Arteriosclerotic Cardiovascular Disease
Other Conditions ? Atypical Pneumonia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature E. O. Goodkin M. D.
Address Sinai Hospital Date signed 11/23/42

correct age is especially important. If unknown, give approximate age, stating whether estimated by relatives or physician.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

97875 97875

CERTIFICATE OF DEATH

82

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 Robert St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Richard W. Brooks

If U. S. Veteran specify WAR .....

(a) Residence: No. 532 Robert Street St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	Divorced

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Brooks

6. DATE OF BIRTH (month, day, year) NOV. 6-1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postal Clerk Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.P.O.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Richard W. Brooks

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Daisy Robinson Aunt

(Address) 532 N. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Nov. 23 1942

19. UNDERTAKER John M. Johnson

(Address) 1700 Druid Hill Ave

FILED NOV 22 1942 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 20, 1942

22. I HEREBY CERTIFY, That I attended deceased from NOV. 15, 1942 to NOV. 20, 1942

I last saw him alive on NOV 20, 1942. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis Lateral Infarct	2 yrs ago
Arteriosclerosis	
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Edward J. Wheatley M. D.

(Address) 1230 Druid Hill Ave.

OCCUPATION is very important. See instructions on back of certificate.

V 6 3

F 97876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

✓ F 97876 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1900 E. Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1900 E. Lafayette Ave (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Nunzia Trionfo

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mariano Trionfo
6 (c) If alive, give age: 77 years

7. Birth date of deceased (mo., day, yr.): Sept. 14/1876

8. AGE: Years: 66 Months: 2 Days: 5 If less than one day: hr. min.

9. Birthplace: Calascibetta Italy (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: at Home

FATHER
12. Name: Filippo Bonanno
13. Birthplace: Italy

MOTHER
14. Maiden Name: Giovannina Bollacuduro
15. Birthplace: Italy

16 (a) Informant: Margaret Fonti (Daughter)
(b) Address: 1900 E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 23/42 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Cem.
Location: Belair Rd. Baltimore Md.

18 (a) Funeral director: Russell Della Grace
(b) Address: 52 N. Marley Ste.

NOV 22 1942 (Date filed by Registrar) (b) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11-19- 1942, at 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-5 1942, to 11-19- 1942 and that I last saw h[illegible] alive on 11-14 1942

Immediate cause of death: Gi carcinoma — Duration: Several months

Due to: Carcinoma of rectum with metastases — Duration: several years

Due to:

Other Conditions: Treated for a [illegible] at St. Joseph Hospital

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: S. D. Simard M. D.
Address: Medical arts Bldg. Date signed

VS 3

F 97877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

F 97877 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1207 S. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 S. Charles St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maria Koerner

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widow

6 (b) Name of husband or wife Benge Koerner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1863

8. AGE: Years	Months	Days	If less than one day
78	11	25	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Benge W. Koerner
(b) Address 125 W. Oxford St.

17 (a) Buried (b) Date thereof Nov. 22/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location Annapolis Rd.

18 (a) Funeral director Fred. H. Kramer & Son
(b) Address 1216 S. Charles St.

19 NOV 22 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/20 19 42 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/11 19 42 to 11/20 19 42
and that I last saw h. alive on 11/20 1942.

Immediate cause of death	Duration
Acute Pulmonary oedema due to Cardiac dilatation	24 hours
Due to Chronic myocarditis	1 yr.
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac Miller M.D.
Address 225 S. Charles St. Date signed 11/21/42

F 97878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51 B

F 97878 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 425 E. Pittinger St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 425 E. Pittinger St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Hunicheun

3 (b) If veteran, name war ns

3 (c) Social Security Account No. 220-01-2239

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widower

6 (b) Name of husband or wife Anna Hunicheun
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 6, 1871

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation watchman
11. Industry or business National Can Co.

FATHER
12. Name Henry Hunicheun
13. Birthplace Holland

MOTHER
14. Maiden Name Mary Hunt
15. Birthplace unknown

16 (a) Informant Mrs. Edward Hunicheun
(b) Address 425 E. Pittinger St.

17 (a) Burial (b) Date thereof Nov. 21/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Md.

18 (a) Funeral director Fred. J. Chaney & Son
(b) Address 1216 S. Charles St.

19 (a) Filed by registrar NOV 23 1942 (b) Huntingtown Williamsport R.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1942 at 6 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7/42 19 to Nov 18/42 19.
and that I last saw h alive on 19.

Immediate cause of death
Cancer Pancreas & Liver

Duration
6 Mo

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation Oct 1942

Major findings of operation: Pancreas & Liver Removed

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1216 Light St. Date signed Nov 30 1942

97879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 97879 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4301 Roland avenue
(c) Hospital or institution: Kirkleigh Villa
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4301 Roland Ave
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME FRANCES PEARL McGREEVY

3 (b) If veteran, name war ----
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Single

6 (b) Name of husband or wife ----
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28, 1859

8. AGE: Years	Months	Days	If less than one day
83	6	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Schoen-Russell

FATHER
12. Name James H. McGreevy
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Augusta Carlow
15. Birthplace Zanesville, Ohio

16 (a) Informant Miss Katharine Russell
(b) Address 2925 Guilford avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Feeney-Sunday
(b) Address 118 N. Mt. Royal Ave

19 (a) NOV 23 1942 (Date rec'd by registrar) Mortuary for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1942, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939 to Nov. 19 1942, and that I last saw h.e. alive on Nov 19 1942.

Immediate cause of death	Duration
Myocardial Thrombosis	3 days
Due to Cerebral Arteriosclerosis	1 month
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation ----
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Christian M. D.
Address 1314 E. Cold St Date signed Nov 24 42

VS 3

97830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97 ✓

Registered No. E 97830

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts
(c) Hospital or institution:
Mercy Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 14 West 20 Street
(If rural give location)
(e) Citizen of foreign country? One (Yes or No)
If yes, name country England

3 (a) FULL NAME Mrs. Robert Winning

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ✓ ✓ 1880

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace London, England
(Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Alfred Charles Winning
13. Birthplace Scotland

MOTHER
14. Maiden Name Emily Draycott
15. Birthplace Dublin, Ireland

16 (a) Informant Hospital Records
(b) Address Mercy Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Road

18 (a) Funeral director Chas. F. Evans, Son
(b) Address 118 W. Mt. Royal Ave.

19 (a) NOV 23 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21 1942 at 12 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from November 16 1942, to November 21 1942, and that I last saw him alive on November 21 1942.

Immediate cause of death	Duration
Cardiac Failure	
Due to Heart Block	
Due to Arteriosclerosis	
Other Conditions (None)	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James F. Heavner M. D.
Address Calvert and Saratoga Sts Date signed November 24 1942

M. D. S. 1939-4

97881

HEALTH DEPARTMENT—CITY OF BALTIMORE

97881

CERTIFICATE OF DEATH

13b

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 W. Preston St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Samuel Watkins

(a) Residence: No. 137 W. Preston St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col.	

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, year): 12-28-1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Contractor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Colonsville, Md.

FATHER

13. NAME: Richard Watkins

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Esther Brown

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Esther Watkins

(Address) 137 W. Preston St.

18. BURIAL, CREMATION, OR REMOVAL: Place Frederick Memory Va. Date 11-24-42

19. UNDERTAKER: Joseph H. Halstead

(Address) 918 Druid Hill Ave.

20. Filed NOV 23 1942 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22- 1942

22. I HEREBY CERTIFY, That I attended deceased from 11-13- 1942 to 11-22- 1942

I last saw him alive on 11-21- 1942 Death is said to have occurred on the date stated above, at 9:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 1942

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) George C. Rogers M. D.

(Address) 1816 N. Fremont Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

37532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 F Registered No. E 97882

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1120 Riggs ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 Riggs ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Betty Ann Cooper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 2 | Months | Days | If less than one day hr. min.

9. Birthplace Balto. md.
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name unknown
13. Birthplace

MOTHER 14. Maiden Name Ealla Cooper
15. Birthplace N. C.

16 (a) Informant Ealla Cooper
(b) Address 1120 Riggs ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-23-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto. County

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill ave.

19 (a) NOV 22 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/20/42 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/20/42 to 19..... and that I last saw her alive on 11/20/42.

Immediate cause of death — Duration

(a) Pulmonary Tuberculosis 1

Due to (b) Tb Larynx

Due to (c)

Other Conditions Both Lungs

(Include pregnancy within 3 months of death)

Major findings:
Of operations V
Of autopsy V

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Manner of injury

23. Signature Wm. J. Buchanan M.D.

Address 726 McCulloh St. 11/20/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

97833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 97883

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 Montpelier St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Ellwood Rebok

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 14th 1938

8. AGE: Years	Months	Days	If less than one day
3	11	6	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Paul Edward Rebok
13. Birthplace Greencastle Pa.

MOTHER
14. Maiden Name Virginia Hutton
15. Birthplace Barkley Co. W. Va.

16 (a) Informant Paul E. Rebok
(b) Address 909 Montpelier St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Maryland Park
Location Parkville Md.

18 (a) Funeral director William Bork Inc
(b) Address 1217 St. Paul St

19 (a) NOV 23 1942 (Date filed by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1942, at 4 05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & inspection thereof and from the evidence (Autopsy or Inquiry)
obtained by said inquest & inspection find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 7/4
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov. 20 1942 at 3 45 P M
(c) Where did injury occur? 900 Block Montpelier St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? No
(e) Means of injury Struck by truck

23. Signature Robert Lee Fraser M.D. (Medical Examiner.)
Date signed Nov 23 1942

VS 6

97834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓

F 97834 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 725 Edgewood St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 d
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 725 Edgewood St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ida B. Mundie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Chas Aubrey Mundie 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30 1875

8. AGE: Years 67 | Months 2 | Days 20 | If less than one day hr. min.

9. Birthplace Warsaw Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Richard Webb
13. Birthplace Warsaw Va

MOTHER
14. Maiden Name Unknown
15. Birthplace Warsaw Va

16 (a) Informant Mrs Florence C Delporte
(b) Address 725 Edgewood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/42 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Wetherall & Son Inc
(b) Address 1217 N Paca St Balto

19 (a) NOV 23 1942 (Date rec'd by registrar) Interring for Wetherall & Son Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 1942 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939 to Nov 20 1942.
And that I last saw her alive on Nov 20 1942.

Immediate cause of death	Duration
Diabetis	5 Yrs
Due to Gangrene of R. Foot	20 Days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2757 W Nvo Date signed Nov 22

E 97855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 97855

425224

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 Monroe Circle (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Henry Anderson
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-05-7469

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widowed.

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 5-26-93

8. AGE: Years	Months	Days	If less than one day
49	5	24	hr. min.

9. Birthplace D.C. (City, county, and state)
10. Usual Occupation Bricklayer
11. Industry or business

FATHER
12. Name John Henry Anderson
13. Birthplace D.C.

MOTHER
14. Maiden Name Anna Gaisloe
15. Birthplace D.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Final (Burial, cremation, or removal) (b) Date thereof 11/24/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Fullum Bros Inc
(b) Address 1201 E. Fayette St.

19 (d) NOV 23 1942 (Date rec'd by registrar) Huntington Mitchell, M.D. Registrar

VS 100

MEDICAL CERTIFICATION 10

20. DATE OF DEATH November 20 1942, at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10 1942 to Nov. 20 1942 and that I last saw him alive on Nov. 20 1942.

Immediate cause of death	Duration
Carcinoma of liver	18 mos.
Cirrhosis of liver	
Due to	
Due to	
Other Conditions Hardening kidney	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: see above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. C. Duncan Jr M. D.
Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

97886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938 Registered No. E 97886

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 119 S. Hilton
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 119 S. Hilton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maggie Kirk

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Wid.

6 (b) Name of husband or wife Jesse K.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18-1857

8. AGE: Years 85 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Donnelley
13. Birthplace Balto.

MOTHER
14. Maiden Name Martha Martin
15. Birthplace Balto. Md.

16 (a) Informant Miss Lyda Kirk
(b) Address 119 S. Hilton St.

17 (a) Burial (b) Date thereof 11-23-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. Co.

18 (a) Funeral director Wm Cook Inc.
(b) Address 1217 St Paul St

19 (a) NOV 23 1943 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1942 at 12 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/15/42 19 to 11/20/42 19, and that I last saw h[illegible] alive on 11/19 1942.

Immediate cause of death Pneumonia — Duration 5 days

Due to Senility

Due to Chronic myocarditis

Other Conditions Hypertension

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A Calas

Address 4 N. Fulton Date signed 11/23/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

37837 ✓ 13 E 37887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. Do not leave any blanks. Ditto marks may be used. Physicians: please write the causes of death clearly and legibly. Be sure that the age is correct. Physicians: please write the causes of death clearly and legibly. Be sure that the age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Hanover St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Ellis 78007

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-03-5513

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	divorced

6 (b) Name of husband or wife Annie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 24, 1882

8. AGE: Years	Months	Days	If less than one day
60	9	27	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name William Ellis
13. Birthplace Ohio

MOTHER
14. Maiden Name Sophie Butler
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Nov 24 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul st

19 NOV 23 1942 (Date received by Local Registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21 1942 at 6:45A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 16 1942 to Nov. 21 1942, and that I last saw him alive on Nov. 21 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	1½ mos?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. S. Harris
Address Balto City Hosp Date signed Nov 24 1942 M.D.

97858 70448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. F 97888

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 mos. 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Saratoga & Green Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hoxter, Stanley J.

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19 1882

8. AGE: Years 60 | Months 9 | Days 3 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Thomas Hoxter
13. Birthplace Eastern Shore Md.

MOTHER
14. Maiden Name Sarah MacComas
15. Birthplace Harford Co. Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 24 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director Williams Cook Co.
(b) Address 1217 St. Paul St.

19 (a) NOV 23 1942 (Date rec'd by registrar) Hunting for Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-22 1942, at 7 01 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-9 1941, to 11-22 1942, and that I last saw h alive on 11-21 1942.

	Duration
Immediate cause of death: Coronary occlusion	7
Due to: Acute arteriosclerosis	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Ans above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Rackham M. D.
Address Balt. City Hosp. Date signed 11-22-42

VS 150

7883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 N

F 97839 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1631 Darley Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1631 Darley Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore, Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME KATE BURKE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife John T.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/26/1858

8. AGE: Years	Months	Days	If less than one day
83	10	24	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ? Schley
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Mr. Edwin T. Burke
(b) Address 1631 Darley Ave.

17 (a) Burial (b) Date thereof 11/23/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St.

18 (a) Funeral director Thos H. McCully
(b) Address 1254 W. Fort Ave.

19 NOV 23 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 1942 at 1140 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1942 to Nov 20 1942 and that I last saw h[illegible] alive on Nov 19 1942.

Immediate cause of death	Duration
Myocardial insufficiency	
Due to	
Due to	
Other Conditions Arteriosclerosis Myocardium (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? — — —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Schmunk M. D.
Address 133 S. Charles St. Date signed 11/21/42

VS 180

F 97890

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97890 Registered No. 171a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2364 Washington Blvd (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH N HOFF

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-7771

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Mary Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10 - 1880

8. AGE: Years	Months	Days	If less than one day: hr.	min.
62	6	8		

9. Birthplace Balto Co
(Town, county and state)
10. Usual Occupation Retired Railroad
11. Industry or business

FATHER
12. Name Joseph Hoff
13. Birthplace W Va

MOTHER
14. Maiden Name Dora Sisler
15. Birthplace Kentucky

16 (a) Informant Mary E Hoff
(b) Address 2364 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/42 (month) (day) (year)
(c) Cemetery or crematory Dulaney Cemetery
Location Howard Co Md

18 (a) Funeral director Edw Tawes
(b) Address 2367 Washington Blvd

19 (a) NOV 23 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 1942 at 6:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death	Duration
Shock, traumatic	
Due to Crushing of both legs	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation 11-18-42
Major findings of operation: None obtained
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-18-42 at 3:30 P.M.
(c) Where did injury occur? Belvedere Entrance Balt. Transp. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)
(e) Means of injury Crushed by street car

23. Signature N. Z. Wallenmeier M.D. Medical Examiner.
Date signed 11-20-42

AdCo. 1-11 2500

F 9789 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 97891

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 Pitcher St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4th yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME A. Adelle Short 14

(a) Residence: No. 601 Pitcher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Short

6. DATE OF BIRTH (month, day, year) Aug 31 1865

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
77	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Edward Quill

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Caroline Mabell

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Adelle Howard
(Address) 601 Pitcher St

18. BURIAL, CREMATION, OR REMOVAL
Place Arlington cem Date 11-24 1942

19. UNDERTAKER George H. Nelson
(Address) 1302 Pennsylvania Ave Baltimore, Md

20. FILED NOV 23 1942 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1942, to Nov 21 1942

I last saw him alive on Nov 20 1942 death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Pneumonia	Nov 16

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. Lockwood M. D.

(Address) 628 Hamilton St

F 97892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

158 F 97892 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. Td 41
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 903 Burgundy St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James F Hardy (Birth F-58115)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/28/19-42

8. AGE: Years | Months 2 | Days 3 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Philip J. Hardy
13. Birthplace Balto Md.

MOTHER 14. Maiden Name Laura M. Miller
15. Birthplace Balto Md

16 (a) Informant Laura M. Hardy
(b) Address 903 Burgundy St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md

18 (a) Funeral director Bernard C Hale
(b) Address 121 E Mt St

19 (a) Nov 23 1942 (b) Hunter for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

28. DATE OF DEATH 11 | 22 | 1942 at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death Marasmus

Due to Malnutrition

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J Lawrence

Address University Hosp Date signed 11 D 23

97893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5 7 b

Registered No. II 97893

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 - Forest St.
(c) Hospital or institution: Md. Penitentiary Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 22
(e) Length of stay in Baltimore (yrs., mos., or days) ??

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3623 Kenwick Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Larry Fisher

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Edna L. Fisher

6 (c) If alive, give age ?? years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1904

8. AGE: Years	Months	Days	If less than one day
37	11	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name James L. Fisher
13. Birthplace Hamstead, Md.

MOTHER
14. Maiden Name Ella Cornbower
15. Birthplace Freeland, Md.

16 (a) Informant Mrs. Rosie Hogan
(b) Address 712 Berry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25, 1942 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Taylor Ave.

18 (a) Funeral director H. Emmanuel Sr. & Son
(b) Address 2416-18 Lafayette Ave

19 Nov 23 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 22 1942, at 10:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1942, to Nov. 22 1942, and that I last saw him alive on Nov. 22 1942.

Immediate cause of death: Carcinoma of bladder — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Purnell M. D.
Address 1123 - St. Paul St. Date signed 11-22-42

VS 150

Please write plainly, preferably with typewriter. Do not abbreviate. Do not use ditto marks. Be sure to answer all questions. Be correct and complete. Accurate age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97894

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107 F 97894 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2014 Fleet St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Eugene Merriken

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872 ?

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business

FATHER 12. Name Jacob D. Merriken

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Theresa M. Gieperet

15. Birthplace Baltimore Md

16 (a) Informant Helena Merriken

(b) Address 2014 Fleet street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-42 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location Baltimore Md

18 (a) Funeral director George A Weber

(b) Address 705 S Ann street

19 (a) NOV 23 1942 (b) Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1942, at 2 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & the verdict thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquest & the verdict find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Bronchial pneumonia — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Nov. 21 1942

VS 6

F 97835 F 97835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1466

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2620 Quantico Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2620 Quantico Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isaac Marder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Clara

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Sexton

11. Industry or business

FATHER
12. Name David
13. Birthplace Russia

MOTHER
14. Maiden Name Bala
15. Birthplace Russia

16 (a) Informant Clara Marder
(b) Address 2620 Quantico Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-42 (month) (day) (year)
(c) Cemetery or Crematory Rosedale
Location Phila Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E Balto St

19 (a) NOV 23 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22 1942 at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1942 to Nov 22 1942, and that I last saw him alive on Nov 22 1942.

	Duration
Immediate cause of death: Pulmonary oedema	24 hours
Due to: Carcinoma of stomach and mediastinum	6 months
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation Jul 5 1942

Major findings of operation: Carcinoma stomach & mediastinum

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Perlstein M. D.
Address 2338 Eutaw Pl. Date signed Nov 22-42

F 97896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97896 Registered No. 13b

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1833 WALBROOK AVE
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MARLAND (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1833 WALBROOK AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

5-74

3 (a) FULL NAME ANNIE PRUZAN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	WHITE	WIDOW

6 (b) Name of husband or wife ISAAC M. PRUZAN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name DAVID SCHACHAT
13. Birthplace RUSSIA

MOTHER
14. Maiden Name TINA
15. Birthplace RUSSIA

16 (a) Informant SOLOMAN PRUZAN- SON
(b) Address 1833 WALBROOK AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-24-42 (month) (day) (year)
(c) Cemetery or crematory HEBREW FRIENDSHIP
Location BALTO. & CONKLIN STS.

18 (a) Funeral director JACK LEWIS INC.
(b) Address 1833 EUTAW PLACE, Huntingdon Hillcrest, MD

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-22-42 19 15 at 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5 1942 to Nov. 22 1942, and that I last saw h.. alive on Nov. 22 1942.

Immediate cause of death	Duration
Arteria Sclerosis	
Lobar pneumonia	
Pulmonary tuberculosis	
Due to	
Due to	
Other Conditions Coronary Thrombosis (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation: no operation
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Kalm M. D.
Address 2306 Eutaw Pl Date signed 11-22-42

VS 2

F 97837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 97837

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1109 E. LOMBARD ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 40 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County .....
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 E. LOMBARD ST.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME KOPEL TILLES

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife JENNIE TILLES
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
66			..... hr. ..... min.

9. Birthplace RUSSIA
(Town, county, and state)

10. Usual Occupation FRUIT + PRODUCE - SELF

11. Industry or business

FATHER
12. Name JOSEPH TILLES
13. Birthplace RUSSIA

MOTHER
14. Maiden Name EVELYN ?
15. Birthplace RUSSIA

16 (a) Informant JENNIE TILLES
(b) Address 1109 E. LOMBARD ST.

17 (a) BURIAL (b) Date thereof 11-29-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory WORKMAN CIRCLE
Location OLD GERMAN HILL RD.

18 (a) Funeral director Jack Levin Inc
(b) Address NOV 23 1942 E. BALTIMORE ST

19 (a) ..... (b) .....
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-22- 1942 at 4 5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1st 1942 to Nov. 22 1942 and that I last saw him alive on Nov. 22 1942.

Immediate cause of death	Duration
Arteria Sclerosis	
Diabetes	
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation No operation
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at ..... M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Benjamin Kahn M. D.
Address 2306 Eutaw Pl Date signed 11/23/42

VS 8

F 97838

F 97838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 328 W. Camden St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 328 W. Camden St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. (Robert) Jeffries

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No. 219-14-1395

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14-1887

8. AGE: Years	Months	Days	If less than one day
55	9	6	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Engnd duty
11. Industry or business Sydenham Hospital

FATHER
12. Name James Edward Jeffries
13. Birthplace Washington D. C.

MOTHER
14. Maiden Name Anna Donaldson
15. Birthplace Balto. Md

16 (a) Informant Mr. Edgar Harrison Jeffries
(b) Address 3950 Brooklyn Ave

17 (a) Burial (b) Date thereof NOV 24-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Md. National Cem
Location Frederick Road Balto. Md

18 (a) Funeral director Milton Schilling
(b) Address 3914 S. Hanover St

19 (a) NOV 23 1942 [illegible]
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1942 at 3 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Asphyxiation — Duration
Due to hanging
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Nov. 20 1942 at 3 PM
(c) Where did injury occur? 328 W. Camden St Balto Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Rooming House While at work? No
(Specify type of place)
(e) Means of injury Hanged self with belt

23. Signature Robert Lee Yeatman M.D.
Medical Examiner.
Date signed Nov. 21 1942

VS 6

F 97899 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 97899

CERTIFICATE OF DEATH 1108

1. PLACE OF DEATH — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2217 N. Howard St., (Ward) 7

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Minnie Pope — If U. S. Veteran specify WAR ____

(a) Residence: No. 2217 N. Howard St., Ward. ____ (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) March 10, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	53	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last employed at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME Edmund Willis

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Sallie Shanter

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT Sarah Willis

(Address) 2206 N. Howard St

18. BURIAL, CREMATION, OR REMOVAL

Place Circulus Memorial Date NOV 23 1942

19. UNDERTAKER Mrs. Isabella R. Williams

(Address) 2332 N. Schroeder St

NOV 23 1942

20. FILED ____ Hunter's for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1942 to Nov. 20, 1942

I last saw her alive on Nov. 20, 1942 Death is said to have occurred on the date stated above, at 8:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Colmt Nov 16

Other contributory causes of importance:

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) R. Garland Ashmead M. D.

(Address) 1534 - Eutaw Pl Balto

OCCUPATION is very important. See instructions on back of certificate.

VS B

F 37330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 112

F 97900
Registered No.

correct age is especially important. Physicians: please write the cause or death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1512 W. Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 W. FAIRMOUNT AVE (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Riddick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	COLORED	WIDOWED

6 (b) Name of husband or wife Willie Riddick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1883

8. AGE: Years	Months	Days	If less than one day
59	2	5	hr. min.

9. Birthplace RALEIGH, North Carolina (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name GABRIEL PETTIWAY
13. Birthplace RALEIGH, North CAROLINA

MOTHER
14. Maiden Name MARY ?
15. Birthplace RALEIGH NORTH CAROLINA

16 (a) Informant JOHN Riddick
(b) Address 22 N. NORRIS Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 3329 Pattapsco Ave.

19 (a) NOV 23 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/20 1942 at 4 55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/15 1942 to 11/20 1942 and that I last saw HER alive on 11/19 1942

Immediate cause of death CARDIAC Failure — Duration

Due to Bronchial ASTHMA

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard H. Hunt, M.D.
Address 1607 W. Mulberry St. Date signed 11/20/42

VS 3

7 97901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a 7 97901 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Roland Ave.& University Pky
(c) Hospital or institution: Chadfort Apts.
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days): life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County: - - -
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: Roland Ave.& University Pky
(If rural give location)
(e) Citizen of foreign country?: (Yes or No)
If yes, name country: no

3 (a) FULL NAME: HARRY CLAY KING

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Lillian McIntosh

6 (c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): May.23.1875

8. AGE: Years: 67 | Months: 5 | Days: 27 | If less than one day: hr. min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual Occupation: Accountant-auditor

11. Industry or business: Standard Oil Co.N.J.

FATHER
12. Name: Robert Gender King
13. Birthplace: New York

MOTHER
14. Maiden Name: Mary Sophia Rountree
15. Birthplace: Baltimore

16 (a) Informant: Mrs.Lillian King
(b) Address: Chadfort Apts.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof:** Nov.23.1942 (month) (day) (year)
(c) Cemetery or crematory: Parkwood Cemetery
Location: Baltimore Md.
HENRY SANDER & SONS.INC.

18 (a) Funeral director:
(b) Address: North Ave & Broadway

19 (a) (Undertaker or Undertaker's Agent) **(b)** Registrar

NOV 25 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov.20.1942 at 4.00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942 to Nov 20 1942 and that I last saw him alive on Nov 19 1942

Immediate cause of death: Cerebral Hemmorhage — Duration

Due to: Hypertension Arteriosclerosis

Due to:

Other Conditions: Chronic nephritis

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: Charles A Anderson M. D.

Address: 3001 Sherwood Drive Date signed: 11/24/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 3316

F 97902

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 407 E. Preston St
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 E. Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harriett A. E. Clifford

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Wm. H. Clifford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16. 1870

8. AGE: Years	Months	Days	If less than one day
72	5	7	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housework at
11. Industry or business Home

FATHER
12. Name James E. Robberts
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Josephine Mickelly
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Sarah E. Clifford
(b) Address 407 E. Prestn St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location East End of North Ave

18 (a) Funeral director Elmer W. Conklin
(b) Address 924 E. Eager St.

19 (a) NOV 23 1942 (Date rec'd by registrar) (b)

Huntington Hill Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22, 1942 at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 19 42, to Nov. 22 19 42 and that I last saw h alive on Nov. 21 19 42

Immediate cause of death Coronary Thrombosis
Duration 1 wk.

Due to Apoplexy
Duration 10 days

Due to Hypertension
Duration ?

Due to
Duration

Other Conditions
Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Silverfarb M. D.
Address 714 E. Preston Date signed Nov 23

F 97903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

F 97903 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [illegible] Woodbourne
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3802 Pennington Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles F. Thomas

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER	12. Name Charles W.
	13. Birthplace Md.
MOTHER	14. Maiden Name Sarah Sheehy
	15. Birthplace Md.

16 (a) Informant Clarence Thomas
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Meredith
(b) Address 713 Light St

19 (a) NOV 20 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-20-1942 at 5:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 8 1942 to Nov. 20 1942, and that I last saw him alive on Nov. 20 1942.

Immediate cause of death Surgical Shock

Due to (or)

Due to

Other Conditions Autopsy

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rosher M. D.
Address St. Agnes Hosp. Date signed 11/21/42

VS 250

Please write clearly, using ink. Physicians: please write the causes of death clearly and legibly. Be sure to correct age in especially important.

F 97904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

F 97904 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Sq Hospital
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 days
(e) Length of stay in Baltimore (yrs., mos., or days) All.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 3518 Chestnut Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Diana Lee Bull (Birth F 67556)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1942

8. AGE: Years	Months	Days	If less than one day
7 days.		1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Elliott Bull
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mildred Elg. Bull
15. Birthplace Baltimore Maryland

16 (a) Informant
(b) Address 3518 Chestnut Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Pine Grove.
Location Baltimore County, Md.

18 (a) Funeral director E. Leroy Stiller & Sons, Inc.
(b) Address 5005 Park Heights Ave.

19 (a) (Date rec'd by registrar) Nov 23 1942 Huntingdon Williamsport, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21 1942 at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h alive on 19

Immediate cause of death

Intracranial Hemorrhage

Due to Prolonged Labor

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jas. E. Davidson M. D.
Address Franklin Sq. Hospital (Type or print signature)

correct age is especially important. Physicians: please write the causes of death clearly and

[redacted] F 97905

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

[redacted] Registered No. F 97905

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5100 Maple Heights Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 5100 Maple Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Lee Englar

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Marr'd.

6 (b) Name of husband or wife Emma B. Englar
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2 1863

8. AGE: Years	Months	Days	If less than one day
79	9	29 21	hr. min.

9. Birthplace Frederick Co (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Josiah Englar
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Lemaire
15. Birthplace Md.

16 (a) Informant Emma B. Englar
(b) Address 5109 Maple Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26, 42 (month) (day) (year)
(c) Cemetery or crematory Winters Cemetery
Location Carroll Co

18 (a) Funeral director H. Bankard & Sons
(b) Address Westminster Md

19 (a) NOV 23 1942 (Date received by registrar) Hunting for Mabaffey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23, 1942, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 17 1942 to Nov 23 1942 and that I last saw h[illegible] alive on Nov 22 1942.

Immediate cause of death	Duration
Uremia - acclamsia	5 days
Myocardial degen.	6 hrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. G. Jones M. D.
Address 2518 N. Charles Date signed

Correct age is especially important. Physicians: please write the causes of death clearly. Spelling

VS 2

Baltimore

F 97906 F 97906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 106B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2017 E Pratt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2017 E Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Stephen Majewski

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-0037

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 31-1920

8. AGE: Years	Months	Days	If less than one day
2123	11 10	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Riveter

11. Industry or business Glen L. Martin

FATHER
12. Name Alexander Majewski
13. Birthplace Poland

MOTHER
14. Maiden Name Lillian Szmala
15. Birthplace Poland

16 (a) Informant Lillian Majewski
(b) Address 2017 E Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave.

19 (a) NOV 23 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21st 1942, at 1020 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1942 to Nov. 21 1942, and that I last saw h[illegible] alive on Nov. 21st 1942.

Immediate cause of death Aortic Insufficiency — Duration 2 mos.

Due to Chronic Bronchitis & Bronchiectasis — M.O.S. 8 mos.

Due to Infection — 3 mos.

Other Conditions Bleeding duodenal ulcer and acute appendicitis Surgical Operation Laparotomy — 3 mos.
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) — (County) — (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature A. F. Rue M. D.

Address 24 S. Bway Date signed Nov. 23/42

VS 3

correct age is especially important. Physicians: please write the cause of death clearly and legibly

97907
AE-78128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. E 97907

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

8 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 E. Bond Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. McGinn

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-5385

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15 1905

8. AGE: Years	Months	Days	If less than one day
37	7	6	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Time Keeper

11. Industry or business Bethlehem Ship Bldg.

FATHER
12. Name Robert McGinn
13. Birthplace Md.

MOTHER
14. Maiden Name Julia Heden
15. Birthplace Md

16 (a) Informant Baltimore City Hospitals Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Md.

18 (a) Funeral director Lasuchin Funeral Home
(b) Address 7401 Belair Road

NOV 23 1942 for Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/21 1942, at 12:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/20 1942 to 11/21 1942
and that I last saw h alive on 11/20 1942

Immediate cause of death	Duration
Cerebral hemorrhage	3 hrs
Due to Hypertension	?
Due to	
Other Conditions Cardiac failure Mild	?

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William Goodman M. D.
Address Baltimore City Hosp. Date signed 11/24/42

VS 140

R.L. Graham M.D. for H.Z. Wolf

Please write plainly with unfading ink. Punctuation not required. Be sure to give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

F 97908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97908 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 438 S. Augusta
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 438 S. Augusta Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret M. Howard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife James H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1878

8. AGE: Years 64 | Months 2 | Days 11 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER 12. Name Henry Henkell

13. Birthplace Germany

MOTHER 14. Maiden Name Magdalena Krause

15. Birthplace Germany

16 (a) Informant Mrs. Murray Bigler

(b) Address 438 S. Augusta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/42 (month) (day) (year)

(c) Cemetery or crematory London Pk.

Location 3801 Fredwick Rd

18 (a) Funeral director Harry F. Mutch

(b) Address 410 E. Fremont Ave Huntington Terminal Annex, Md.

19 NOV 23 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION 8.45 P.M.

20. DATE OF DEATH Nov. 20, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22/42, to Nov. 20/42. and that I last saw her alive on Nov. 20/42.

Immediate cause of death: Abdominal hemorrhage — Duration: 12 hrs.

Due to Probable cancer of abdominal viscera. Unknown.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Wade Dewitt M. D.

Address 9 E. Fayette St. Date signed Nov. 21/42

VS 1

97909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137 AF 97909

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 Oakdale Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Lewis A. Beck

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Edith Bell Beck
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1871

8. AGE: Years	Months	Days	If less than one day
71	2	10	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Chemist
11. Industry or business retired

FATHER
12. Name Charles R. R. Beck
13. Birthplace Winchester, Va.

MOTHER
14. Maiden Name Sarah Muth
15. Birthplace Baltimore, Md.

16 (a) Informant Lewis A. Beck, Jr.
(b) Address 213 Oakdale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave., Balto.

18 (a) Funeral director John A. Wentzell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) NOV 23 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21 1942, at 9:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15 1942, to Nov 21 1942, and that I last saw him alive on 21 Nov. 1942.

Immediate cause of death Uremia, Oliguria

Due to Pyelonephritis, Benign Prostatic Hypertrophy

Due to

Other Conditions Intestinal Obstruction.
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams
Address Univ. Hosp. Date signed 11-24-42 M. D.

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97910

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 831

Reg. Dist. No. _____

F 97910

1. PLACE OF DEATH
County Balto. City
City or town ~~Baltimore~~ 4203 Shamrock Ave
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto. City
City or town Balto
(If outside city or town limits, write RURAL and give nearest town)
Street No. 4203 Shamrock Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Rose Ella Bloodsworth

3.(b) Social Security Number none

4. Sex: Female
5. Color or race: white
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: George Winfield Bloodsworth
6.(c) If alive, give age 76 years
7. Birth date of deceased (mo., day, yr.): June 29 1874
8. AGE: Years 68 Months 4 Days 22 If less than one day ____ hrs. ____ min.
9. Birthplace Mt Vernon, Somerset, Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Home
12. FATHER Name William Fisher
13. Birthplace Mt Vernon Md.
14. MOTHER Maiden name Williamanna Sears
15. Birthplace Mt Vernon Md.
16. Informant Ethel Sterbeck
Address Baltimore Md.
17. Burial (Burial, cremation, or removal) Date thereof Nov 24 1942 (month) (day) (year)
Cemetery or crematory Presbyterian Cem.
Location Princess Anne Md.
18. Funeral director Dale Dashiell
Address Princess Anne Md
19. Nov 23 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/24/42 19__ at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/18/42 19__ to 11/24 19 42 and that I last saw h[illegible] on 11/24/42 19__

Immediate cause of death Cerebral Hemorrhage — DURATION

Due to ____

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings of operations ____ Date of op. ____

Autopsy results ____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Ryland Gallery M. D. or other
Address 4703 Harford Rd Date signed 11/24/42

F 97911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a F 97911 File No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 29 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2803 Garrison Blvd., Baltimore, Md
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME BENJAMIN HARRISON BROWN

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1890

8. AGE: Years	Months	Days	If less than one day: hr.	min.
52	8	9		

9. Birthplace Fort Valley, Georgia
(Town, county, and state)

10. Usual Occupation BUTLER

11. Industry or business

FATHER
12. Name Rogers Brown
13. Birthplace Georgia

MOTHER
14. Maiden Name Lovena Bryant
15. Birthplace Georgia

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 11-24-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balt National
Location Balt City

18 (a) Funeral director Isaac L. Brown & Son
(b) Address 106 W Montgomery St

19 NOV 23 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20, 1942, at 7:20p M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17, 1942, to Nov. 20 1942, and that I last saw him alive on Nov. 20, 1942.

Immediate cause of death	Duration
Cardiac disease, valvular, combined lesions, aortic and	Unk.
Due to mitral	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Maryland. Date signed 11/22/42 M.D.

VS 110

F97912 KREINER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97912

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2503 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 D
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2503 N. Fulton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John George Heinrich Kreiner

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Wh.	Widower

6 (b) Name of husband or wife Mary Heinrich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1862

8. AGE: Years	Months	Days	If less than one day
80	—	16	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Chicken Butcher
11. Industry or business

FATHER 12. Name John H. Heinrich
13. Birthplace Germany

MOTHER 14. Maiden name Mary C. Heinrich
15. Birthplace Ger.

16 (a) Informant Mrs. Catherine R. Kreiner
(b) Address 1601 Clifton Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 11/24/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Baltimore — Md
Location

18 (a) Funeral director Wm. H. McKeever Home
(b) Address 1800 Eastern Ave

19 (a) NOV 23 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1942 at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 25 1942 Dec. 21 1942 and that I last saw him alive on Nov. 21 1942.

Immediate cause of death Pulmonary Hypostatic Pneumonia Coma

Due to

Due to

Other Conditions Dropsy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. Smith M.D.
M. D.
Address 1645 Bloom St. Date signed

VS 3

correct age is especially important. If uncertain, put "about"

97313 SHRIVER 9/a E 97313

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga Sts.
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 months
(e) Length of stay in Baltimore (yrs., mos., or days) 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3306 Belvedere Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stirling Shriver

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 212-07-0121

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Dorothy Shriver
6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1912

8. AGE: Years	Months	Days	If less than one day
30	0	1	____ hr. ____ min.

9. Birthplace Orangville Adams County, Pennsylvania
(City, county, and state)
10. Usual Occupation Assembly man radio inspector
11. Industry or business Westinghouse Elec. Co.

FATHER
12. Name Edgar W. Shriver
13. Birthplace Greenmount, Pa. Maryland

MOTHER
14. Maiden Name Lethia V. Bliss
15. Birthplace Taneytown, Maryland

16 (a) Informant Mrs. Dorothy E. Shriver
(b) Address 3306 Belvedere Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/42 (month) (day) (year)
(c) Cemetery or crematory Stone Chapel
Location

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) NOV 23 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 22 1942 at 8:22 A M

21. I certify that death occurred on the date above stated; that I attended deceased from November 16 1942 to November 22 1942 and that I last saw her alive on November 21 1942.

Immediate cause of death	Duration
Respiratory Collapse	
Due to Embolism	
Due to Lyst. Acute Bacterial Endocarditis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature James D. Stegmaier M. D.
Address Mercy Hospital Date signed Nov 23 1942

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

97914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 Registered No. 97914

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4201 Linkwood Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clyde Nelson Friz

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: (Ethel Elizabeth) Mrs. Clyde Nelson Friz
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): May 13, 1867
8. AGE: Years 75 Months 6 Days 9 If less than one day: hr. min.
9. Birthplace: Michigan (Town, county, and state)
10. Usual Occupation: architect
11. Industry or business: Self

FATHER
12. Name: Nelson Friz
13. Birthplace: N. Y.

MOTHER
14. Maiden Name: Mary Bacon
15. Birthplace: Ohio

16 (a) Informant: Mrs. Ethel Friz
(b) Address: 4201 Linkwood Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/42 (month) (day) (year)
(c) Cemetery or crematory: Greenmount Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) NOV 23 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22 1942 at 2:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 6 1942 to Nov. 22 1942 and that I last saw h[illegible] alive on Nov. 22 1942

Immediate cause of death: Cardiorespiratory failure — Duration: 5 weeks
Due to: Pneumonia (untyped) and myocarditis
Due to: infarction due to coronary occlusion
Other Conditions: uremia

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: James Douglas Lockard, M. D.
Address: Union Memorial Hosp. Date signed: 11/23/42

VS 3

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 97915

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 130

F 97915 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2931 Westwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Henry HIGDON III

3 (b) If veteran, name war no

3 (c) Social Security Account No. no

4. Sex Male | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced.** Single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1923

8. AGE: Years 19 | Months 6 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation School student

11. Industry or business

FATHER
12. Name William H. Higdon
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Florence Harper
15. Birthplace Balto., Md.

16 (a) Informant Mr. William H. Higdon, father
(b) Address 2931 Westwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 NOV 23 1942 (b) Huntington Nill Registrar
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1942, at 12 43 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17 1942, to Nov. 23 1942, and that I last saw him alive on Nov. 22 1942.

	Duration
Immediate cause of death: Uremia	
Due to: Cystitis	
Due to: Acute nephritis?	
Other Conditions: Congenital club feet Bilat.	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Traynor

Address Md. Genl. Hosp. Date signed 11/23/42 M.D.

correct age is apparently important. Physicians: please write the cause of death clearly and legibly.

F 97916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 97916 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 300 N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2913 Chelsea Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Esther Blankenship

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29, 1901

8. AGE: Years 41 | Months 6 | Days 28 | If less than one day hr. min.

9. Birthplace Petersburg, Virginia (Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER 12. Name Rufus Blankenship
13. Birthplace Clark, Va. (Petersburg, Va.)

MOTHER 14. Maiden Name Frances Claybourne
15. Birthplace Chesterfield Co. Va.

16 (a) Informant Mrs. Irma Gregory
(b) Address 3006 Brighton St. Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) NOV 23 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22 1942 at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-19-42 1942 to 11-22-42 1942, and that I last saw h[illegible] alive on Nov. 22 1942.

Immediate cause of death: Pulmonary atelectasis — Duration: 3 days

Due to: Ruptured appendix post operative — 4 days

Due to:

Other Conditions: Pulmonary hypostasis — 2 days

(Include pregnancy within 3 months of death)

Date of operation 11-19-42

Major findings of operations: Ruptured appendix

of autopsy: Pulmonary hypostasis

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home & Infirmary Date signed 11-22-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

97917
425464

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

576 F 97917 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)
(d) Street No. HOWARD Rd. SUDBROOK PARK (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Howell (Harry Wilson Howell, Sr.

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 212-05-0768

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: LYDIA M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-29-79

8. AGE: Years 63 | Months 1 | Days 23 | If less than one day: hr. min.

9. Birthplace Ohio (Salem) (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business C&P Telephone Co.

FATHER
12. Name Silas Howell (Yorkes Howell)
13. Birthplace Ohio

MOTHER
14. Maiden Name Phoebe Kymes (Kimes)
15. Birthplace Ohio

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) NOV 23 1942 (Date rec'd by registrar) (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22 1942, at 430 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 14 1942 to Nov 22 1942, and that I last saw him alive on Nov 22 1942.

Immediate cause of death CEREBRAL THROMBOSIS — Duration 4 DAYS

Due to OPERATION—TOTAL URINARY CYSTECTOMY — Duration 1 yr.

Due to BLADDER TUMOR Papillary carcinoma —

Other Conditions ARTERIOSCLEROSIS AND HYPERTENSION (Include pregnancy within 3 months of death)

Date of operation 11-18-42

Major findings of operation: URINARY BLADDER TUMOR

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Johnny S. Haines
Address Johns Hopkins Hosp. Date signed 11/24/42 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 181

F 97918 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Marriottsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BARBARA MAY HOBBS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 27, 1938

8. AGE: Years 4 | Months 2 | Days 26 | If less than one day hr. min.

9. Birthplace Carroll Co., Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Arthur Hobbs
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Lillie McClellan
15. Birthplace Carroll Co., Md.

16 (a) Informant Arthur Hobbs
(b) Address Marriottsville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. View Cem.
Location Howard Co., Md.

18 (a) Funeral director C. Harry Weaver
(b) Address Laytonsville, Md.

19 (a) [illegible] (Filed by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1942 at 12 35 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Burns, 2nd degree entire body. — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov. 23, 1942 at 4 30 AM
(c) Where did injury occur? Marriottsville Howard Co. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? No
(Specify type of place)
(e) Means of injury Clothes caught on fire

23. Signature H. H. Williams M.D. Medical Examiner.

Date signed 11-23-42 from Coal Stove

VS 6

F 97919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1510

F 97919 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. A correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Balto Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 Towson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret GOETZ

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12th 1925

8. AGE: Years	Months	Days	If less than one day
17	4	8	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Jacob Goetz
13. Birthplace Baltimore

MOTHER
14. Maiden Name Bessie E Shacklock
15. Birthplace Va.

16 (a) Informant Jacob Goetz
(b) Address 1214 Towson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Balto.

18 (a) Funeral director Charles F Dill
(b) Address 650 A Fort Ave

19 (a) NOV 23 1942 (Date rec'd by registrar) (b) Transmitting for Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/20 1942, at 11:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/13 1942 to 11/20 1942 and that I last saw her alive on 11/20 1942.

Immediate cause of death Intracranial Tumor — Duration

Due to

Due to (over)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Andrew Zeltz M. D.
Address 1213 Light St. Date signed 11/20/42

F 97920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

Registered No. F 97920

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 wks.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3819 Echodale avenue
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Ignatius Rapisardi

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Assunta Rapisardi 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1st 1880

8. AGE: Years	Months	Days	If less than one day
62	6	21/30	hr. min.

9. Birthplace Italy (City, county, and state)
10. Usual Occupation Stone Mason
11. Industry or business self

FATHER
12. Name Antano Rapisardi
13. Birthplace Italy

MOTHER
14. Maiden Name Maregta Russo
15. Birthplace Italy

16 (a) Informant Assunta Simeone Rapisardi
(b) Address 3819 Echodale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Keefe
(b) Address 5305 Harford Rd.

19 (a) NOV 23 1942 (Date rec'd by registrar) (b) Huntington Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21st 1942, at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from October 1, 1942 to Nov. 21st 1942 and that I last saw him alive on Nov. 21st, 1942.

Immediate cause of death	Congestive heart failure	
Due to	Exhaustion	
Due to	Coronary arteriosclerosis	
Other Conditions		

Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl A. Willinger, M. D.
Address St. Joseph's Hosp. Date signed Nov. 21, 1942

VS 3 D-4532

F 97921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190

F 97921

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fayette St

(c) Hospital or institution: Bon Secours Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Fayette St 917 (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country.

3 (a) FULL NAME Baby James C Boyle. (Birth F. 67665)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/10/42

8. AGE: Years	Months	Days	If less than one day
		12	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name James A. Boyle

13. Birthplace Baltimore Md

MOTHER

14. Maiden Name Ellen M King

15. Birthplace Baltimore Md

16 (a) Informant James A Boyle

(b) Address 917 Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 12 42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore Md

18 (a) Funeral director Leonard J Burke

(b) Address 530 Park Ave

19 (a) (Date received by registrar) NOV 22 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 22 1942 at 5:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 19 42 to Nov 22 1942, and that I last saw him alive on Nov 22 19 42

Immediate cause of death: Non Specific Diarrhea of infancy

Duration: 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edward L J Quigley M.D.

Address Bon Secours Hosp Date signed 11/23/42 M. D.

VS 8

correct age is especially important; physicians, please write the causes of death clearly and legibly.

97922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. E 97922

PLEASE WRITE PLAINLY with pen or indelible pencil. Entry item of information should be accurately supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2437 N. Payson St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2437 N. Payson St (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country (Battle F. 44919)

3 (a) FULL NAME Hugh James McKinney

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 28 1942

8. AGE: Years — | Months 9 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Thos J. McKinney
13. Birthplace Ireland

MOTHER 14. Maiden Name Agnes McDonnell
15. Birthplace Maryland

16 (a) Informant Thos J. McKinney
(b) Address 2437 N. Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd

18 (a) Funeral director Thos J. Kenny
(b) Address 1605 Bolton St.

19 (a) NOV 23 1942 (Date received by registrar) (b) Horton Williams M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22 1942, at 8:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 18 1942 to Nov 22 1942 and that I last saw h[illegible] alive on Nov 21 1942.

Immediate cause of death Pneumonia Bronchial. — Duration 2 days

Due to Acute Respiratory Infection — 4 days over

Due to —

Other Conditions Congenital Mentality — Stillbirth

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Eliot W Johnson M. D.
Address 343 Druid Park Ave Date signed —

F 97923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 97923 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2110 Druid Hill ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 Druid Hill ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	negro	married

6 (b) Name of husband or wife Henry Johnson
6 (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) August 6 1867

8. AGE: Years	Months	Days	If less than one day
75 75	3	15 16	hr. min.

9. Birthplace Calvert Co. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business none

FATHER
12. Name John Thomas Gross
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Nocas Bowen
15. Birthplace Calvert Co. Md.

16 (a) Informant Randall Gross
(b) Address 2110 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25, 1942 (month) (day) (year)
(c) Cemetery or crematory Annapolis Rock
Location Annapolis Md.

18 (a) Funeral director Field & Flick
(b) Address 45 Northwest St. Annapolis Md.

19 (Date rec'd by registrar) NOV 23 1942 Harrington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-22 1942, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-8 1942, to 11-22 1942, and that I last saw h[illegible] alive on 11-22 1942

Immediate cause of death Cardiac failure — Duration

Due to Arteriosclerosis
Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 2340 Madison Date signed 11-22-42
M. D.

Please write plainly in ink. Physicians: please write the causes of death clearly and legibly. Information correct age is especially important.

VS 2

F 97924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. F 97924

PLEASE TYPEWRITE. Every item of information should be carefully sought for, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) ~~1x~~ 43 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 1626 E. 30th Street
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN EDWARDS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emma Haase
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) May 27, 1875

8. AGE: Years	Months	Days	If less than one day
67	5	23	hr. min.

9. Birthplace Scotland
(Town, county, and state)
10. Usual Occupation Boatswain
11. Industry or business U. S. Coast Guard

FATHER
12. Name Unknown
13. Birthplace Scotland

MOTHER
14. Maiden Name Margaret Ennis
15. Birthplace Scotland

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof Nov. 24-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Rd.

18 (a) Funeral director John B. Connelly
(b) Address Essex, Md.

NOV 23 1942
(Date rec'd by registrar)

(b) Huntington Williams, M.D.
Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20, 1942 at 11:35 pm M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 16, 1942 to Nov. 20, 1942 and that I last saw h. in alive on Nov. 20, 1942.

Immediate cause of death	Duration
Hemorrhage, cerebral, massive	4 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address US Marine Hospital Date signed 11/21/42
Baltimore, Maryland.

THORWALD

F 97925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

309

F-97926

Registered No. 97626 H

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution:
Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 804 Hollins St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thorwald O. Hansen

3 (b) If veteran, name war

3 (c) Social Security Account No. 158-12-7874

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 1st 1897

8. AGE: Years	Months	Days	If less than one day: hr.	min.
45	3	21		

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Shipfitter's Helper Mate

11. Industry or business The Hercules Co.

FATHER
12. Name Unknown Hansen
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs A. Smith
(b) Address 2504 Ellamont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/42 (month) (day) (year)
(c) Cemetery or crematory St. Matthews
Location Balto Md

18 (a) Funeral director Williams Cook Inc
(b) Address 127 St. Paul St

19 NOV 24 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22 1942, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-16 1942 to 11-22 1942 and that I last saw him alive on 11-22 1942

Immediate cause of death	Duration
Septicaemia	
Due to Lobar Pneumonia, Right Lobe.	
Due to	
Other Conditions Syphilis	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Pearce Hunkelbein M.D.
Address University Hosp Date signed 11-23-42

VS 250

LFR F 97836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97926

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 509 N. Clover St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minder Edwards

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma Edwards

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1892

8. AGE: Years 50 | Months 7 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Norway
(Town, county, and state)

10. Usual Occupation BARBER.

11. Industry or business

FATHER
12. Name Edward Helseth
13. Birthplace Norway

MOTHER
14. Maiden Name Hannah Johnson
15. Birthplace Norway

16 (a) Informant B. C. H. Records
(b) Address

17 (a) 11/24/42 (Burial, cremation, or removal) **(b) Date thereof** Burial (month) (day) (year)
(c) Cemetery or crematory Louden Pk.
Location Frederick Ave.

18 (a) Funeral director L. HEEMANN & SON
(b) Address 32 S. BROADWAY.

19 (a) (b)

NOV 24 1942 Hunting for Williams W.P.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-21 1942, at 12 70 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-19 1942 to 11-21 1942, and that I last saw him alive on 11-21 1942

	Duration
Immediate cause of death Amyloidosis	?
Due to Unknown cause	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. K. Rathburn M. D.

Address Balt City Hosp Date signed 11-21-42

97927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 97927

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1644 N. Payson ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1641 N. Payson ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RAE FINE

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife THEODORE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
41			hr. min.

9. Birthplace RUSSIA
(Town, county, and state)

10. Usual Occupation HOUSE WORK

11. Industry or business

FATHER
12. Name GABRIEL LUMER
13. Birthplace RUSSIA

MOTHER
14. Maiden Name PEARL
15. Birthplace RUSSIA

16 (a) Informant HUSBAND
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-24-42 (month) (day) (year)
(c) Cemetery or crematory Anshei Kolk
Location Mt. Carmel

18 (a) Funeral director Jack Levy Lyn
(b) Address 1439 E. Balto St

19 (a) NOV 24 1942 (b) Livingston Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

17

20. DATE OF DEATH 11-23-42 19 at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 42 to Nov 23 19 42, and that I last saw her alive on Nov 21 19 42

Immediate cause of death: Carcinoma of breast with metastases — Duration 1 yr 11 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Jan 20 1942

Major findings of operation: Carcinoma of breast

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jacob Cohen M. D.
Address 1804 Eutaw Place Date signed 11/23/42

VS 180

F 97928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54 D F 97928

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3002 Presstman
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3002 Presstman
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice L Donlin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Joseph L Donlin

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Sept 9 1906

8. AGE: Years	Months	Days	If less than one day
36	2	14	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business House wife

FATHER
12. Name Issac N Ambrose
13. Birthplace Md

MOTHER
14. Maiden Name Mary E Gorsuch
15. Birthplace Md

16 (a) Informant Joseph L Donlin
(b) Address 3002 Presstman

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Nov 26/42 (month) (day) (year)

(c) Cemetery or crematory Catherderal
Location Balto Md

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Orleans St

19 (a) NOV 24 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23/42 19 , at 1.55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-8 1939 to 11-23 1942 and that I last saw h alive on 11-23 1942

Immediate cause of death	Duration
Glio-Sarcoma of Brain	3½ yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation September 1942

Major findings of operation: Glio-Sarcoma of Brain

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leon Aylesworth M. D.
Address 201 Poplar Grove St Date signed 11-23-42

VS 3

F 97929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

F 97929 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2904 Montebello Terrace.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2904 Montebello Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET ANN TUSTIN

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Septimus P. Tustin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1851

8. AGE: Years	Months	Days	If less than one day
90	11	26	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name George W. Mtichell,
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Clark S. Hobbs,
(b) Address 2904 Montebello Terrace.

17 (a) Burial (b) Date thereof 11/24/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimo e, Md.

18 (a) Funeral director Wilmot Funeral Home.
(b) Address 2008 Orleans St. Huntington Williams, M.D.

19 (a) NOV 24 1942 (b)
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-21- 1942; at 930 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1942 to Nov 20 1942 and that I last saw h[illegible] alive on Nov 20 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Arthur J. Davies M. D.
Address 800 W 33rd St Date signed 11-22-42

VS 3

F 97933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97930
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3018 Hamilton Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK ROCCO, Jr.

3 (b) If veteran, name war WW

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lula Elizabeth Nau

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1900

8. AGE: Years 42 Months X Days X If less than one day hr. min.

9. Birthplace Monongahela, Pa. (Town, county, and state)

10. Usual Occupation Clerk-US Customs

11. Industry or business Federal Government

FATHER
12. Name Frank Rocco
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Spinazzi
15. Birthplace Italy

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location

18 (a) Funeral director Leonard J. Buck
(b) Address 5305 Harford Rd

19 (a) NOV 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21, 1942, at 6:50 pm M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 19, 1942, to Nov. 21, 1942, and that I last saw him alive on Nov. 21, 1942.

Immediate cause of death Tabooparesis — Duration Unk.
Hemoglobinuria — 10 hrs.
Due to Malaria fever, tertian — 4 days
(therapeutic)
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. Rocco
Address US Marine Hospital, Baltimore, Maryland. Date signed 11/23/42 M. D.

correct age is apparently impossible

VS 180

F 97931

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

F 97931 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 106 W. University Pkwy
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 106 W. University Pkwy.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie Shallus Ing

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widow

6 (b) Name of husband or wife Howell Y. Ing
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1877

8. AGE: Years	Months	Days	If less than one day
65	7	15	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Frank H. Shallus
13. Birthplace Balto.

MOTHER
14. Maiden Name Isabella Cursey
15. Birthplace Balto.

16 (a) Informant Miss Bessie Creney
(b) Address 106 W. University Pkwy.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) NOV 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22, 1942, at 2:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/22/1942 to 11/22/1942, and that I last saw h[illegible] alive on 11/22/1942.

Immediate cause of death Coronary Thrombosis — Duration 2-4 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W H Moody
Address 1403 Park Ave. Date signed 11/23/42 M.D.

H. P. Wollenweber, M.D. Per R. E. Fuchs M.D.

VS 3

F 97932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 F 97932 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3000 Lyttleton Rd.
(c) Hospital or institution: Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto., Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3000 Lyttleton Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH BURCHARD O'BRIEN

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife William G.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15-1882

8. AGE: Years 70 | Months 1 | Days 9 | If less than one day hr. min.

9. Birthplace New York
(Town, county, and state)

10. Usual Occupation --

11. Industry or business --

FATHER
12. Name August Burckhard
13. Birthplace New York

MOTHER
14. Maiden Name - Mason
15. Birthplace Va.

16 (a) Informant Mr. Robert O'Brien
(b) Address 3000 Lyttleton Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Ave., Baltimore, Md.

19 (a) NOV 24 1942 (Date Rec'd by Registrar) Hunting Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-7-41 to 11-9 1942 and that I last saw h[er] alive on 11-9 1942.

Immediate cause of death Hypertensive cardio-vascular disease with

Due to Marked coronary changes and Cerebral

Due to Atheromatosis

Other Conditions hypocondriac psychosis

Duration: 4 yrs.

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 11-23-42 Date signed

VS 3

W. L. Wollenmeber, M.D. Per R. L. Graham

F 97933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97933

Registered No. 1700

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 601 Patapsco Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fannie May Woods

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
F	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28th 1872

8. AGE: Years	Months	Days	If less than one day
70	-	22	hr. min.

9. Birthplace Waterbury Co. Co. Md (Town, county, and state)

10. Usual Occupation Rooming House

11. Industry or business

FATHER 12. Name Robert N. Long
13. Birthplace Md

MOTHER 14. Maiden Name Dora Watson
15. Birthplace Md

16 (a) Informant Mr Franklin Wood
(b) Address 601 Patapsco Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Blvd

18 (a) Funeral director William M Mauck
(b) Address 25 E Hughes St Huntingtown Williamsport Md

19 (a) (Date rec'd by registrar) NOV 25 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 1942, at 9 50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry + inspection thereon and from the evidence (Autopsy or Inquiry) obtained by said inquest + inspection and from inspection (Autopsy or Inquiry) I find that said deceased came to her death on the day stated above.

Immediate cause of death Crushing injuries of chest

Duration

Compound fracture right femur

Compound comminuted fracture left lower leg

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 25/4
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Nov 20 1942 at 9 50 P M
(c) Where did injury occur? Patapsco & 6th St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? Yes
(e) Means of injury Struck by auto

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Nov. 21 1942

VS 6

F 97934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97934 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25 W. Barney St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 W. Barney St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Amanda A. Haffner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F M	W.	Widow

6 (b) Name of husband or wife John M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1863

8. AGE: Years	Months	Days	If less than one day
79	2	29	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Charles F. Haffner
(b) Address 25 W. Barney St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Baltimore, Md.

18 (a) Funeral director William M. Marack
(b) Address 715 Lafayette St

19 (a) (Date rec'd by registrar) NOV 24 1942 (b) Huntington Williams Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22 1942, at 2 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1940, to Nov. 22 1942, and that I last saw her alive on Nov. 21 1942.

Immediate cause of death	Duration
Acute dilatation of heart	2 days
Due to arteriosclerosis (Indefinite)	
Due to (Over)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Campbell M. D.
Address 1648 Havana St Date signed Nov. 24, 42

F 97935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97935

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2418 Frederick Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2418 Frederick Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME Marie Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6-1861

8. AGE: Years	Months	Days	If less than one day
81.	2.	18	hr. min.

9. Birthplace Germany
(Town, County, and state)

10. Usual Occupation House Duties

11. Industry or business

FATHER
12. Name August F. Gross
13. Birthplace Germany

MOTHER
14. Maiden Name E. Christina Groetsch
15. Birthplace Germany

16 (a) Informant Miss Alma Wagner
(b) Address 2418 Frederick ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 25/1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Baltimore

18 (a) Funeral director Ingmire & Sykes
(b) Address 1900 N. North Ave.

19 (a) NOV 24 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22 · 1942 at 12.50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roland Lee Grafton M.D.
Medical Examiner.
Date signed Nov. 24 1942

VS 6

F 97936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97936 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1738 Montpelier St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1738 Montpelier St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME IDA BELLE HUNTER

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	divorced

6 (b) Name of husband or wife - - -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 8. 1862

8. AGE: Years	Months	Days	If less than one day
80	7	14	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Practical nurse
11. Industry or business retired 4 years

FATHER
12. Name William Thomas Hunter
13. Birthplace Maryland

MOTHER
14. Maiden Name Frances Anne Bryson
15. Birthplace Maryland

16 (a) Informant Mrs. Flora B. Westerkam
(b) Address 1738 Montpelier St.

17 (a) Burial (b) Date thereof Nov. 25. 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md.
18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.
19 (a) NOV 24 1942 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22. 1942 at 8.35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 10 1942 to Nov. 22 1942. and that I last saw her alive on Nov. 21. 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to Arteriosclerosis	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard E. Fitzgerald M. D.
Address 1613 E. North Ave. Date signed

F 97937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 97937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2033 N. Washington St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2033 N. Washington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country no

3 (a) FULL NAME CARRIE ECKHARDT CLUBB

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife William Clifton Clubb
6 (c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) Dec. 15. 1874

8. AGE: Years	Months	Days	If less than one day
67	11	7	hr. min.

9. Birthplace Reisterstown Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Conrad Frederick Eckhardt
13. Birthplace England

MOTHER
14. Maiden Name Mary Sophia Gumpher
15. Birthplace England

16 (a) Informant Mr. Wm. C. Clubb (Husband)
(b) Address 2033 N. Washington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24. 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) NOV 24 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22. 1942 at 1.40 AM. M

21. I certify that death occurred on the date above stated; that I attended deceased from January 17 1941 to November 22 1942.
And that I last saw her alive on November 21 1942.

Immediate cause of death	Duration
Cardiac Insufficiency	2 Years
Coronal Arteriosclerosis	
Chronic Interstitial Nephritis	
Due to	
Other Conditions Cardiac Dilatation	2 Days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Eisenberg M. D.
Address 2038 E North Ave Date signed 11-23-42

VS 8

425595 F 97338 BALTIMORE CITY HEALTH DEPARTMENT F 97338
CERTIFICATE OF DEATH 131 W Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4413 Forrest View (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN HENRY JEFFRIES

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: Mary Ellen Cloman
6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.) Aug. 21. 1874

8. AGE: Years 68 | Months 3 | Days 1 | If less than one day: hr. min.

9. Birthplace ENGLAND (Town, county, and state)
10. Usual Occupation Clergyman Minister
11. Industry or business retired 3 years

FATHER
12. Name Joshua Jeffries
13. Birthplace Eng.

MOTHER
14. Maiden Name Eliz Jones
15. Birthplace Eng

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25. 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) NOV 24 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22 1942, at 3 26 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 17 1942 to Nov 22 1942 and that I last saw him alive on Nov 22 1942

Immediate cause of death UREMIA — Duration 2 Days

Due to CHRONIC NEPHRITIS

Due to ARTERIOSCLEROSIS

Other Conditions ARTERIOSCLEROTIC ENCEPHALOPATHY
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John S. Heuisler
Address Johns Hopkins Hosp. Balto 2 Md. Date signed 11/24/42

Heuisler for Hinman MD

VS 180

Correct age is especially important; if unknown, please write the estimated age. Write the causes of death clearly and legibly.

F 97939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 97939 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 617 Woodington Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 617 Woodington Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank M. Buckingham

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Olive A. Buckingham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1861

8. AGE: Years	Months	Days	If less than one day
61	4	25	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Real Estate
11. Industry or business

FATHER
12. Name John W. Buckingham
13. Birthplace Maryland

MOTHER
14. Maiden Name Jeanette Peacock
15. Birthplace Maryland

16 (a) Informant Mrs. F. M. Buckingham
(b) Address 617 Woodington Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Road

18 (a) Funeral director Harry H. Witzke
(b) Address 4101 Edmondson Avenue.

19 (a) NOV 24 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 21, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15, 1939 to Nov. 21 1942, and that I last saw him alive on Nov. 21, 1942

Immediate cause of death Hemorrhage from the stomach — Duration 4 days
Due to arteriosclerosis
Due to
Other Conditions Hemiplegia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Dow
March 1941

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George A. Kinjap, M.D.
Address 3030 Edmondson Ave. Date signed 11/23/42

VS 2

F 97940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 97940

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3210 Guilford avenue
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3210 Guilford avenue (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME NELLIE MORRIS

3 (b) If veteran, name war ---

3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Widow

6 (b) Name of husband or wife William Morris

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 22, 1868

8. AGE: Years	Months	Days	If less than one day
74	4	1	hr. min.

9. Birthplace Systic, Connecticut (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

MOTHER | FATHER

12. Name John Holton

13. Birthplace Ireland

14. Maiden Name Mary Shea

15. Birthplace Massachusetts

16 (a) Informant Mrs. M. E. Todd

(b) Address 3210 Guilford avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/42 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location

18 (a) Funeral director Edward J. Eggan, Son

(b) Address 118 N. Mt. Royal Ave

19 (a) NOV 24 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-1 1941, to 11-23-42 and that I last saw h[illegible] alive on 11-22-42

Immediate cause of death Pneumonia arterio sclerosis

Due to General arteriosclerosis

Due to Coronary sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
11 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Alfred Angelbert M. D.

Address Date signed

Correct age is especially important. Physician: please write the cause of death clearly and legibly.

F 97941 BALTIMORE CITY HEALTH DEPARTMENT F 97941

CERTIFICATE OF DEATH ✓932 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 524 S.BOULDIN ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7d
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 524 S.BOULDIN ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME REGINA SCHUSTER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	FEMALE	WHITE	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT.8 1865

8. AGE: Years	Months	Days	If less than one day
77	2	13	hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business AT HOME

FATHER
12. Name MICHAEL SCHUSTER
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant BARBARA HERD (NEICE)
(b) Address 524 S.BOULDIN ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV.25/42 (month) (day) (year)
(c) Cemetery or crematory SCHWARTZ
Location ODONNELL ST.

18 (a) Funeral director Lilly & Zeiler Sons
(b) Address 403 S.WOLFE ST.

19 (a) (Date received by Registrar) NOV 24 1942 Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV.21 1942 at 2/30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20 1942 to Nov. 21 1942 and that I last saw her alive on 11/21/1942

Immediate cause of death Hypostatic Congestion - Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mitchell L. Newcomer M. D.
Address 258 S Eaton Ave. Date signed 11/25/42

F 97942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97942

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore Co. Fuge
(If outside city or town limits, write RURAL and give town)
(d) Street No. 114 Dunkirk Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob N. Delahay

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Mary Isabel (D.

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) 12/17/1863

8. AGE: Years 78 | Months 11 | Days 5 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Retired Insurance

11. Industry or business

FATHER 12. Name Frank Delahay

13. Birthplace Maryland

MOTHER 14. Maiden Name Hoffman

15. Birthplace Maryland

16 (a) Informant E. Virginia Delahay

(b) Address 114 Dunkirk Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/42 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Frederick Avenue

18 (a) Funeral director John J. Fahey Son

(b) Address 1318 Light St.

19 (a) NOV 24 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22, 1942 at 5:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1938 to Nov 22 1942 and that I last saw h[illegible] alive on Nov 22 1942.

Immediate cause of death: Acute Cardiac Dilatation — Duration 1 day

Due to: Generalized arterio-Sclerosis - Cardiac — Duration 3 yrs

Due to: Hypertension — Duration 4 years

Other Conditions: Chronic Nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. Edward Norris M. D.
Address 716 East West St. Date signed 11-23-42

Correct age is especially important. Physicians: please write the cause of death clearly.

F 97333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 97343

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Johns Hopkins Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. 232 S. Durham St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mamie Milburn Henson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Ft.

5. Color or race C

6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 61 Months Days If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Thomas Henson

13. Birthplace Md.

MOTHER 14. Maiden Name Sophia

15. Birthplace Md.

16 (a) Informant Ester Norris

(b) Address 348 S. Durham St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/23/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Brentley Ave

19 (a) NOV 24 1942 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/18 1942, at 3.45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)

obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)

to actual death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-vascular renal disease	
Due to	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Hugh A. McNally M.D. Medical Examiner.

Date signed 11/18/42.

VS 6

F 97944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5/15 F 97944

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. 110 N. Fayette St (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Benjamin F. Smith

3 (b) If veteran, name war ..... 3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife Mary W. Smith
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 28, 1881

8. AGE: Years	Months	Days	If less than one day
61	1	22	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business —

FATHER
12. Name James A. Smith
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Rachael W. Snowden
15. Birthplace St. Thomas, West Indies

16 (a) Informant Rachael M. Snowden
(b) Address 140 N. Poppleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 24, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem
Location .....

18 (a) Funeral director Miss Katie R. Williams
(b) Address 322 N. Carrollton Ave

19 (a) Nov 24 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20, 1942, at 9 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1942 to Nov 20 1942 and that I last saw him alive on Nov 20 1942

Immediate cause of death	Duration
Uremia, Obstruction	2 wks
Due to Carcinoma of Prostate	2 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Nov 19, 1942
Major findings of operation: Carcinoma of Prostate
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Bowdoin Higgins
Address 1741 Madison Ave Date signed Nov 24 1942

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 8

F 97945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97945 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 Maderia St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 N. Maderia St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel J. Henson
3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C.	Married

6 (b) Name of husband or wife Sadie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 25, 1873

8. AGE: Years	Months	Days	If less than one day
69	1	29	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Pensioner
11. Industry or business

FATHER
12. Name James Henson
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Johnson
15. Birthplace Md.

16 (a) Informant Sadie Henson
(b) Address 610 Maderia St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/42 (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location Balto. Md.

18 (a) Funeral director Joseph B. Locke, Jr.
(b) Address 1614 N. Central Ave.

19 (a) NOV 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-24 1942, at 12.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 18, 1942, to Nov. 24, 1942, and that I last saw him alive on Nov. 23, 1942

Immediate cause of death	Duration
Cerebral Hemorrhage	6 da.
Due to Hypertension	7
Due to	
Other conditions Generalized Arteriosclerosis (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice Adams M. D.
Address 312 E 23rd St Date signed 11-24-42

VS 3

Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43d

F 97916 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. Wyman Park Apts.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura Hall Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Col. Chas. A. Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/5/1854

8. AGE: Years 88 | Months 2 | Days 17 | If less than one day hr. min.

9. Birthplace W. Va.
(Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name John Henry Hall
13. Birthplace Ireland

MOTHER
14. Maiden Name Howell
15. Birthplace

16 (a) Informant Mr. Edgar Williams
(b) Address Wyman Park Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/1942 (month) (day) (year)
(c) Cemetery or crematory Arlington Nat. Cemy.
Location Arlington, Va.

18 (a) Funeral director John O. Mitchell Funeral
(b) Address 1900 Eutaw Place

19 (a) NOV 24 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22, 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1/1939 to 11/22 1942
and that I last saw h[illegible] alive on 11/22 1942

Immediate cause of death Myocarditis — Duration Gradual

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
Signature W. H. Roady M. D.
Address 1403 Park Ave Date signed 11/24/42

VS 280

Please write clearly, with pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in each item is correct and complete. Data for items 1 to 15 are especially important.

F 97917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940

F 97917 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3910 Georgia Ave Park Heights
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3910 Georgia Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY SHOEMAKER

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Mary E. L. Hitesleu
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-8-1882

8. AGE: Years	Months	Days	If less than one day
60	9	15	hr. min.

9. Birthplace Swantow W. Va. (Town, county, and state)
10. Usual Occupation Storekeeper
11. Industry or business B. & O. R.R.

FATHER
12. Name William Shoemaker
13. Birthplace Germany

MOTHER
14. Maiden Name Matilda Baker
15. Birthplace Germany

16 (a) Informant Mrs. Mary H. Shoemaker
(b) Address 3910 Georgia Ave Park Hts.

17 (a) Burial (b) Date thereof 11-25-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Balto Co. Md.

18 (a) Funeral director John D. Mitchell Sons Inc.
(b) Address 1900 Eutaw Place

NOV 24 1940 (Date rec'd by Registrar) (Funeral director for Williams, Md.)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1940, at 1:20 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to h death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions h	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: h

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. L. Wollenweber M.D.
Medical Examiner.
Date signed

VS 6

F 97318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

68F 97948 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1749 Montpelier St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph F. Hirsch

3 (b) If veteran, name war: W.W. I

3 (c) Social Security Account No. 213-01-6746

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Mildred (Burns)

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 10/16/1891

8. AGE: Years	Months	Days	If less than one day
51	1	6	hr. min.

9. Birthplace: Balto Md. (Town, county, and state)

10. Usual Occupation: Guard-Steamship Co.

11. Industry or business

FATHER
12. Name: Chas. B. Hirsch
13. Birthplace: Germany

MOTHER
14. Maiden Name: Petronilla Burk.
15. Birthplace: Germany

16 (a) Informant: Chas. V. Hirsch
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-42 (month) (day) (year)
(c) Cemetery or crematory: Holy Sepulchre
Location: Balto Md.

18 (a) Funeral director: George J. Toth Inc
(b) Address: 22 E. Hoffman St

19 (a) NOV 24 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22 1942, at 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Subdural hematoma	
Due to blow on head	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence ? 10-30 at ? M
(c) Where did injury occur? ? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ? (Specify type of place) While at work? yes
(e) Means of injury Struck on head

23. Signature: Richard Lee Gaston M.D. Medical Examiner.
Date signed: Nov. 24 1942

F 97919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B

F 97949
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2444 N Calvert St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2444 N Calvert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John T. Fox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary H. Fox
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 16th 1879
8. AGE: Years 63 Months 8 Days 76 If less than one day hr. min.
9. Birthplace Balto. Co. Md (town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business Attorney

FATHER
12. Name Wm O. Fox
13. Birthplace Pa

MOTHER
14. Maiden Name Martha E. Burton
15. Birthplace Balto. Co. Md.

16 (a) Informant M. H. Fox
(b) Address 2442 N. Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 25 42 (month) (day) (year)
(c) Cemetery or crematory Wavgh & Lynch
Location Balto. Co. Md.

18 (a) Funeral director Frank Hartman Funeral Home
(b) Address 7401 Belair Rd.

19 (a) Date received by registrar NOV 24 1942 (b) Registrar Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22 1942, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to Nov. 22, 1942 and that I last saw him alive on Nov. 20, 1942

Immediate cause of death	Duration
Angina Pectoris.	
Due to	
Due to Arteriosclerosis.	10 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh Forsythe M. D.
Address 124 E. Northern Date signed 11, 24, 42

F 97950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 97950 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 818 Hollins
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 m

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 818 Hollins st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nelle B. Proctor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F. M	W	Married

6 (b) Name of husband or wife Clark D

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24 1897

8. AGE: Years	Months	Days	If less than one day
45	7 8	—	hr. min.

9. Birthplace Morehead Ky
(Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name T. B Boyd
13. Birthplace Ky

MOTHER
14. Maiden Name Frances Lightfoot
15. Birthplace Ky

16 (a) Informant Charles B Proctor
(b) Address 818 Hollins st

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 11/24/42 (month) (day) (year)

(c) Cemetery or crematory Morehead Ky
Location

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) 11 24 1942 (Accepted by Registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24 1942, 2:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1942 to Nov 24 1942 and that I last saw h[illegible] alive on Nov 24 1942.

Immediate cause of death Pneumococcic[illegible] of Heart

Duration
1941

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward J Mela MD

Address 624 Washington Blvd Date signed 11 Dec 42

Registered by William [illegible]

VS 8

97951 MH 77938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. E 97951

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 209 Harrison St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Theoharris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1880

8. AGE: Years	Months	Days	If less than one day
62	6	28	hr. min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation Peanut Salesman
11. Industry or business

FATHER
12. Name Jim Theoharris
13. Birthplace Greece

MOTHER
14. Maiden Name Martha Moskvo
15. Birthplace Greece

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) 11/26/42
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Thomas Russ Funeral Home
(b) Address

(a) Registrar (b) Huntington Williams M.D.
NOV 25 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-21 1942, at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-11 1942 to 11-21 1942 and that I last saw h[illegible] alive on 11-21 1942.

Immediate cause of death	Duration
Uremia	?
Due to Hypertensive C.V. Lesion	?
Due to	
Other Conditions Coronary sclerosis	?

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 11-23-42

VS 150

Physicians: please write the causes of death clearly and legibly. Punctuation is unnecessary. Abbreviations should not be used. Spelling must be correct age is especially important.

F 97952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 Registered No. F 97952

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 59 S Monroe St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillian Hansson

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: 1 1 4 B
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: William K Hansson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): July 26 1872
8. AGE: Years 50 | Months 3 | Days 25 | If less than one day: hr. min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: William Randall
13. Birthplace: Scotland

MOTHER
14. Maiden Name: Elizabeth Brock
15. Birthplace: Scotland

16 (a) Informant: William K Hansson
(b) Address: 59 S Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 27 42 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Baltimore Md

18 (a) Funeral director: William Cox Lee
(b) Address: 1214 E Pratt St

19 NOV 25 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/23/42 1942, at 11:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/26 1942 to 11/23 1942 and that I last saw h[illegible] alive on 11/23 1942.

Immediate cause of death: Pulmonary Edema
Due to: Biliary Cirrhosis
Due to: Chronic Cholangitis
Other Conditions:

Duration: 6 months

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [illegible]
Address: West Balto Gen. Hospital Date signed 11/23/42

Please correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

F 97933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1931

F 97953

Registered No. _____

PLEASE WRITE PLAINLY, with pen, and use no abbreviations. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically. Please answer all questions, if correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1401 N Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) _____
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County _____
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1401 N Broadway (If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) FULL NAME Robert Marshall.

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 212-12-0992

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 22 1870

8. AGE: Years 72 | Months 6 | Days 1 | If less than one day: _____ hr. _____ min.

9. Birthplace Baltimore Md (Town, county, or state)

10. Usual Occupation Cooper Retired

11. Industry or business

FATHER
12. Name Richard Marshall
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Sarah Mahoney
15. Birthplace Maryland

16 (a) Informant Annie Marshall
(b) Address 1401 N Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md

18 (a) Funeral director Wilson Funeral Home
(b) Address 1210 Park Ave

19 NOV 25 1942 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1942, at 9 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 1941 to Nov. 23 1942 and that I last saw him alive on Nov. 23 1942.

Immediate cause of death: Acute Cardiac Dilatation. — Duration: 10 Minutes

Due to: Myocarditis Chronic. — Duration: Years

Due to: _____

Other Conditions: _____

(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: _____

of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Thos Graham Marston M. D.
Address 516 Cathedral St Date signed 11-27-42

F 97954 Bowings

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 9A

Registered No. F 97954

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1221 N. Broadway (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Bowings, Mrs Anna K.

3 (b) If veteran, name war: No
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Married

6 (b) Name of husband ~~or wife~~ Lester Bowings
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2 1900

8. AGE: Years	Months	Days	If less than one day
38	9	21	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Edgewood Arsenal

FATHER
12. Name William Vaughan
13. Birthplace England

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Lester Bowings
(b) Address 1221 N. Broadway

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11/25/42 (month) (day) (year)
(c) ~~Cemetery or~~ crematory Greenmount
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 317 St. Paul St

19 (a) NOV 25 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-23 1942 at 5 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-9 1942 to 11-23 1942 and that I last saw h[illegible] alive on 11-22 1942

Immediate cause of death Lobar Pneumonia — Duration 2 weeks

Due to ~~to~~ Chronic Cholecystitis / Cholelithiasis

Due to ~~to~~

Other Conditions Carcinoma Cervix, Ovary, Metastasis to Lymph Glands (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: none

of autopsy: see above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Keyser M. D.
Address St. Joseph's Hosp Date signed 11-22-42

PLEASE WRITE PLAINLY, with ink. Correct age is especially important. Physicians: please write the causes of death clearly and fully.

VS 2

F 97955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 81a

F 97955 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Lakeland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2406 Gehl Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN R. GIBSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 16. 1939

8. AGE: Years 3 | Months | Days 9 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John R Gibson
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Margaret Kenner
15. Birthplace Baltimore Md

16 (a) Informant John R Gibson
(b) Address 2406 Gehl Ave Lakeland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Anne Arundel Co

18 (a) Funeral director Wilson & Lowe
(b) Address 219 E Saratoga St

19 NOV 25 1942 (Date rec'd by registrar) Huntington Williams Health Officer

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24, 1942, at 7:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 23, 1942 to Nov. 24 1942, and that I last saw h(im) alive on Nov 24 1942

Immediate cause of death: Meningitis pneumococcal (?) — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J R Lantz M. D.
Address Sinai Hosp. Date signed Nov 24

PLEASE WRITE PLAINLY, with unfading ink. Every question must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 2

F 97956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1931 Registered No. F 97956

PLEASE WRITE PLAINLY, with unfading ink. Entries must be made in this record for each death which occurs in the City of Baltimore. Information should be correct and age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1425 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3 - 22 - 1872

8. AGE: Years	Months	Days	If less than one day
70	7	22	hr. min.

9. Birthplace Howard Co. Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Keane Carl Lee
13. Birthplace Va. ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 23 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) NOV 25 1942 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 - 14 1942, at 9 20/p M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-7 1942 to 11-14 1942 and that I last saw h.im alive on 11-14 1942

Immediate cause of death Hypertension
Cardiovascular
Due to Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. F. Kennamer M. D.
Address Provident Hospital (Date signed) 11-18-42

9587

97957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97957

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully scrutinized for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 75 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 E. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alvin Brooks 76443

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 2, 1885

8. AGE: Years	Months	Days	If less than one day
57	7	12	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name John Brooks
13. Birthplace Va.

MOTHER
14. Maiden Name Lizzie Lee
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 23 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (d) NOV 25 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14 1942, at 2:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 31 1942 to Nov. 14 1942, and that I last saw him alive on Nov. 14 1942.

Immediate cause of death

Miliary tuberculosis

Due to

Due to (over)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. S. Hartz M. D.
Address Balto City Hosp. Date signed Nov 24 1942

VS 250

9586

F 97958 F 97958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1,59

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 347 Stinson st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 347 Stinson st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Sadler (Birth F 6344 r)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 23 1942

8. AGE: Years | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Daniel Sadler
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mildred Pohl
15. Birthplace Baltimore Md

16 (a) Informant Family Sadler
(b) Address 347 Stinson st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-42 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Balto Md

18 (a) Funeral director George A Fuller
(b) Address Fullerton Md or Fayette

19 (a) Nov 25 1942 Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/24 1942 at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/23 1942 to 11/24 1942, and that I last saw h alive on 11/24 1942

Immediate cause of death
Atelectasis
Due to Premature birth
Due to
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Chas A Parker M.D.
Address 2145 W Baltimore Date signed

F 97959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 97959 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2130 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eva Moore

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Sep.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jefferson Thompson
13. Birthplace Md.

MOTHER
14. Maiden Name Cecelia Johnson
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 — 27 — 42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem. Location Baltimore Md

18 (a) Funeral director Mrs Frances a Hemsley.
(b) Address 578 W Biddle St

19 (a) (Date received) NOV 25 1942 Registrar
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1942 at 6 50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1942 to Nov 24 1942 and that I last saw her alive on Nov 24 1942.

Immediate cause of death Coronary occlusion — Duration 3 days

Due to Hypertensive — arterio — sclerotic heart disease

Due to

Other Conditions Fibroid disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold E.C. Zhentlan M. D.
Address Johns Hopkins Hosp Date signed 11-25-42

F 97930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 b

F 97963 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. 74 Locket Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL JOHNSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, ~~1898~~ 1885

8. AGE: Years	Months	Days	If less than one day
54 ~~52~~	9	5	hr. min.

9. Birthplace Annapolis, Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Mathilda Johnson
15. Birthplace Annapolis, Maryland.

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/42 (month) (day) (year)
(c) Cemetery or crematory National
Location Annapolis, Md.

18 (a) Funeral director Mrs. Chas. E. Sicka
(b) Address 4 [illegible] North West St.

19 (a) NOV 25 1942 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23, 1942, at 9:55 am M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 9, 1942 to Nov. 23, 1942, and that I last saw him alive on Nov. 23, 1942.

	Duration
Immediate cause of death: Peritonitis	1mo
Due to: Perforation of stomach	1mo
Due to: Carcinoma of stomach	Unk.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address US Marine Hospital Date signed 11/24/42
Baltimore, Maryland.

VS 180

(over)

F 97961

F 97961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1727 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4100 Fernhill Ave.
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 4100 Fernhill Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Katie Lee Wheatley (KATIE LEE WHEATLEY)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: David W. Wheatley
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): July 14 1861

8. AGE: Years 81 | Months 1 | Days 10 | If less than one day — hr. — min.

9. Birthplace: Dorchester Co. Md. (Town, county, and state)
10. Usual Occupation: none
11. Industry or business: none

MOTHER / FATHER
12. Name: John Kirwan
13. Birthplace: Somerset Co. Md.
14. Maiden Name: Elizabeth — ? —
15. Birthplace: Dorchester Co. Md.

16 (a) Informant: Mrs. P. R. Thrasher, daughter
(b) Address: 4100 Fernhill Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26 42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore Md.
18 (a) Funeral director: Stewart Memorial
(b) Address: 108 W. Monument
19 (a) NOV 25 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/24 1942 at 10:15 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 11/10 1942 to 11/23 1942 and that I last saw her alive on 11/23 1942.

Immediate cause of death	Duration
Immediate cause due to arterio-sclerosis	10 yrs.
Due to Chronic cholecystitis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation?
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Russell M. D.
Address 3902 Greenlandle Date signed 11/24/42

VS 3

F 97962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1744

F 97962 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1143 Cleveland St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry E. Hargadon

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 215-03-9270

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife: Doris L. Hargadon (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16 1910

8. AGE: Years	Months	Days	If less than one day
32	7	8	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Brewery Worker
11. Industry or business

FATHER 12. Name Bryan E. Hargadon
FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Hilda Brown
MOTHER 15. Birthplace Md.

16 (a) Informant Doris L. Hargadon
(b) Address 1143 Cleveland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 27, 42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director J. Vernon Keelmer
(b) Address 2201 Edmondson Ave.

NOV 25 1942 (Date received by Local Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24 1942 9'42 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 19 1942 to Nov. 24 1942, and that I last saw h[illegible] alive on Nov. 24 1942.

Immediate cause of death	Duration
Hypostatic pneumonia	
Due to Cirrhosis of Liver	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I. Arthur Lomberg M.D.
Address St. Agnes Hosp. Date signed 11/24/42

VS 250

Correct age is especially important. Physicians: please write the words or death clearly and legibly.

F 97963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 783a

F 97963 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 St. John's Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 8 42
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5000 Gwynn Oak Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BENE KRIEL KNIPP

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Rev. J. Edgar Knipp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 5, 1868

8. AGE: Years: 74 | Months: 3 | Days: 18 | If less than one day: hr. min.

9. Birthplace: Balto. Co., Md. (Town, county, and state)
10. Usual Occupation: none
11. Industry or business

FATHER
12. Name: Jacob B. Kriel
13. Birthplace: Germany

MOTHER
14. Maiden Name: Mary Rice
15. Birthplace: Alsace, Lorraine

16 (a) Informant: Rev. T. Edgar Knipp
(b) Address: 5000 Gwynn Oak Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) NOV 25 1942 (Date rec'd by registrar) (b) Registrar: Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23, 1942 at 8:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1942 to Nov. 23 1942, and that I last saw her alive on Nov. 23 1942.

Immediate cause of death: Cerebral hemorrhage — Duration
Due to Arteriosclerosis and hypertension
Due to —
Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John T. Traeber M. D.
Address 10 W. Saratoga St. Date signed Nov. 25, 1942.

VS 180

F 97964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97964

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 974 Washington Blvd.
(c) Hospital or institution: Doctors Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1216 Washington Blvd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Elmer Griffith

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No.	220-14-0689	Male.	White	divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1891

8. AGE: Years	Months	Days	If less than one day
51	0	9	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Platform Shaper
11. Industry or business Lapsley Co.

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Mabel Unknown
15. Birthplace Unknown

16 (a) Informant Charles Griffith
(b) Address 1173 W. Hamburg St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/42 (day) (year)
(c) Cemetery or crematory Edgehill Mem.
Location Annapolis Rd.

18 (a) Funeral director Cullenese, Inc.
(b) Address 414 Mt. Franklin Rd.

19 NOV 25 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/22/1942, at 6A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-21-1942, to 11-22-1942 and that I last saw h[illegible] alive on 11-22-1942

Immediate cause of death	Duration
Acute Heart Failure	2 days
Due to Chronic Heart Disease	
Due to	
Other Conditions (none)	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 974 Washington Blvd. Date signed 11/22/42

VS 3

F 97965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 97965 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 607 S. Pulaski St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 607 S. Pulaski St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Guy N. Harding

3 (b) If veteran, name war No.

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma Harding.

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Nov. 28th 1888

8. AGE: Years 54 | Months | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Chauffeur.

11. Industry or business

FATHER 12. Name Marshall F. Harding.

FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Clara L. Smith

MOTHER 15. Birthplace Md.

16 (a) Informant Elsie M. Morgan

(b) Address 4409 Woodlea Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cem

Location Frederick, Md.

18 (a) Funeral director Robert Brooks & Son

(b) Address Calhoun & Hollins Sts

19 (a) NOV 25 1942 (Date received by registrar) Harry Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/14/42 19__ to 11/23 19 42

and that I last saw him alive on 11/22 19 42

Immediate cause of death	Duration
Congestive Heart Failure	
Due to Arteriosclerotic CV Heart Disease	
Due to	
Other Conditions Chr. Bronchial Asthma, Chr. Alcoholism	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Willard Oppegaard

Address 251 W. Lanvale St. Date signed M. D. 11/24/42

VS 8

F 97936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 97966 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5309 Belleville ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Lee Hoy

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No. 216-07-1006

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Mary E Hoy
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) July 22, 1895

8. AGE: Years	Months	Days	If less than one day
47	4	2	hr. min.

9. Birthplace: Baltimore Md.
(Town, county, and state)
10. Usual Occupation: Factory Representative
11. Industry or business: Furniture etc

FATHER
12. Name: Robert Lee Hoy
13. Birthplace: Alexander Va

MOTHER
14. Maiden Name: Margaret Breay
15. Birthplace: Alexander Va

16 (a) Informant: Mary E. Hoy
(b) Address: 5309 Belleville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 27 1942 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Balto Md

18 (a) Funeral director: Harry A. Limarock
(b) Address: [illegible]

19 (a) NOV 25 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-24- 1942, at 12:45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - thereon and from the evidence obtained by said Autopsy found that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Mulder M.D.
Medical Examiner.
Date signed 11-24-42

VS 6

F 97967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97967

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2672 Wilkens Ave
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. County
(c) City or town Baltimore
(If outside city or town, write RURAL and give county)
(d) Street No. 2672 Wilkens Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George L. Walters

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Susan Walters
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) February 22 1869

8. AGE: Years 73 | Months 9 | Days 1 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John Walters
13. Birthplace Maryland

MOTHER
14. Maiden Name Ellen Black
15. Birthplace Maryland

16 (a) Informant Susan Walters
(b) Address 2672 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director J. B. Wippert & Son
(b) Address 300 Eutaw Place

19 (a) NOV 25 1942 (Date received by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 23 1942, at 4.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1942 to Nov 23 1942; and that I last saw him alive on 11/23 1942

Immediate cause of death	Duration
Cerebral thrombosis	6 mos.
Due to	
Due to generalized arteriosclerosis	1 yr.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin Wells MD M. D.
Address 2030 Wilkens Ave Date signed 11-25-42

VS 3

F 97968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97 F

F 97968 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1246 Hargett St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1246 Hargett St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BENJAMIN F. HARRISON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 11-1889

8. AGE: Years	Months	Days	If less than one day
53	2	11	hr. min.

9. Birthplace Balto Md
(City, county, and state)

10. Usual Occupation Trucker

11. Industry or business

FATHER
12. Name Ulysses Harrison
13. Birthplace Md

MOTHER
14. Maiden Name Emma L
15. Birthplace Md

16 (a) Informant Mrs Kenneth Queen
(b) Address 4337 Hanford Rd.

17 (a) Buried (b) Date thereof 11-27-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J Rust
(b) Address 3705 Hanford Rd.

19 (a) NOV 25 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22 1942 at 2 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Valvular heart disease
mitral insufficiency — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 11-23-42

VS 6

F 97969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 97969 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2806 Strathmore Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM WEST

3 (b) If veteran, name war WW

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mildred Bishop

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 19, 1896

8. AGE: Years 46 | Months 0 | Days 5 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)

10. Usual Occupation Grocer

11. Industry or business

FATHER
12. Name Columbus West
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Korber
15. Birthplace Maryland

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore, Md.

18 (a) Funeral director Leonard J. Hunt
(b) Address 5305 Harford Rd

19 (a) NOV 25 1942 (b)
(Date received by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28, 1942, at 7:35 pM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 23, 1942 to Nov. 28, 1942, and that I last saw him alive on Nov. 23, 1942.

Immediate cause of death	Duration
Bronchopneumonia, confluent	Terminal
Due to Hypertensive heart disease with decompensation	2 years
Due to Bacterial endocarditis, subacute	2 years
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. J. Decker M. D.

Address US Marine Hospital Date signed 11/24/42
Baltimore, Maryland.

Huntington Wilkerson M.D.

correct age in especially important. Physicians: please write the causes of death clearly and legibly.

F 97970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 97970 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring - Belvedere Ave
(c) Hospital or institution: Hebrew Home For Aged + Infirm 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere + Greenspring
(If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years years

3 (a) FULL NAME Julius Portnoi

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Unknown

6 (b) Name of husband or wife 1942
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
73	—	—	hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation
11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Sig Feinblatt
(b) Address Greenspring - Belvedere Ave
17 (a) Burial (b) Date thereof Nov 25 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Chesed Shel Emeth Cem
Location Mt Carmel Rd
18 (a) Funeral director Sol Levinson + Bro
(b) Address 1124-26 W North Ave
19 (a) (Date rec'd by Registrar) NOV 25 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-25 1942, at 9A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-14 1941, to 11-25 1942, and that I last saw h alive on 11-25 1942.

Immediate cause of death Ch. enf. vas. dem.
Arteriosclerosis Hypertension — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature H Edmund Levin M. D.
Address Levindale Date signed 11-25-42

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 9110

Registered No. F 97971

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if obtainable. The correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 616 N. Clinton Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 616 N. Clinton Street
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Harry R. Thorn

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Emma (deceased)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1900

8. AGE: Years	Months	Days	If less than one day
42 yrs.	4	16	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business B & O Railroad

FATHER
12. Name John Thorn
13. Birthplace Baltimore

MOTHER
14. Maiden Name Krueger
15. Birthplace Germany

16 (a) Informant Ella Goldburn (sister)
(b) Address 916 S. Decker Avenue

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 11/25/42 (month) (day) (year)
(c) Cemetery or ~~Cemetery~~ Oak Hill
Location Philadelphia Road

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Bittner, M.D.

19 (a) NOV 25 1942 Waiting for Notice
(Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 22, 1942 at 12 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to NOV 22 1942 and that I last saw him alive on 5/12 1942

Immediate cause of death CORONARY THROMBOSIS — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis F. Klemm M. D.
Address 2623 E. Monument Date signed 11/24/42

W. L. Wollenweber, M.D. Northwest & Mosher

33372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31 9791 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 Lamont ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) St. No. 1615 Lamont ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME Louis Reichman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Sara
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Re Milliner
11. Industry or business Grocery

FATHER 12. Name Von Braun
13. Birthplace Russia

MOTHER 14. Maiden Name Von Braun
15. Birthplace Russia

16 (a) Informant wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-42 (month) (day) (year)
(c) Cemetery Loudon Park
Location Frederick Rd + Hamilton Ave

18 (a) Funeral director Walter Lewis Inc
(b) Address 4437 Eastern Ave

19 (a) NOV 25 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-24 1942, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/24 1942 to 11/24 1942 and that I last saw him alive on 11/26 1942

Immediate cause of death Cardio-Vascular renal disease — Duration 2

Due to Chronic Asthma — Duration ?

Due to — Duration —

Other Conditions Arteriosclerosis — Duration ?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Blum M. D.
Address 1206 E. Preston St. Date signed 11/26/42

F 97973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 97973 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address MONUMENT ST.
(c) Hospital or institution: SINAI HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 N. FULTON AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ABE FEINGOLD

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-8230

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	White	married

6 (b) Name of husband or wife Mollie Feingold
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Interior Decorator
11. Industry or business

FATHER	12. Name Bernard Feingold
	13. Birthplace Russia
MOTHER	14. Maiden Name Sarah —
	15. Birthplace Russia

16 (a) Informant Miss Beatrice Feingold
(b) Address 1611 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-42 (Month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Phila. Pa.

18 (a) Funeral director Jack Pearlman Inc
(b) Address 1439 Eutaw Place

19 (a) NOV 25 1942 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/25/42 1942, at 2:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 12 1942 to Nov. 25 1942, and that I last saw him alive on 11/25 1942.

Immediate cause of death	Duration
Circulatory Failure	
Due to Coronary Occlusion	
& Myocardial Infarction	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of autopsy: Coronary Occ & Myocardial Infarction

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature E. V. Weidler M. D.
Address Sinai Hospital Date signed 11/26/42

F 97974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. F 97974

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltim (If outside city or town limits, write RURAL and give town)
(d) Street No. 1334 Mosher St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William R Wright

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-3047

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Dora Wright
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890 9/30

8. AGE: Years	Months	Days	If less than one day
52	1	23	hr. min.

9. Birthplace Prince Georges Co Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Stevedore

FATHER
12. Name Alfred A. Wright
13. Birthplace N Carolina

MOTHER
14. Maiden Name Caroline Buckom
15. Birthplace Maryland

16 (a) Informant John H. J Wright
(b) Address Dorsey Loc, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-42 (month) (day) (year)
(c) Cemetery or crematory St Marks Cemetery
Location Harmon A.A. Co, Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) NOV 25 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1942, at 4 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Chronic myocardial degeneration — Duration

Due to

Due to

Other Conditions Cardiac hypertrophy Pulmonary emphysema, marked (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Nov. 24 1942

97975 HEALTH DEPARTMENT—CITY OF BALTIMORE B 97975

CERTIFICATE OF DEATH 107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 783 W. Mulberry St., Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. 5 dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Joyce Worsley

(a) Residence. No. 783 W Mulberry St., Ward

(Usual place of abode)

If U.S. Veteran specify WAR

Birth F-49493

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 30 1942

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Worsley

14. BIRTHPLACE (city or town) (State or country) Harboro N C

MOTHER

15. MAIDEN NAME Ethel Harrison

16. BIRTHPLACE (city or town) (State or country) Newport News Va

17. INFORMANT Ethel Worsley

(Address) 783 W Mulberry

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11/25/42

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 332 N. Selwood Dr

20. FILED NOV 25 1942 Thurlington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/23/1942

22. I HEREBY CERTIFY, That I attended deceased from 11/20 1942 to 11/23 1942

I last saw her alive on 11/23 1942. Death is said to have occurred on the date stated above, at 12 M

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Bronchopneumonia	
Primary	11/18

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Stapleton M. D.

(Address) 1111 E Lee St

OCCUPATION is very important. See instructions on back of certificate.

F 97976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 97976 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State S.C. (b) County
(c) City or town Anderson (If outside city or town limits, write RURAL and give town)
(d) Street No. 225 E. Franklin St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM WALTER ROBINSON Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1898

8. AGE: Years 44 | Months 3 | Days 13 | If less than one day hr. min.

9. Birthplace Anderson, S.C. (Town, county, and state)

10. Usual Occupation Lather Welder

11. Industry or business

FATHER 12. Name W. W. Robinson

13. Birthplace Anderson S.C.

MOTHER 14. Maiden Name Harriet Edmunds

15. Birthplace Anderson S.C.

16 (a) Informant Mc Douglald & Bleckley

(b) Address Anderson, S.C.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location Anderson S.C.

18 (a) Funeral director A. Riley Slade

(b) Address 4907 York Rd Govd

19 NOV 25 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1942 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, Lobar right.	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Wollenweber M.D. Medical Examiner.

Date signed 11-23-42

VS 6

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 97977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1170 C

F 97977 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1827 N. Wolfe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Edward Gerstbrick

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-2165

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 8, 1907

8. AGE: Years	Months	Days	If less than one day
35	8	16	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Chief Welder

11. Industry or business Beth-Fairfield Co.

FATHER
12. Name Edward Gerstbrick
13. Birthplace Md.

MOTHER
14. Maiden Name Estella Pratt
15. Birthplace Md.

16 (a) Informant Mrs. Estella Gerstbrick
(b) Address 1827 N. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/42 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Balto. Md.

18 (a) Funeral director E. J. Hanning & Son
(b) Address 2338 E. Lafayette Ave.

19 (a) NOV 25 1942 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1942, at 12 15 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Crushing injuries of abdomen and pelvis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 8/5
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Nov. 23 1942 at 11 45 P.M.
(c) Where did injury occur? North Ave & Wolfe St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? No
(e) Means of injury Run over by bus

23. Signature Robert Earl Gerstbrick M.D. Medical Examiner.
Date signed Nov. 24 1942

VS 6

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 97978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97978 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Chesaco~~xxxxxx~~Park, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 520 Putexent Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARION BROWN HILLENBURG

3 (b) If veteran, name war: SAW

3 (c) Social Security Account No. 216-07-5142

4. Sex: MALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lottie Morrison
6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): June 2, 1879

8. AGE: Years: 63 | Months: 5 | Days: 21 | If less than one day: ____ hr. ____ min.

9. Birthplace: Wythe County, Virginia
(Town, county, and state)

10. Usual Occupation: Sawyer

11. Industry or business:

FATHER
12. Name: Stephen Hillenburg
13. Birthplace:

MOTHER
14. Maiden Name: Elizabeth
15. Birthplace:

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) X (Burial, cremation, or removal) (b) Date thereof 11-27-42 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Eastern ave Rd.

18 (a) Funeral director: John J. Duda
(b) Address: 2829 Hudson St

NOV 25 1942 (Delivered by Registrar) (b) Huntington-Williams Mort. Co.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 23, 1942, at 4:00p M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 18, 1942 to Nov. 23 1942, and that I last saw him alive on Nov. 23, 1942.

	Duration
Immediate cause of death: Bronchopneumonia	2 days
Due to: Hemorrhage, subarachnoid	5 days
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: J. D. Allen M.D.
Address: US Marine Hospital, Baltimore, Maryland. Date signed 11/24/42

F 97979

424444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97979 Registered No. 52 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Baltimore
(c) City or town Rural, Parkton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME J. Franke Brown.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Ethel M. Brown
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) 9 | 16 | 85

8. AGE: Years	Months	Days	If less than one day
57	2	9	hr. min.

9. Birthplace md. (Town, county, and state)
10. Usual Occupation Truck Farmer.
11. Industry or business

FATHER
12. Name Joseph T. Brown.
13. Birthplace md.

MOTHER
14. Maiden Name Sarah Daugherty
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 29 42 (month) (day) (year)
(c) Cemetery or crematory [illegible]
Location Norrisville Md

18 (a) Funeral director Ch Howard Heft
(b) Address Fawn Grove Pa

19 (a) NOV 25 1942 (Date received by registrar) (b) Huntington Willis Parker, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1942, at 5:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 26 1942, to Nov. 25 1942, and that I last saw him alive on Nov. 25 1942.

Immediate cause of death Uremia — Duration 1 yr.

Due to Infiltrating Ureter Bladder tumor

Due to blocking ureters.

Other Conditions Metastases to regional lymph nodes.
(Include pregnancy within 3 months of death)

Date of operation Exploratory Laparotomy

Major findings of operation: Primary Bladder Tumor. Dilated Ureters.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John S Haines M.D.
Address John Hopkins Hosp. Date signed 11/25/42

VS 180

4239145 97980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 97980 46a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Bluefield
(If outside city or town limits, write RURAL and give town)
(d) Street No. 533 - 4th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eliza E. Humphreys.

3 (b) If veteran, name war ✓ **3 (c) Social Security Account No.** ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	married

6 (b) Name of husband or wife Ezariky Humphreys
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) 2-16-84

8. AGE: Years	Months	Days	If less than one day
58	9	9	hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Home-Wife
11. Industry or business

FATHER
12. Name Taylor Wilson
13. Birthplace Va

MOTHER
14. Maiden Name Rosabell Smith
15. Birthplace Va

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 27/42 (month) (day) (year)
(c) Cemetery or crematory Bluefield Cem. Co.
Location Bluefield W. Va.

18 (a) Funeral director John C. Mitchell Sons
(b) Address 960 Eutaw Place

NOV 28 1942 Huntington, Williams, W. Va.
(Date received by Registrar) (Registrar)

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov-25 1942 at 4:57 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct-16 1942 to Nov-25 1942, and that I last saw her alive on Nov-25 1942.

Immediate cause of death Cerebral anemia & cerebral change

Due to operative shock and post-operative dyspnea.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11/19/42

Major findings of operations: Ca. lower third of esophagus - resected

of autopsy Intestinal hemorrhages in brain

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. C. Cleary M. D.
Address Johns Hopkins Hosp. Date signed 11-25-42

F 97931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97931 Registered No. 13/a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 187 Gittings Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 187 Gittings Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CATHERINE T. MONROE

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Samuel Robertt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1854

8. AGE: Years 88 | Months 9 | Days 0 | If less than one day: hr. min.

9. Birthplace Prince George Co., Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John Francis Townshend
13. Birthplace Prince George Co., Md.

MOTHER
14. Maiden Name Mary Catherine Townshend
15. Birthplace Garrett Co., Md.

16 (a) Informant Miss Ruth Monroe
(b) Address 187 Gittings Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) NOV 25 1942 (Date received by Registrar) (b) Huntington Williams M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25, 1942, at 4:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1942 to Nov 25 1942; and that I last saw h[illegible] alive on Nov 24 1942.

Immediate cause of death — Duration

Cardiac Renal — 15 yr

Due to Vascular

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Wheaton M.D.

Address 1305 York Rd Date signed 11/28/42

VS 250

F 97982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97982

Registered No. 8201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga Sts.

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)

(d) Street No. 3509 W. Franklin Ave. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME James H. Beck (James Henry Beek)

3 (b) If veteran, name war none

3 (c) Social Security Account No. 212-03-0406

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Bessie Beck (nee Hush)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1880

8. AGE: Years	Months	Days	If less than one day
62	5	18	hr. min.

9. Birthplace Missouri (Odessa) (Town, county, and state)

10. Usual Occupation night watchman

11. Industry or business

FATHER

12. Name William Beck

13. Birthplace unknown

MOTHER

14. Maiden Name Agnes Davis

15. Birthplace unknown

16 (a) Informant Administrative history

(b) Address Mercy Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/42 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto-Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Baltimore, Md.

19 (a) NOV 25 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 19 42, at 12 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 24 19 42 to Nov. 24 19 42 and that I last saw him alive on Nov. 24 19 42.

Immediate cause of death Respiratory failure — Duration

Due to Subarachnoid hemorrhage

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. Peyton Ritchings M. D.

Address Mercy Hospital Date signed 11/24/42

VS 150

F 97983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97983 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Hampnett Ave.
(c) Hospital or institution: Gannon's Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2305 Ken Oak Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Minnie Loebel

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — — 1867

8. AGE: Years	Months	Days	If less than one day
75	—	—	hr. min.

9. Birthplace U. S. A. (Town, county, and state)
10. Usual Occupation Child's Governess
11. Industry or business --

FATHER
12. Name Theodore Kroh
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Mr. Sydney Blumenthal
(b) Address 43 S. Liberty St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) NOV 25 1942 (Date rec'd by registrar) (b) Huntington Hollins Registrar

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 to 11-23-1942 and that I last saw h CV alive on Nov 22 1942.

Immediate cause of death: Arteria-Sclerosis — Chronic Myocarditis — Duration 2 Yrs. 3 Mo.
Due to
Due to
Other Conditions Chr Pul Tbc 5 Yrs.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jacob Cohen
Address 1804 Eutaw Place Date signed 11/25/42

F 97934

F 97934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42W

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3410 Gwynns Falls Pkwy.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3410 Gwynns Falls Pkwy.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles E. Germain

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W.	married

6 (b) Name of husband or wife Anna M. See Lehnert 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1871

8. AGE: Years	Months	Days	If less than one day
71	3	8	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Clerk – Retired 1933

11. Industry or business Standard Oil Co.

FATHER
12. Name German
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Maningley
15. Birthplace Md.

16 (a) Informant Mrs. Anna M. German
(b) Address 3410 Gwynns Falls Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/42. (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location 2930 Frederick Rd.

18 (a) Funeral director Harry H. Nuttle
(b) Address 4 P E Monument Ave

19 (a) 11-25-1942 (Date rec'd by registrar) Clayton Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1942, to Nov 25 1942, and that I last saw him alive on Nov 25 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	10 hrs
Due to Arterial Sclerosis	5 yrs
Due to Aneurisms and aorta Regurgitation and Stenosis	2 yrs
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation Nil
Major findings of operations —
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Herbert L. Zeffe, M. D.
Address 3048 N. Keith St Baltimore Md Date signed 11/25/42

VS 2

F 97985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/30

F 97985 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. ([redacted], or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State N. C. (b) County
(c) City or town Charlott N.C.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3031 Whiting Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Conrad

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Johnnie M. Causey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1908

8. AGE: Years	Months	Days	If less than one day
34	8	23 22	hr. min.

9. Birthplace North Carolina
(Town, county, and state)
10. Usual Occupation Crane Operator
11. Industry or business Bethlehem Ship Co.

FATHER
12. Name Walter F. Conrad
13. Birthplace N. C.

MOTHER
14. Maiden Name Minnie Schoaf
15. Birthplace N. C

16 (a) Informant Mrs. Johnnie Conrad
(b) Address 3031 Whiting Ave CHARLOTTE N.C.

17 (a) [redacted] Burial (b) Date thereof Nov. 25/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Charlotte N.C.
Location Charlotte N.C.

18 (a) Funeral director Harry H. Wilhelm
(b) Address 1101 Edmondson Ave.

19 (a) [illegible] 1942 (b) [illegible]
(Date rec'd by Registrar) Registrar

NOV [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1942 at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 6 1942 to Nov 24 1942, and that I last saw H.I.M. alive on Nov 24 1942

Immediate cause of death [redacted]
Pulmonary Edema — Duration
Due to Toxic Myocarditis
Due to Acute Glomerular Nephritis
Other Conditions none
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. H. Pierce M. D.
Address University Hospital Date signed 11-25-42

F 97936
422648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97986 Registered No. 120 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County Long Island
(c) City or town Elmhurst
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8615 Elmhurst Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Faye Bernice Rubin

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Louis Bernard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-15-11

8. AGE: Years	Months	Days	If less than one day
31	-	10	hr. min.

9. Birthplace Conn. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Nathan Shapiro
13. Birthplace Conn.

MOTHER
14. Maiden Name Celia Goldstein
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-25-42 (month) (day) (year)
(c) Cemetery or crematory Mount Haven
Location Conn.

18 (a) Funeral director Jas. F. Jones Inc
(b) Address 1439 E. Balt St

19 (a) 25 10A (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

32

20. DATE OF DEATH November 25 1942 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 21 1942 to Nov. 25 1942, and that I last saw him alive on Nov. 25 1942.

	Duration
Immediate cause of death Peritonitis	
Due to Chronic peritonitis	
Due to Ulcerative colitis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 11/
Major findings of operation: peritonitis, gangrene of colon
of autopsy: Same

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Valk, M.D.
Address Johns Hopkins Hosp. Date signed 11/26/42

VS 180

97987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 97987 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution:
Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 West Cold Spring Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Geo. Shure

3 (b) If veteran, name war NS

3 (c) Social Security Account No.

4. Sex Male **5. Color or race** White **6 (a) Single, married, widowed or divorced** Single

6 (b) Name of husband or wife NS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4 1869

8. AGE: Years 83 | Months 8 | Days 21 | If less than one day hr. min.

9. Birthplace Harford Co., Md
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name Daniel F. Shure
13. Birthplace Lewistown Pa

MOTHER
14. Maiden Name Jane McNarah
15. Birthplace Lewistown Pa

16 (a) Informant Austin Shure
(b) Address 6609 Green Spring Ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Nov. 27, 1942 (month) (day) (year)
(c) Cemetery or crematory Darlington Cem
Location Harford Co. Md

18 (a) Funeral director H. S. Bailey
(b) Address Darlington, Md.

19 (a) NOV 26 1942 **(b)** Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1942, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17 1942, to Nov. 25 1942, and that I last saw h[illegible] alive on Nov. 24 1942.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. N. Futterman, M.D.
Address 7324 Reisterstown Rd Date signed 11/26/42

VS 8

97933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 151 ✓

Registered No. F 97988

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave.
(c) Hospital or institution: Maryland General Hospital 11-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore Co.
(c) City or town Baltimore RFD #7 (If outside city or town limits, write RURAL and give town)
(d) Street No. Old Pimlico Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Emma B. G. Harman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 8, 1857

8. AGE: Years 85 | Months 9 | Days 18 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Welch.

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden Name Elizabeth Warfield

MOTHER 15. Birthplace Maryland

16 (a) Informant Wife Charleston Co.

(b) Address Washington D.C.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/26/42 (month) (day) (year)

(c) Cemetery or crematory Pinedale Md

Location Pinedale

18 (a) Funeral director U.S. Mc Cormick Co

(b) Address Washington D.C.

19 (c) NOV 26 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26, 1942, at 12:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/24 1942 to 11/26 1942, and that I last saw her alive on 11/25 1942.

Immediate cause of death Terminal hypostatic pneumonia.

Due to Carbuncle on neck

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 3 days; about 2 wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Martin W. Krepp, Jr. M.D.

Address Md. Gen. Hosp. Date signed 11/26/42

97989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 C

Registered No. E 97989

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 245 S. Hilton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 245 S. Hilton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Ray Mitchell

3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-05-2647

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 23 1902

8. AGE: Years	Months	Days	If less than one day
40	4	10	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Waitress
11. Industry or business

FATHER
12. Name Henry C. Mitchell
13. Birthplace Md.

MOTHER
14. Maiden Name Annie M. Nipkoff
15. Birthplace Md.

16 (a) Informant Henry C. Mitchell
(b) Address 245 S. Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 26/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Emmett H. Donovan
(b) Address 3615 Edmondson Ave

NOV 27 1942 (Date rec'd by registrar) (Huntingtown Hillsboro Md.)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24, 1942, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/8 1942 to 11/24 1942 and that I last saw her alive on 11/24/42

Immediate cause of death: Pulmonary Tuberculosis with hemorrhage

Due to: Typhoid fever. Contributory

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel P. Magaw M. D.
Address 3326 Gardenville Ave. Date signed 11/24/42

VS 150

Please write clearly. Physicians: please write the cause of death clearly and legibly. Information correct age is especially important.

87990 ✓ F 97990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 C

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address _____
(c) Hospital or institution: Union Memorial Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County _____
(c) City or town Baltimore 9
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3734 Hickory ave
(If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) **FULL NAME** Douglas Schaffer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced:
Male	White	Single

6 (b) Name of husband or wife _____

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 20, 1935

8. AGE: Years	Months	Days	If less than one day
7	3	4	____ hr. ____ min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation School.

11. Industry or business

FATHER
12. Name Morris Shaffer.
13. Birthplace Md.

MOTHER
14. Maiden Name Rose Lockner.
15. Birthplace Md.

16 (a) Informant Rose Shaffer.
(b) Address 3734 Hickory ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 27/42 (month) (day) (year)

(c) Cemetery or ~~crematory~~ St. Mary's
Location Hampden.

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3345-47 Chestnut Ave.

19 (a) NOV 27 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-24- 1942, at 4 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fractured Skull — Duration _____

Due to _____

Due to _____

Other Conditions Fracture, right + left femur
Fracture, both bones
(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: _____

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 13/3
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-24-42 at 3.40 P. M
(c) Where did injury occur? Cor. Hickory & 38th St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury: Ped. struck by automobile

23. Signature Howard J. Waldeis M.D.
Medical Examiner.

Date signed 11-24-42

VS 6

97931 97991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 15 W. Lee St., 22 nd (d)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary A Jones

If U.S. Veteran specify WAR .....

(a) Residence: No. 15 W. Lee St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elbridge Jones

6. DATE OF BIRTH (month, day, year) March 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Janney

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Susie Jones

(Address) 17 W. Lee

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 1-26-42

19. UNDERTAKER Isaac H Brown's Son

(Address) 102 W Montgomery St

Huntington Williams, M.D.

Registrar.

NOV 26 1942

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1942 to Nov 22, 1942

I last saw h alive on Nov 21, 1942 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia (Primary)	Nov 10
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) David Grauden M. D.

(Address) 17 W Lee St

97932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 557

✓ F 97932 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1301 N. Stricker Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1301 N. Stricker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Nixon

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-07-3772

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace S. Carolina
(Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Richard Nixon
13. Birthplace

MOTHER
14. Maiden Name —
15. Birthplace

16 (a) Informant Pearl Sand
(b) Address 1301 N. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary cem
Location

18 (a) Funeral director George H. Nelson
(b) Address 1303 Pennsylvania Ave

19 (a) NOV 26 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-24-1942, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death

Carcinoma of Rectum — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Unfavorable

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 11-25-42

VS 6

97993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 97993
Registered No.

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 Westwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Hynson (Birth F 39840)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 30, 1941

8. AGE: Years	Months	Days	If less than one day
	12 11	24	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business —

FATHER 12. Name Charles M. Hynson
FATHER 13. Birthplace md
MOTHER 14. Maiden Name Uneida Brompton
MOTHER 15. Birthplace va

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary cem
Location

18 (a) Funeral director George E. Kelson
(b) Address 1303 Robert Emmons St

19 NOV 26 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24 1942 at 8 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 23 1942 to Nov 24 1942 and that I last saw h alive on Nov 24 1942

Immediate cause of death Septicemia — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A Solomon M.D.
Address Johns Hopkins Hosp Date signed 11/27/42

VS 250

97994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 97994

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1709 Presstman St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-2
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 Presstman St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Maggie Hackett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife James Hackett (deceased)
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 4, 1873

8. AGE: Years	Months	Days	If less than one day
69	8	19	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business House work

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Eliza Dorsey
15. Birthplace Md.

16 (a) Informant Laura Johnson
(b) Address 1709 Presstman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn cem
Location

18 (a) Funeral director Geo. G. Nelson
(b) Address 1303 Presstman St

NOV 26 1942 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1942, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1942, to Nov 23 1942, and that I last saw h[illegible] alive on Nov 21 1942.

Immediate cause of death Chronic Valvular Heart Disease — Duration 2 years
Due to
Due to
Other Conditions Hypertension Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Williams Frey
Address 1928 Penna Ave Date signed 11-25-42

VS 2

97995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 97995

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3813 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3813 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Clay Kabrinagel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Georgianna M. Conley-Kabrinagel 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 25th 1857

8. AGE: Years	Months	Days	If less than one day
83	2	0	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Retired - Fireman
11. Industry or business Balto City Fire Dept.

FATHER
12. Name Herman Kabrinagel
13. Birthplace Germany

MOTHER
14. Maiden Name Maria Mustermann
15. Birthplace Germany

16 (a) Informant Mrs Edna S Schneider
(b) Address 3813 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (month) 28 (day) 43 (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave - Balto. Md.

18 (a) Funeral director H. G. Weber & Son
(b) Address 2503 Edmondson Ave

19 (a) NOV 26 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25th 1942 at 4.17 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/23 1942 to 11/25 1942 and that I last saw him alive on 11/25 1942

Immediate cause of death	Duration
Cerebral hemorrhage	2 days
Due to Essential hypertension	6 yrs
Due to	
Other Conditions Hypertrophy of prostate	5 yrs

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas E Roark
Address 3627 Edmondson Ave Date signed 11/28/42 M. D.

VS 8

97996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a

Registered No. F 97996

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 538 W. Hoffman St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 2
(e) Length of stay in Baltimore (yrs., mos., or days) 53

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 538 W. Hoffman St
(If rural R.D. location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles E. Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	widowed

6 (b) Name of husband or wife Minnie Stewart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-8-1881

8. AGE: Years	Months	Days	If less than one day
60 61	11	18	hr. min.

9. Birthplace Frederick - Md
(Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name John Stewart
13. Birthplace Va.

MOTHER
14. Maiden Name Annie Goines
15. Birthplace Md.

16 (a) Informant Beatrice Hammond
(b) Address 2233 Oakford Phila Pa

17 (a) Burial (b) Date thereof 11-28-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. 60

18 (a) Funeral director Edward W. Chase & Son
(b) Address 638 N. Gilmor St.

NOV 26 1942 (Huntington Williams M.D.
(Date rec'd by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1942, at 5:35 4 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said inquiry find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Arteriosclerosis
Cardio Vascular - renal disease

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed Nov. 26 1942

F 97997

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93D

F 97997

Reg. Dist. No.

1. PLACE OF DEATH:
County Baltimore City
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 516 Oakland Ave
Stay in hospital or inst. (yrs., or mos., or days) 27 D
Stay in this community (yrs., or mos., or days) 9 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 516 Oakland Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Washington Jones

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
(b) Name of husband or wife: Maud Jones
6(c) If alive, give age 66 years
7. Birth date of deceased (mo., day, yr.) June 9 1860
8. AGE: Years 82 Months 5 Days 17 If less than one day hrs. mins.
9. Birthplace Annapolis Md (Town, county, and state)
10. Usual occupation Retired
11. Industry or business Book & Stationary
12. Name of FATHER Thomas Jones
13. Birthplace Md
14. Maiden name of MOTHER Eliza Messick
15. Birthplace Md
16. Informant Mrs. Maud Jones
Address 516 Oakland Ave
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 29 1942 (month) (day) (year)
Cemetery or crematory St Annes Cemetery
Location Annapolis Md
18. Funeral director E. Wilbur Lamotte
Address 1003 N Baltimore St
NOV 26 1942 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1942 at 6:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 5, 1940 to Nov 26, 1942 and that I last saw him alive on Nov 25, 1942

Immediate cause of death: Heart disease, myocarditis, chronic (with senile changes) compensated — DURATION: Unknown
Due to: Arteriosclerosis — Unknown
Due to: Senility
Other conditions: Bronchitis, chronic — 5 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Baldin C. Hudson M.D.
M. D. or other
Address 616 Baltimore Ave., Towson Md. Date signed 11/26/42

97998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117a

Registered No. 97998

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway
(c) Hospital or institution: Church Home & Infirmary Broadway Balto
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto Co
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 N Carlton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Jacob Spitzer (JACOB SPITZER)

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 064-05-9627

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sophie Spitzer

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) July 20 1884

8. AGE: Years 58 Months 54 Days 4 If less than one day — hr. 6 min.

9. Birthplace Rumania
(Town, county, and state)

10. Usual Occupation Saleslady

11. Industry or business Department Store

FATHER
12. Name Joseph Spitzer
13. Birthplace Rumania

MOTHER
14. Maiden Name Anna Moskowitz
15. Birthplace Rumania

16 (a) Informant Church Home & Infirmary
(b) Address Admission Blank.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel
Location Old Germany Hill Rd.

18 (a) Funeral director Jack Janes Inc
(b) Address 1432 E. Baltimore St.

19 NOV 26 1942 Huntington Williams M.D.
(Local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26 1942 at 3:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 18 1942 to Nov 26 1942, and that I last saw h[illegible] alive on Nov 25 1942

Immediate cause of death: Chronic gastritis. Cancerstatus

Due to: Post operative gastric resection for ulcer.

Duration: 5 days. 5 days. 2 days.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 11/12/1942.

Major findings of operation: Large gastric ulcer with block at cardia of Stomach.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr David Bockman M. D.
Address Church Home & Infirmary Date signed 11/26/42

VS 3

97999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 97999 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvedere & Greenspring
(c) Hospital or institution: Hebrew Home for the Aged
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 Greenspring & Belvedere Ter (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME NISEL MORGANSTEIN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife DAVID
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace AUSTRIA (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name NASHAM
13. Birthplace AUSTRIA

MOTHER
14. Maiden Name LILLIAN
15. Birthplace AUSTRIA

16 (a) Informant HOSPITAL RECORDS
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phil. Rd. & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto. St.

19 (a) [illegible] (b) Hearing Wm. Williams, M.D. (Registrar)

NOV 28 1942

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-25-42 19 at 11 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR-15 1939 to Nov. 25 1942 and that I last saw h alive on Nov. 25 1942

Immediate cause of death Broncho-Pulmonary Arteriosclerosis — Duration

Due to —

Due to —

Other Conditions (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Levin M. D.
Address Levindale Date signed 11/26/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 98000 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Harford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4700 Harford Rd. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie E Cronwell

3 (b) If veteran, name war –

3 (c) Social Security Account No. –

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife —

6 (c) If ~~divorced~~, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years 85 Months – Days – If less than one day hr. min.

9. Birthplace New York State (Town, county, and state)

10. Usual Occupation

11. Industry or business Housewife

FATHER
12. Name John Dougherty
13. Birthplace Unknown

MOTHER
14. Maiden Name Margaret Callahan
15. Birthplace Unknown

16 (a) Informant Mrs Irene Flannery
(b) Address 2208 Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location — —

18 (a) Funeral director Mary M Wiedefeld
(b) Address 501 E 22nd Sts

19 NOV 26 1942 Huntington Williams M.D.
(Date received by Registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1942 at 1 30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 19 1942 to Nov. 23 1942 and that I last saw h[illegible] alive on Nov 23 1942.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration: unknown

Due to: Bronchopneumonia — Duration: 1 week

Due to: arteriosclerosis — Duration: unknown

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. Dawson M.D.
Address 4808 Harford Rd. Date signed 11/23/42

VS 250

F 98001 *21

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190

Registered No. F 98001

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 42
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Edgewood Arsenal (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Brew Hardigg (Birth F 59108)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 5 1942

8. AGE: Years	Months	Days	If less than one day
	1	17	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Wm B Hardigg
13. Birthplace Kentucky

MOTHER 14. Maiden Name Jeanette Howard
15. Birthplace Virginia

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director George A Farley
(b) Address Fulton & Fayette

NOV 26 1942 (Date rec'd by registrar) (Huntington Williams M.D. Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1942, at 1 45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1942 to Nov 26 1942 and that I last saw him alive on Nov 26 1942

Immediate cause of death: Disorder Menstruum — Duration: 3 Days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McClafferty, M.D.
Address Bon Secours Hosp. Date signed 11/24/42

VS 8

correct age is especially important; if unknown, please write the causes of death clearly and legibly.

42-5543 ✓ 133B

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 38002

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Week
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Week

2. USUAL RESIDENCE OF DECEASED:
(a) State Mich (b) County
(c) City or town Big Rapids
(If outside city or town limits, write RURAL and give town)
(d) Street No. 710 S. State St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alpheus A Worcester

3 (b) If veteran, name war W

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife Katherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-3-76

8. AGE: Years 66 | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace Mich
(Town, county, and state)

10. Usual Occupation LAWYER

11. Industry or business

FATHER
12. Name Amos Worcester
13. Birthplace N.Y.

MOTHER
14. Maiden Name Adeline Morton
15. Birthplace Mich

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal **(b) Date thereof** 11/26/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Highland Cem
Location Big Rapids Mich

18 (a) Funeral director Whitehouse & Son
(b) Address 127 E Fayette St

NOV 26 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25 1942 at 4:58 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 16 1942 to Nov 25 1942 and that I last saw HIM alive on Nov 25 1942

Immediate cause of death Uremia — Duration —

Due to Polycystic renal disease — Duration Life

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James H. Lemmon
Address Johns Hopkins Hospital Date signed 11/25/42 M. D.

VS 280

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

98003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 98003

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hosp. 78
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5.0A.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4231 Old Frederick Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Oscar O Karns Jr

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: none

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 9. 1942

8. AGE: Years | Months | Days: 17 | If less than one day: hr. min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name: William O Karns Sr.
13. Birthplace

MOTHER 14. Maiden Name: Janet E Shelton
15. Birthplace

16 (a) Informant: Jno O Karns Jr
(b) Address: 4231 Old Frederick Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/26/42 (month) (day) (year)
(c) Cemetery or crematory: Shamrock
Location: Shamrock Ave

18 (a) Funeral director: Fullwood & Son
(b) Address: 1210 Pont St

19 (a) NOV 26 1942 (b) Registrar: Huntington Williams, Registrar
(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1942, at 4 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bronchial pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Robert Lee Graham M.D.
Medical Examiner.
Date signed

98004 425084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98004 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State S.C. (b) County
(c) City or town Greenville (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 E. North Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr George T Tyler
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: Wathen
6 (c) If alive, give age 47 years
7. Birth date of deceased (mo., day, yr.) 8-15-76
8. AGE: Years 66 Months 3 Days 11 If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

FATHER
12. Name Rev George Tyler
13. Birthplace Va

MOTHER
14. Maiden Name MARY FACKLER
15. Birthplace Ohio

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Mar 28th 1942 (Burial, cremation, or removal) (b) Date thereof Burial (month) (day) (year)
(c) Cemetery or crematory Manchester Cem.
Location Manchester S.C.

18 (a) Funeral director E. L. Hall
(b) Address [illegible]

19 (a) NOV 27 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1942 at 7.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 8 1942 to Nov 26 1942 and that I last saw him alive on Nov 26 1942.

Immediate cause of death	Duration
Meningitis	
Due to TORULA	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roger L Stewart
Address Johns Hopkins Hospital Date signed 11 Dec 26

PLEASE WRITE CLEARLY. Physicians: please write the causes of death clearly and legibly. Information as to correct age is especially important.

VS 280

33035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 43

F 98005

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address —
(c) Hospital or institution: Marine Hospital, Balto 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Somerset
(c) City or town Crisfield, Md. (If outside city or town limits, write RURAL and give town) 6
(d) Street No. 104 Somerset Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac George Tawes

3 (b) If veteran, name war: no

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Sadie F. Tawes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4th 1864

8. AGE: Years	Months	Days	If less than one day
78	4	22	hr. min.

9. Birthplace Crisfield, Md. (Town, county, and state)
10. Usual Occupation Deck hand.
11. Industry or business

FATHER
12. Name George R. Tawes
13. Birthplace Crisfield, Md.

MOTHER
14. Maiden Name Elizabeth Foster
15. Birthplace Matthews Co, Va.

16 (a) Informant Isaac Tawes
(b) Address Crisfield Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 28/42 (month) (day) (year)
(c) Cemetery or crematory Crisfield
Location Crisfield Md

18 (a) Funeral director Simpson & Shreeland
(b) Address Crisfield Md

NOV 27 1942

19 (a) (Date rec'd by registrar) Permit to bury issued by Wallace W. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/26/42 1942, at 11:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28 1942 to Nov 26 1942, and that I last saw him alive on Sept 27 1942.

	Duration
Immediate cause of death: Pulmonary embolus	1 day
Due to: Mycosis fungoides	6 yrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W.W.B. Shreeland M. D.
Address Marine Hosp. Balto Date signed 11/26/42

PLEASE WRITE PLAINLY, with pen and ink. Use no abbreviations. Give full name of deceased. Do not report "Mrs." Report usual occupation even if deceased was retired. Report kind of business or industry with which occupation was usually connected, as "farm," "grocery," "cotton mill," "public school," etc. Physicians: please write the causes of death clearly and legibly. Omission of information or incorrect age is especially important.

VS 180

F 98606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 B

Registered No. F 98606

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto 9
(If outside city or town limits, write RURAL and give town)
(d) Street No. 106 S. Callender St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Clara P. Young

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Eldridge W. Young
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1899

8. AGE: Years	Months	Days	If less than one day
43	6	21	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Eldridge W. Young
(b) Address 106 Callender St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 11/28/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Ashburn
Location Loudon Co. Va.

18 (a) Funeral director C. C. Pearson
(b) Address Falls Church, Va.

19 (Date rec'd by registrar) NOV 27 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 25 1942, at 1.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 21st 1942 to Nov. 25th 1942 and that I last saw h~~e~~r alive on Nov. 25 1942.

Immediate cause of death	Duration
Congestive Heart Failure	1 week
Due to Rheumatic Heart Disease ?	
Due to	
Other Conditions Bacterial Endocarditis ? Pulmonary Infarction, Rt.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fueting M. D.
Address St. Joseph's Hosp. Date signed 11-25-42

Please write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

98607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B

Registered No. F 98607

PLEASE WRITE PLAINLY with pen and ink. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 East 33rd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 100 East 33rd St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME William O. Gateliffe Sr.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Margaret J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 4 1874

8. AGE: Years	Months	Days	If less than one day
68	0	21	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation President (Retired)
11. Industry or business Continental Lumber Co

FATHER
12. Name Washington Gateliffe
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza Hemenway
15. Birthplace Md

16 (a) Informant William O. Gateliffe Jr.
(b) Address 1203 N. Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 28 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St Paul St.

NOV 27 1942 (Date rec'd by registrar)

(b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1942, at 5 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940, to Nov 25th 1942, and that I last saw him alive on Nov 25th 1942.

Immediate cause of death	Duration
Pneumonia Influenza	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Huntington Williams M. D.
Address 3005 St Paul St Date signed 11-26-42

98008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. F 98003

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga Streets
(c) Hospital or institution:
Mercy Hospital 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 81 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 902 Ridgely Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Annie Schaffle

3 (b) If veteran, name war N

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Richard Schaffle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 28, 1861

8. AGE: Years	Months	Days	If less than one day
81	1 0	3 2	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Fillman
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Jasper
15. Birthplace Pennsylvania

16 (a) Informant Elmer Schaffle
(b) Address 3813 Brooklyn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/42 (month) (day) (year)
(c) Cemetery or crematory Westview Mt.
Location Baltimore Md.

18 (a) Funeral director William Ent Inc
(b) Address 12164 York Rd

19 NOV 27 1942 (Date received by registrar) Municipal Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26 1942 at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from November 25 1942 to November 26 1942 and that I last saw her alive on November 25 1942

Immediate cause of death Congestive Heart Failure

Due to Degenerative myocardial disease

Due to Senility

Other Conditions Probable hypostatic pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James G. Stegmaier M. D.

Address Mercy Hospital Date signed November 28 1942

98009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 98009
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1007 McAlleer Court
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 McAlleer Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY.A.N. WARHEIM

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 217-01-2495

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Birdie V.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1872

8. AGE: Years 70 | Months 6 | Days 18 | If less than one day hr. min.

9. Birthplace Manchester, Md.
(Town, county, and state)

10. Usual Occupation Cigar Maker, Retired

11. Industry or business

FATHER
12. Name Nelson Warehiem
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah J. Whitelaether
15. Birthplace Maryland

16 (a) Informant Birdie V. Warehiem
(b) Address 1007 Allcer Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11.28.42 (month) (day) (year)
(c) Cemetery or crematory Druity Reformed
Location Manchester Md

18 (a) Funeral director J. M. Bell Son
(b) Address 1219 E. Lexington St.

19 (a) NOV 27 1942 (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1942, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1940, to Nov 26 1942, and that I last saw him alive on Nov. 19 1942.

Immediate cause of death: Chronic Valvular Heart Disease — Duration: 2 yrs

Due to:

Due to:

Other Conditions: Cerebral Hemorrhage — Duration: Nov 25/42

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. William Frey M. D.
Address 1428 Pa. Ave. Date signed Nov 26/42

8010

JL- 77426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93J

Registered No. L 98010

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 eastern Ave.

(c) Hospital or institution:

Baltimore City Hospital 26-12

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo-11da

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 9 (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Charles Cunningham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Helen (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1886

8. AGE: Years	Months	Days	If less than one day
56	8	1	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Frank Cunningham

13. Birthplace Md.

MOTHER

14. Maiden Name Agnes Welsh

15. Birthplace Md.

16 (a) Informant

(b) Address Baltimore City Hosp. Records 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-25-42 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore Md.

18 (a) Funeral director Jesse Fazley

(b) Address Fulton Ave. & Lafayette

19 (a) NOV 27 1942 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-26 1942 at 12-49 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-15 1942 to 11-26 1942 and that I last saw him alive on 11-26 1942.

Immediate cause of death Suppurative tuberculous meningoencephalitis

Due to Gonorrhoea C.V.D.

Due to

Other Conditions Pulmonary tuberculosis

(Include pregnancy within 3 months of death)

Date of operation 11-24-42

Major findings of operation: Tb. pleura

of autopsy: Tb. pleura.

Duration
24 hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address [illegible] Date signed 11-26-42

correct age is especially important. Physicians: please write the cause of death plainly

98011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 98011
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette and John Sts.
(c) Hospital or institution:
Hospital for Women of Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3819 Calhoun Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Kreiner (Birth F 12921)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 24, 1942.

8. AGE: Years | Months | Days | If less than one day 5 hr. 20 min.

9. Birthplace Baltimore Maryland.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Ludwig Kreiner
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Anna Elizabeth Miller
15. Birthplace Corbett, Maryland.

16 (a) Informant Mrs. Thomas Kreiner
(b) Address 3819 Calhoun Road.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL NOV 25 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) NOV 25 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 1942, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 24 1942 to Nov. 24 1942, and that I last saw h[illegible] alive on Nov 24 19 42.

Immediate cause of death Atelectasis — Duration: Life

Due to Prematurity (6 mo. gestation)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Mildred Keegan M. D.
Address Maternity Hospital Date signed 11/24/42

VS 8

9590

F 98012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 98012 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1220 Light St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 Light St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Jacob F. Gauss

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife: Bridget T. Kelly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) II/25/1880

8. AGE: Years	Months	Days	If less than one day
61	II	29	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Chef
11. Industry or business

FATHER
12. Name Jacob F. Gauss
13. Birthplace Pa.

MOTHER
14. Maiden Name Catherine Fisher
15. Birthplace Germany

16 (a) Informant Family
(b) Address 1220 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof II/27/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave.

18 (a) Funeral director I.F.McCully
(b) Address 130 E. Fort Ave.

19 (a) Date received NOV 27 1942 Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1942 at 4P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1942, to 11-24 1942, and that I last saw h[illegible] alive on 11-24 1942.

Immediate cause of death: Chronic Myocardial Degeneration — Duration: 1 yr.
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A.A. Gallard M. D.
Address 207 Fort Ave. Date signed 11-25-42

PLEASE WRITE PLAINLY. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 3 W

F 98013 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4603 Park Hgts
(c) Hospital or institution: Mt. Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1231 E. Monument St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Stoler

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Meyer Stoler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Russia

MOTHER 14. Maiden Name Unknown

15. Birthplace Russia

16 (a) Informant Sam Stoler

(b) Address 1231 E. Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-42 (month) (day) (year)

(c) Cemetery or crematory Andrew Rosedale

Location Balto. Md.

18 (a) Funeral director Jos. Levin Inc

(b) Address 1439 E. Balto. St

19 NOV 27 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-26-42 19 30 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1st 1942 to Nov 26th 1942. and that I last saw h CR alive on Nov. 26th 1942

Immediate cause of death Arteriosclerosis Cardiac Vascular Disease — Duration: Few Yrs

Due to Senility — Duration:

Due to Anemia — Duration: 3-4 days

Other Conditions Terminal Pneumonia — Duration: 2 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alex A. Weinstock M. D.

Address 4603 Park Hgts Ave Date signed 11/26/42

VS 150

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

F 98014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 93D

F 98014 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton + Madison
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 532 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anne McKelvey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1876

8. AGE: Years	Months	Days	If less than one day
66	8	28	hr. min.

9. Birthplace Pa (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John

13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Anderson

15. Birthplace Ireland

16 (a) Informant Mrs Catherine Bixby

(b) Address 1647 Poplar Grove St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 11/28/42 (month) (day) (year)

(c) Cemetery or crematory Dove Hill

Location Dundalk Md.

18 (a) Funeral director McClain Jakey & Sons

(b) Address 1827 N. North Ave.

19 (a) NOV 27 1942 (Date rec'd by registrar)

Huntington Williamsville, M.D.

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25 1942 at 11 A.M. 45

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1942 to Nov 25 1942 and that I last saw h[illegible] alive on Nov 25 1942

Immediate cause of death

Asphyxia — Duration 11/24/42

Due to Chest Injuries — 1942

Due to

Other Conditions Arteriosclerosis — 1942

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: No

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Chas F Blevins M. D.

Address 3013 St Paul St Date signed Nov 25 '42

Please write clearly. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 98015 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2003 South Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 - 15
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ——
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2003 South Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Minnie F. Rhodrick

3 (b) If veteran, name war	3 (c) Social Security Account No.
——	——

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband ~~or wife~~ Louis H. Rhodrick
6 (c) If alive, give age 68 years
7. Birth date of deceased (mo., day, yr.) July 13-1874

8. AGE: Years	Months	Days	If less than one day
68	4	11	..... hr. ..... min.

9. Birthplace Connecticut. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Frederick S. Olmstead
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Louis H. Rhodrick
(b) Address 2003 South Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 27 Nov 42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md

18 (a) Funeral director Chas. E. Francke
(b) Address 862 Madison Ave

19 (a) [illegible] (b) Huntington Williams, Jr.
NOV 27 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24 1942 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1939 to Nov 24 1942, and that I last saw h[illegible] alive on Nov 24 1942.

Immediate cause of death	Duration
1 Arterio-Sclerosis	unknown
2 Mal nutrition Exhaustion	6 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. B. Dwyer M. D.
Address 4936 Park Heights Ave Date signed 11-25-42

F 98016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 98016

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 530 N^th Bruce st

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 530 N^th Bruce st (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alverter Alverta West.

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-26-1889

8. AGE: Years	Months	Days	If less than one day
53	6	30	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER — 12. Name Henry Brown.

13. Birthplace Md.

MOTHER — 14. Maiden Name Violet Dills

15. Birthplace Md.

16 (a) Informant Ruth West.

(b) Address 530 N^th Bruce st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 28 42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cemetry

Location Baltimore Md

18 (a) Funeral director William A Jackson.

(b) Address 916 Pennsylvania ave

19 (a) (Registrar's signature) (b) Filed NOV 27 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1942 at 4.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 21 1941, to Nov 26 1942 and that I last saw h alive on Nov 26 1942

Immediate cause of death Myocarditis

Due to 1 year 10 mos 4 ds

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration
1 year 10 mos 4 ds

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature F. Polk M.D.

Address Nov 27 Date signed Nov 26

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 98017

423756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98017

Registered No. 52 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Exmore
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Foster Hamilton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Dora

6 (c) If alive, give age (Show if under 1 year) 21 years

7. Birth date of deceased (mo., day, yr.) 12-4-75

8. AGE: Years 66 | Months 11 | Days 23 | If less than one day hr. min.

9. Birthplace Arkansas (Town, county, and state)

10. Usual Occupation Liquidating Agent

11. Industry or business F.D.T. Corp.

FATHER
12. Name William Hamilton
13. Birthplace S.C.

MOTHER
14. Maiden Name ? ?
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 29, 1942 (month) (day) (year)
(c) Cemetery or crematory Elmwood
Location Birmingham ala

18 (a) Funeral director A. Lee Oden
(b) Address 4644 York Road.

19 (a) NOV 27 1942 (Received by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

50

20. DATE OF DEATH November 26 1942 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 12 1942 to Nov 26 1942 and that I last saw him alive on Nov. 26 1942.

Immediate cause of death: Peritonitis Generalized.

Due to Perforation Duodenal Bladder of Extensive Infiltrating Bladder Tuberculosis pelvis renal tract

Due to

Other Conditions Hydronephrosis R. Kidney

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As stated above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John S. Haines M.D.
Address Johns Hopkins Hosp. Date signed 11/24/42

Balto.

I certify that the above information is correct as far as is known. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically. Be sure that the correct age is especially important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 98018 F 98018

CERTIFICATE OF DEATH

12

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp (St.) 7 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Manuel

If U. S. Veteran specify WAR

(a) Residence: No. 5 17 N. Dallas St. H Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Lizzie Manuel

6. DATE OF BIRTH (month, day, year) 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marion SC

FATHER

13. NAME King Manuel

14. BIRTHPLACE (city or town) (State or country) Marion SC

MOTHER

15. MAIDEN NAME Caroline Adams

16. BIRTHPLACE (city or town) (State or country) Marion SC

17. INFORMANT Henry Manuel

(Address) Marietta SC

18. BURIAL, CREMATION, OR REMOVAL

Place Magothy Cem Date Nov 27 1942

19. UNDERTAKER P. S. McCay

(Address)

20. FILED , 19

NOV 27 1942 Registrar.

Huntington Publishing Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1942 to Nov 21, 1942

I last saw him alive on Nov 21, 1942. Death is said to have occurred on the date stated above, at 23 o'clock m

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Tetanus	

Other contributory causes of importance:

Wound on left thumb

Was an operation performed? no Date of

For what disease or injury? —

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Black Lung White Lung Tuberculosis

(Signed) Bernard Torres M. D.

(Address) 1207 N Gay St

OCCUPATION is very important. See instructions on back of certificate.

F 98019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98019 ✓ 46 B Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto City
(b) Street address 636 W. Conway
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 ✓ 2
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs 8

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 636 W. Conway (If rural give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3 (a) FULL NAME Alexander Alexander Mercer Jr.

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 216-42-2988

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colo	Married

6 (b) Name of husband or wife mrs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
52	[illegible]	25	hr. ✓ min.

9. Birthplace Savana Georgia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Work on ships

FATHER 12. Name Alexander Mercer Sr.
13. Birthplace Georgia

MOTHER 14. Maiden Name Unknown
15. Birthplace Georgia

16 (a) Informant Olivia Worthy
(b) Address 636 W. Conway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Pasadena Anne Arundel Co.

18 (a) Funeral director James A. Harper
(b) Address 1924 W. Hill St.

19 (a) NOV 27 1942 (Date received by registrar) Herbert for William A. M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 — 26 — 1942, at 12:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-22 1942 to 11-26 1942 and that I last saw him alive on 11-12 1942

Immediate cause of death Cancer of Stomach — Duration [illegible]

Due to ✓

Due to ✓

Other Conditions Weakness of pressure

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James A. Carlson M. D.
Address 1016 S. Stricker Date signed 11-26-42

F 98020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931

F 98020 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 523 of Dennmore Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 523 of Dennmore Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Winfrey White

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-03-9089

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Estelle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1881

8. AGE: Years 61 | Months 7 | Days 16 | If less than one day hr. min.

9. Birthplace Lancaster Co. Va. (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Estelle White
(b) Address 523 of Dennmore Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/42 (month) (day) (year)
(c) Cemetery or crematory St. Lukes Cem.
Location Reisterstown, Md.
(a) Funeral director Mrs. George H. Holland
(b) Address 1434 Druid Hill Ave.
(c) NOV 27 1942 Otter Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27 1942 at 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/1 1942, to 11/27 1942, and that I last saw h[illegible] alive on 11/27 1942.

Immediate cause of death Myocardial degeneration — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. Franklin Faulkner M. D.
Address 1373 Penna. Ave. Date signed 11/27/42

VS 2

F 98021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 83a

F 98021

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2221 Division St. 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary Botham

If U. S. Veteran specify WAR .....

(a) Residence: No. 2221 Division St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul N.

6. DATE OF BIRTH (month, day, year) June 2, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	5	9 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Leon Co. Fla.

FATHER

13. NAME Wm Pendleton

14. BIRTHPLACE (city or town) (State or country) Leon Co. Fla.

MOTHER

15. MAIDEN NAME Katie Ball

16. BIRTHPLACE (city or town) (State or country) Leon Co. Fla.

17. INFORMANT Paul N. Botham

(Address) 2221 Division St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov. 27, 1942

19. UNDERTAKER Mrs. George M. Holland

(Address) 1631 Druid Hill Ave.

20. FILED Nov 27 1942 Hunter Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1942 to Nov 23 1942

I last saw her alive on Nov 22 1942 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Apoplexy	
b	
c	
d	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. T. Coleman M. D.

(Address) 2029 McCulloh St.

No. 2—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs p.10

F 98022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 98022
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1104 S. Kenwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-4
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 S. Kenwood Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME: ANNIE HOOVER

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: divorced

6 (b) Name of husband or wife:

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct.12.1862

8. AGE: Years 80 | Months 1 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Charles A. Hoover
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Georgianna Brown
15. Birthplace: Maryland

16 (a) Informant: Miss Annie Mae Hoover
(b) Address: 4924 Palmer Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov.27.1942 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn Cem.
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway.

19 (a) NOV 27 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov.23.1942 at 4.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct.27 1942, to Nov.23 1942, and that I last saw her alive on Nov.23 1942.

Immediate cause of death: Lobar Pneumonia — Duration: 3 days.
Due to:
Due to: Myocardial degeneration, Senility.
Other Conditions: Chronic Myocarditis, Hypertension
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Henry O. Athey M. D.
Address 2504 St Paul St. Date signed 11/28/1942

VS 3

F 98023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 D

F 98023 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 347 Warren ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto, md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 347 Warren ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Corcoran

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1891

8. AGE: Years 51 | Months 5 | Days 9 | If less than one day hr. min.

9. Birthplace Balto, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John F. Corcoran
13. Birthplace Balto, md

MOTHER
14. Maiden Name Catherine Mulligan
15. Birthplace Balto, Md

16 (a) Informant Mrs. E. Corcoran Mother
(b) Address 347 Warren ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 28/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto, md

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St

19 (a) Nov 27 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 25 1942, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 19 42 to Nov 25 19 42 and that I last saw h[illegible] alive on Nov 25 19 42

Immediate cause of death Myocardial Insufficiency

Due to —

Due to —

Other Conditions Mutral Insufficiency Chr Valvular Endocarditis
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Schwenk
Address 1337 S. Charles St Date signed 11/26/42

NOV 27 1942

VB 2

F 98024 ✓ F 98024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 607 Somerset Rd., Roland Park
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 Somerset Road, City. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

3 (a) FULL NAME CHARLES CLARENCE PEFFER

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife: Mercy Buchanan Peffer
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1876

8. AGE: Years	Months	Days	If less than one day
66	2	3	hr. min.

9. Birthplace Alexandria - Kentucky (Town, county, and state)
10. Usual Occupation Auditor for the
11. Industry or business Md. and Penna. RailRoad

FATHER
12. Name William Peffer
13. Birthplace Pumxsutamy, Penna.

MOTHER
14. Maiden Name Virginia Wright
15. Birthplace Alexandria, Kentucky

16 (a) Informant Mrs. Mercy B. Peffer (wife)
(b) Address 607 Somerset Rd., ROland Pk. City.

17 (a) Mt. Olivet Cem. (Burial, cremation, or removal) (b) Date thereof Nov. 30.1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Frederick Ave., City.

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108 W. North Av. (W. F. Woodall, Sec'y)

19 (a) NOV 27 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/26/42 19 ... at 7P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1942 to 11/26/1942, and that I last saw him alive on 11/26/1942

Immediate cause of death: Myocardial Coma

Due to: Arterio Sclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 911 Park Ave. Date signed

VS 150

F 98025 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓ F 98025

CERTIFICATE OF DEATH 94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3405 Greenway St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 63 yrs. 11 mos. 19 da. How long in U. S. If of foreign birth yrs. mos. da.

2. FULL NAME Henry Bogue Jr.

If U. S. Veteran specify WAR NONE

(a) Residence: No. 3405 Greenway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Alice Wylie Bogue

6. DATE OF BIRTH (month, day, year): Dec 7, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Baltimore Polytechnic Inst.

10. Date deceased last worked at this occupation (month and year): Nov. 13, 1942

11. Total time (years) spent in this occupation: 37

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Robert Henry Bogue

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Mary Davis

16. BIRTHPLACE (city or town) (State or country): Norfolk Va.

17. INFORMANT: Mrs Alice Wylie Bogue (wife)
(Address) 3405 Greenway

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 28 1942

19. UNDERTAKER: Stewart Monroe Company
(Address) Lafayette Ave

20. FILED NOV 27 1942 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 26, 1942

22. I HEREBY CERTIFY, That I attended deceased from November 14, 1942 to November 26, 1942

I last saw him alive on November 26, 1942. Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset 11/24/42
angina Pectoris — 4/1942

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? (illegible)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Francis W. Kluck M. D.

(Address) 715 Park Ave

Yes OCCUPATION is very important. See instructions on back of certificate.

Hamilton

Ira Williams M.D.

F 98026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 98026 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1242 W. Sharp St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1242 W. Sharp St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth A. Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Howard E. Jones
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1894

8. AGE: Years	Months	Days	If less than one day
47	11	6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

MOTHER / FATHER
12. Name Frederick Buchner
13. Birthplace Germany
14. Maiden Name Katherine (?)
15. Birthplace Md.

16 (a) Informant Mrs. Emma Conaway
(b) Address 1242 W. Sharp St. (Baltimore)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. D. Hayward & Sons

18 (a) Funeral director A. Hayward & Sons
(b) Address 1400 N. Charles St.

19 (b) 12-7 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26, 1942, at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 19 1942 to Nov. 25 1942 and that I last saw her alive on Nov. 25 1942.

Immediate cause of death	Duration
Exhaustion	1 day
Due to Lobar Pneumonia	1 week
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. E. T. Campbell M.D.
Address 1644 Hanover St. Date signed 11/27

Correct age is especially important, for statistical purposes, in deaths of children under one year.

HEALTH DEPARTMENT—CITY OF BALTIMORE

98027

CERTIFICATE OF DEATH

13 0 F 98027

1. PLACE OF DEATH Edgewood Nursing Home

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6000 Breena Ave St., 4 Ward)

Length of residence in city or town where death occurred Life yrs. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Frederick Ehlers Sr.

If U. S. Veteran specify WAR ...

(a) Residence: No. 2213 E. Chase St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Sarah Frances Ehlers

6. DATE OF BIRTH (month, day, year) Dec 22-1860

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
81	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Police Dept

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore.

FATHER

13. NAME Henry Ehlers.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME ——— ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mr Frederick Ehlers.
(Address) 2502 Gibbons Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Comty Date 11-30-42

19. UNDERTAKER Wendell C Humphreys.
(Address) 1501 N. Arlington Ave

20. FILED ... 19...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26-42 19

22. I HEREBY CERTIFY, That I attended deceased from January 19 41 to November 19 42
that ... saw ... alive on Nov 24 19 42 Death is said to have occurred on the date stated above, at 24 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1935 ?
with Acute Bronchitis	1930 ?
Bronchopneumonia	2 days

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Karl Hagemann M. D.

(Address) 1212 N. Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate

VS 8

98028 ✓ F 98028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 901 Aisquith Street St. ✓ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 10 dy. How long in U. S. If of foreign birth? yrs. mos. dy.

If U. S. Veteran specify WAR

2. FULL NAME Sister Mary Justa Boyle

(a) Residence: No. 901 Aisquith Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 8, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia

FATHER

13. NAME Emmanuel Boyle

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Curran

16. BIRTHPLACE (city or town) (State or country) Philadelphia

17. INFORMANT Sr Rosaria

(Address) Notre Dame Convent

18. BURIAL, CREMATION, OR REMOVAL

Place Notch Cliff Date Nov 28, 1942

19. UNDERTAKER Geo. M. Enis & Son

(Address) 1600 Wolfe St.

20. FILED NOV 27 1942 Entries Mc Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26th, 1942

22. I HEREBY CERTIFY, That I attended deceased from October 6, 1942 to November 26, 1942

I last saw her alive on November 24, 1942 Death is said to have occurred on the date stated above, at 5.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Abdominal	
following	
Carcinoma Esophagus	

Other conditions contributing to death but not related to principal cause given above:

Was an autopsy performed? yes ✓ Date of Dec 8 42

For what disease or injury?

Name of operation Exploratory Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) P. D. Ryley M. D.

(Address) 110 E. Monument

SEE CAUSE OF DEATH and OCCUPATION is very important. See instructions on back of certificate.

v. s.

E 98029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 98029

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2226 Cambridge St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2226 Cambridge Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Andrzej Nawakowski

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Katherine Nowakowski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 28 1874

8. AGE: Years	Months	Days	If less than one day
67 68	11	27	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Nowakowski
13. Birthplace Poland

MOTHER 14. Maiden Name Jozefa
15. Birthplace Poland

16 (a) Informant Mrs Katherine Nowakowski
(b) Address 2226 Cambridge Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M Weber
(b) Address 408 S. Chester Street

19 (a) NOV 27 1942 (Date rec'd by Registrar) (b) Entered by Wm. Williams (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25 1942, at 7 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to Nov 25 1942 and that I last saw him alive on Nov 25 1942.

Immediate cause of death Cerebral Hemorrhage — Duration Sudden

Due to Arteriosclerosis — 7

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph L. Valentine M.D.
Address 1762 N. Bdway Date signed 11/27/42

Please answer all questions. Physicians: please write the cause of death so correct age is especially important.

98030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 M

Registered No. F 98030

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 48 da
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 35 North Caroline St. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country Poland

3 (a) FULL NAME Bronislawa Dorczak (Dorsey)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Janina Dorczak 6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Oct 15 1895

8. AGE: Years 47 | Months 1 | Days 10 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Delivery Business

11. Industry or business Self

FATHER 12. Name Michael Dorczak
13. Birthplace Poland

MOTHER 14. Maiden Name Anna
15. Birthplace Poland

16 (a) Informant Mrs Janina Dorczak
(b) Address 35 N. Caroline Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 30 42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location Baltimore County

18 (a) Funeral director John M. Welsh
(b) Address 942 S. Chester Street

NOV 27 1942

19 (a) (Date rec'd by registrar) Hunting for Williams Reg.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1942, at 8:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-9 1942 to 11-25 1942 and that I last saw him alive on 11-25 1942

Immediate cause of death: Generalized Carcinomatosis

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation Oct. 16, 1942

Major findings of operation: Generalized Carcinomatosis

of autopsy:

Duration: over

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Ste Leitch M. D.
Address University Hospital Date signed 11-25-42

PLEASE WRITE PLAINLY, with ink. Do not abbreviate. Be sure to answer correctly all questions. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98031

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County Baltimore
(c) City or town HALETHORPE, BALTIMORE CO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4601 RIDGE AVE.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EDGAR LEE WADE

3 (b) If veteran, name war —

3 (c) Social Security Account No. 2-12-01-5031

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife Theodocia A. Wade
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOVEMBER 26-1880

8. AGE: Years	Months	Days	If less than one day
62	0	0	hr. min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation Sales manager
11. Industry or business

FATHER
12. Name HENRY T WADE
13. Birthplace MARYLAND

MOTHER
14. Maiden Name IDA LOOMAN
15. Birthplace MARYLAND.

16 (a) Informant Mrs. Theodocia A. Wade
(b) Address 4601 Ridge Ave. - Halethorpe

17 (a) Burial (b) Date thereof Nov. 28-194
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) NOV 27 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH NOVEMBER 26 1942 at 5 1/2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20 1942 to Nov. 26 1942, and that I last saw him alive on Nov. 19 42.

Immediate cause of death	Duration
Internal Hemorrhage	
Due to Carcinoma of Stomach	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John N. Claoren M. D.
Address Date signed

VS 2

F 98032

BRISBON

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 98032

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 669 W Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 669 W. Franklin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucie Briston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Daniel Briston

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 58 | Months 54 | Days | If less than one day hr. min.

9. Birthplace Camden S. C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Gabriel Mushington

FATHER 13. Birthplace Columbia S. C.

MOTHER 14. Maiden Name Lanier

MOTHER 15. Birthplace S. C.

16 (a) Informant Jesse Briston

(b) Address 669 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 27, 1947 (month) (day) (year)

(c) Cemetery or crematory Mt Zion Cem.

Location

18 (a) Funeral director Mrs. Katie R. Williams

(b) Address 322 N. Schroeder St.

19 (a) NOV 27 1947 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-25 1947 12:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1 1947 to 11-25 1947 and that I last saw her alive on Nov 25 1947

Immediate cause of death

(a) Rh Mayo cardiac

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 3 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Hilton

Address 1725 Pa Ave Date signed 11/26/47 M. D.

VS 2

F 98033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a F 98033 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Sts.
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 888 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward G. Sohl

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 220-05-1020

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1871

8. AGE: Years	Months	Days	If less than one day
71	5	28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation clerk

11. Industry or business

FATHER
12. Name Henry S. Sohl
13. Birthplace W. Va.

MOTHER
14. Maiden Name Martha Durham
15. Birthplace Balto.

16 (a) Informant Mrs. Margaret Sohl
(b) Address 888 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto., Md.

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) (Date rec'd by registrar) NOV 27 1942 (b) Huntingtown, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/25 1942, at 9.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/24 1942 to 11/25 1942 and that I last saw h[illegible] alive on 11/25 1942

Immediate cause of death	Duration
Circulatory Failure	
Due to Myocardial Insuffic	
Due to Coronary Occlusion & Myocard. Infarction	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy [illegible]

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. V. Gerstenlauer M. D.
Address Sinai Hospital Date signed 11/26/42

F 98034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98034 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 4221 Ridgewood Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles J. Lotz (Lotz)

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 215-07-9046

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Amelia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1884

8. AGE: Years: 58 | Months: 4 | Days: 2 | If less than one day: hr. min.

9. Birthplace: Maryland (Baltimore) (Town, county, and state)

10. Usual Occupation: Salesman

11. Industry or business: Chemical Co.

FATHER
12. Name: John Lotz
13. Birthplace: U.S.A.

MOTHER
14. Maiden Name: Virginia Arthur
15. Birthplace: U.S.A.

16 (a) Informant: Mrs. Amelia Lotz
(b) Address: 4221 Ridgewood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) (Date received by registrar) (b) Hunting for Williams M.D. (Registrar)

NOV 27 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-25 1942 at 4:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-16 1942 to 11-25 1942 and that I last saw him alive on 11-25 1942

Immediate cause of death: Coronary Thrombosis

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Pearce Hammerbacher M. D.

Address Univ. Hosp. Date signed 11-25-42

F 98035 ✓ F 98035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 13D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 W. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 W. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary L. Bushared

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Stephen Bushared

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Mar. 21. 1903

8. AGE: Years 39 | Months 7 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Wilmington Del. (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Samuel Pierce
13. Birthplace Del.

MOTHER
14. Maiden Name Anna Bradford
15. Birthplace Del

16 (a) Informant Stephen Bushared
(b) Address 709 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30. 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Wm. Russ. John F. Teufel Son
(b) Address 801 W. Fayette St

19 (a) (Property disposed of by) (b) Baltimore, Md.
NOV 28 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1942 at 6.30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 23 1942 to Nov 27 1942.
and that I last saw her alive on Nov 23 1942.

Immediate cause of death: Pulmonary TBC — Duration 6 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. H. J. Heuber M. D.
Address 235 E Eutaw St. Date signed 11-27-42

F 98036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 B

F 98036 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1542 N. Patterson Park Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sonnenberg, Mr Frederick

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence Sonnenberg
6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) April 25, 1865

8. AGE: Years	Months	Days	If less than one day
77	7	1	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business Bakery

FATHER
12. Name Charles Sonnenberg
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Reiff
15. Birthplace Pennsylvania

16 (a) Informant Florence Sonnenberg
(b) Address 1542 N Patterson Park Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 11-28-42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore Md.

18 (a) Funeral director John F. Miller Inc.
(b) Address 2435 E. Oliver St.

19 (a) NOV 27 1942 (Date received by registrar) Livingston W. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26 1942 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 2 1942, to Nov. 26 1942, and that I last saw him alive on November 26 1942.

Immediate cause of death	Duration
Uremia	12 days
Due to Chronic Nephritis	?
Due to Primary Carcinoma of Bladder	?
Other Conditions Benign Prostatic Hypertrophy (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation: Benign Hypertrophy of Prostate, Carcinoma of Bladder
Date of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Fuller Jr. M. D.
Address Church Home & Infirmary Date signed 11-26-42

VS 2

F 98037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98037 Registered No. 1330

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished accurately and completely supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn (b) County
(c) City or town Glen Rock Penn
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mrs. Edith G. Hedrick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Parker L. Hedrick

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) 6/2/1879

8. AGE: Years 63 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Penna Yorkboro
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Geo Ballinger
13. Birthplace York Co Penna

MOTHER
14. Maiden Name Alice Gantz
15. Birthplace York Co Penna.

16 (a) Informant Parker L. Hedrick
(b) Address Glen Rock Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30 / 42
(month) (day) (year)

(c) Cemetery Mem Freedom
Location Mem Freedom Pa

18 (a) Funeral director H. B. Gipple
(b) Address Glen Rock Pa.

19 (a) NOV 27 1942 (Date rec'd by registrar) Justice to Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27 1942 at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/5 1942 to 11/27 1942 and that I last saw h[illegible] alive on 11/27 1942.

Immediate cause of death [illegible] hours & hyperpyrexia

Due to Pyonephrosis

Due to Pyo Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11/11/42

Major findings of operation: [illegible] hyperpyrexia & Pyelitis

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. J. McKinney M.D.

Address [illegible] Date signed 11/27/42

VS 3

F 98038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 98038 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 51½ yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1226 S. Sharp St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elsie Hawkins 77902

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: black
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1890

8. AGE: Years 51 | Months 11 | Days 6 | If less than one day: hr. min.

9. Birthplace Washington, D.C. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Hugh Clark
13. Birthplace Va.

MOTHER
14. Maiden Name Jinnie Davis
15. Birthplace D.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 11 28 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carfay Cem'y
Location Baltimore Md.

18 (a) Funeral director Walter B. Lowe
(b) Address 1801 W. Lanvale St.

NOV 27 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 19 42 at 10:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 9 19 42 to Nov. 24 19 42 and that I last saw h. alive on Nov. 24 19 42

Immediate cause of death: Pulmonary tuberculosis — Duration: 2 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geoffrey A. Dale M. D.
Address Baltimore City Hosp. Date signed 11-26-42

F 98039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1570

F 98039

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished, as far as possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lafayette and Johns Hopkins

(c) Hospital or institution:

Hospital for the Women of Maryland

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr 5 min

(e) Length of stay in Baltimore (yrs., mos., or days) 1 hr 5 min

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County

(c) City or town Buffalo

(If outside city or town limits, write RURAL and give town)

(d) Street No. 17 Eastern Street

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Baby Girl Brunner (Birth F 6795)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1942

8. AGE: Years	Months	Days	If less than one day
			1 hr. 5 min.

9. Birthplace Baltimore Maryland

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Edward Joseph Brunner

13. Birthplace Buffalo, New York

MOTHER

14. Maiden Name Helen Geraldine Raber

15. Birthplace Buffalo New York

16 (a) Informant William Brunner

(b) Address Buffalo New York

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL NOV 27 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) NOV 27 1942 (Date rec'd by registrar) (b) Signature for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 25 1942, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 25 1942, to Nov 25 1942, and that I last saw her alive on Nov 25 1942.

Immediate cause of death Atelectasis, Bilateral

Due to Prematurity

Due to

Other Conditions Hydrocephalus, Multiple congenital deformities

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Hydrocephalus, Atelectasis

Duration
Life

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. Mildred Gregory M. D.

Address Woman's Hospital Date signed 11-27-42

VE 3

9595

F 98040 ✓ F 98040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 170 C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Frederickburg (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PAUL MEREDITH

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1898

8. AGE: Years: 44 | Months | Days | If less than one day: hr. min.

9. Birthplace: near Denton, Md. (Town, county, and state)

10. Usual Occupation: Farmer
11. Industry or business: self

FATHER
12. Name: John Meredith
13. Birthplace: Md.

MOTHER
14. Maiden Name: Nettie A. Meredith
15. Birthplace: Md.

16 (a) Informant: Mr. Virgil Moore
(b) Address: Denton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/42 (month) (day) (year)
(c) Cemetery or crematory: Hillcrest Cem.
Location: Federalsburg, Md.

18 (a) Funeral director: Virgil Moore
(b) Address: Denton, Md.

19 (a) (Date received by registrar) (b) Registrar
NOV 27 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 26 1942 at 9:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Shock traumatic	
Due to: Fracture of mandible and ribs	
Due to:	
Other Conditions: No	

(Include pregnancy within 3 months of death)

Date of operation: No
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 12/4
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov. 26, 1942 at 9:30 M
(c) Where did injury occur? Reisterstown Rd + Garrison's Lane Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No (Specify type of place)
(e) Means of injury: Auto collision with traffic

23. Signature: H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 11-27-42

IMPORTANT: PRINT PLAINLY, WITH UNFADING INK. Every item of information should be entered, if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 4

F 98041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98041 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 Renick Court
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Thomas DAVISON.

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: infant

6 (b) Name of Parents Eliz. & Harry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1942

8. AGE: Years | Months: 3 | Days: 14 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Harry C. Davison
13. Birthplace Pennsylvania.

MOTHER
14. Maiden Name Elizabeth (nee Markel)
15. Birthplace Baltimore, Md.

16 (a) Informant Parents
(b) Address 1009 Renick Ct. Brooklyn

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 11/28/42 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location Taylor Avenue

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) 11/27/42 (Date rec'd by registrar) (b) Registrar

VS Form NOV 27 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/25 1942, at 8:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/14 1942 to 11/25 1942 and that I last saw h[illegible] alive on 11/25 1942

Immediate cause of death: Laryngitis ileus bilateral lung abs
Due to: pneumonia.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: [illegible]

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1213 Light St. Date signed

correct age is especially important. Physicians, please write plainly.

F 98042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93P

F 38912 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2212 Creat Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2212 Creat Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary V L Gelbach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife John A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15 1856

8. AGE: Years	Months	Days	If less than one day
86	6	12	hr. min.

9. Birthplace Penna. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Dr Geo. Lush
13. Birthplace Penna

MOTHER
14. Maiden Name Agnes Talbot
15. Birthplace Penna

16 (a) Informant Geo. Louis Carpenter
(b) Address 2212 Creat Rd

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 11-27-42 (month) (day) (year)

(c) Cemetery or crematory
Location Wampum Pa.

18 (a) Funeral director Geo. A Staley
(b) Address Judson Ave. Fayette

19 (a) 27 1942 (Date received by registrar) (b) Huntington Willard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1942 at 9 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 25 1942 to Nov 27 1942, and that I last saw her alive on Nov 27 1942.

Immediate cause of death bronchopneumonia — Duration 2 days

Due to

Due to general debilitation of age.

Other Conditions chronic myocarditis.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Randall R. Smith, Jr. M. D.
Address 101 W. St. Paul St. Date signed 11/27/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

F 98043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

✓ F 98043 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 4yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 206 N. Gilmor (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME George Lee Newsdom ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 27 1915

8. AGE: Years	Months	Days	If less than one day
26	11	29	hr. min.

9. Birthplace Midland Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Steel Mill

FATHER
12. Name Lacy L. Newsdom
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary J. Washington
15. Birthplace Virginia

16 (a) Informant Lacy L. Newsdom
(b) Address Midland Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29-42 (month) (day) (year)

(c) Cemetery or crematory
Location Midland, Virginia

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 W. Schroeder St

NOV 27 1942 (Date rec'd by registrar) (b) Frantis Lee Williams Funeral Director

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26 1942 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17 1942 to Nov 26 1942 and that I last saw him alive on Nov 26 1942

Immediate cause of death	Duration
Bilateral Lobar Pneumonia	9 Days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. K. Adams

Address 1222 N. Carolina Date signed 11-27-42 M. D.

VS 3

F 98044 ✓ F 98044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 601 S. Robinson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 36

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 601 S. Robinson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dora Dell'Arciprete-Dallarcipretta

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: F.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Eugene
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29, 1873

8. AGE: Years 69 | Months | Days 24 | If less than one day hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Jasse Paladino
13. Birthplace Italy

MOTHER
14. Maiden Name Eleanora Boschetti
15. Birthplace Italy

16 (a) Informant Michael DellArciprete
(b) Address 3407 Shannon Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 28 '42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4300 Erk. Belair Rd.

18 (a) Funeral director M. W. E. Dyer's Sons
(b) Address 1200 Eastern Ave.

19 (a) (b)
(Date received by Registrar) NOV 27 1942

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25 1942, at 12 25 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 5 1942, to Nov 25 1942, and that I last saw him alive on Nov 25 1942.

Immediate cause of death: Toxic Absorption — Duration: 1 week
Due to: Carcinoma of Cervix with Glandular Metastasis — Duration: 1 year
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael J. Dorsch, M. D.
Address 3530 E. Baltimore St. Date signed 11/28/42

MPR 78141
F 98045

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 98045 Registered No.

CERTIFICATE OF DEATH 186a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 526 W. Franklin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Stevens

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emily Stevens
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1867

8. AGE: Years 75 | Months 2 | Days 11 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Watchmaker
11. Industry or business

FATHER 12. Name Henry Stevens
13. Birthplace Md.

MOTHER 14. Maiden Name Louise Sharko
15. Birthplace ? Hungary

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 11/28/42 (month) (day) (year)
(c) Cemetery or crematory Stevensville
Location Stevensville Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St Balto Md

19 (a) Date received by local registrar NOV 27 1942 (b) Registrar Huntington Hill

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-26 1942, at 9 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-21 1942 to 11-26 1942, and that I last saw him alive on 11-26 1942.

Immediate cause of death: Lobular pneumonia — Duration 5 days
Due to: Congestion Bronchial pneumonia — Duration 6 days
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 17/1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-20-42 at M
(c) Where did injury occur? 4940 Eastern Ave (City or town) Balto (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell down steps

23. Signature Howard D. Chandler M.D.
Address Balto City Hosp. Date signed 11-26-42
For R. L. Dorsey, M. D.

correct age is especially important. Physicians: please write the cause of death plainly.

F 98046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98046 / 937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6114 Ridgeview Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6114 Ridgeview Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3 (a) FULL NAME MARY HENRIETTA H. HOLECAMP

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Alfred

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 24, 1877

8. AGE: Years 70 | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business none

FATHER
12. Name William E. Kroman
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Meyer
15. Birthplace Germany

16 (a) Informant Mrs. Frederick Mess
(b) Address 6114 Ridgeview Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30, 1942 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location Baltimore, Maryland

18 (a) Funeral director William Cook Sons
(b) Address 121 St. Paul St

19 (a) (Date rec'd by registrar) (b) Huntington Wilkinson Registrar M.D.

NOV 27 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1942, at 9:20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Arteriosclerotic Cardiovascular
Due to disease
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 11-27-42

VS 6

98047 F 98047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 832a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 3209 Gwynn Falls Pky
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3209 Gwynn Falls Pky (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosa Cordia Scott

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: C R Lee Scott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6, 1868

8. AGE: Years 74 | Months 10 | Days 25 | If less than one day hr. min.

9. Birthplace Hanaford Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry T Carroll
13. Birthplace Talbot

MOTHER
14. Maiden Name Mary Stonebrough
15. Birthplace England

16 (a) Informant C R Lee Scott
(b) Address 3209 Gwynn Falls Pky
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Memorial
Location Dorsey Md
18 (a) Funeral director Wilbur Lee Sr
(b) Address 1217 E Lombard St
19 (a) NOV 27 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1942, at 10 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 25 1942, to Nov 26 1942 and that I last saw h alive on Nov 26 1942.

Immediate cause of death: Cerebral Hemorrhage + paralysis — Duration: 6 days
Due to: advanced Arterio-sclerosis — P
Other Conditions: Hypertension — ?
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature Hale Swabb M. D.
Address 720 Harrison Pl Date signed Nov. 27/42

VS 150

PLEASE WRITE PLAINLY. Physicians: please write the cause of death carefully and give correct age in especially important.

98048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98048

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wilkins Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Relay (If outside city or town limits, write RURAL and give town)
(d) Street No. 1815 Main St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country South F - 47777

3 (a) FULL NAME Baby Harriett Eckles Wrightson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10 1942

8. AGE: Years | Months 10 | Days 16 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Wm. E. Wrightson
13. Birthplace Md.

MOTHER 14. Maiden Name Clara Eckles
15. Birthplace Penna

16 (a) Informant Father Wm E Wrightson
(b) Address 1815 Main St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-42 (month) (day) (year)
(c) Cemetery or crematory London Park Cem
Location Frederick Md

18 (a) Funeral director John P. Feeney
(b) Address 1242 Leads Ave

19 (a) NOV 28 1942 (Date rec'd by registrar) (b) Filed for record Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1942 at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26 1942 to Nov. 26 1942, and that I last saw her alive on Nov. 26 1942.

Immediate cause of death Lobar Pneumonia — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Cutten Rosskeng M.D.
Address St. Agnes Hosp. Date signed 11/26/42

VS 188

Please answer all questions; correct age is especially important. Physicians: please write the cause of death plainly.

F 98049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 98049

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 166 Rosaulta St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 166 Rosaulta St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis P. Dunmler

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-16-6635

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Minnie Dunmler
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) July 16 1881

8. AGE: Years	Months	Days	If less than one day: hr.	min.
60	7	10		

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Chas. T. Ness

FATHER
12. Name Henry Dunmler
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Klein
15. Birthplace Maryland

16 (a) Informant Minnie Dunmler
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Maryland

18 (a) Funeral director J. B. Wippelt & Son
(b) Address 1398 Eastern Place

19 (a) NOV 28 1942 (Date rec'd by registrar) By Hampton Williams Jr.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1942, at 8 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed Nov 26 1942.

VS 6

F 98050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146 C

Registered No. F 98050

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton and Wilkins Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 9222 Dungaley Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Davis F63699

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/31/1904

8. AGE: Years	Months	Days	If less than one day
37	10	25 24	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Tom Flook.

13. Birthplace Maryland

MOTHER 14. Maiden Name Lane Ames

15. Birthplace E Maryland

16 (a) Informant Edward F. Davis

(b) Address 9222 Dungaley Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director J. B. Neppert Son

(b) Address 310 Eutaw Place

19 (a) NOV 28 1942 (Date received by registrar) (b) Interment for Hillsboro, Md. Burial, cremation, or removal

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/25/ 1942, at 3 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/25 1942 to 11/25 1942, and that I last saw her alive on 11/25 1942.

Immediate cause of death Post-partum Hemorrhage

Due to atonic uterus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
given

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James N. Ciaus M. D.

Address St Agnes' Hosp Date signed 11/28/42

VS 280

98951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146F

Registered No. E 98051

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 32 S. Arlington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 32 S. Arlington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry J. Newton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine E. Joyce
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23, 1885

8. AGE: Years	Months	Days	If less than one day
57	8	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county and state)
10. Usual Occupation Private Chauffeur
11. Industry or business

FATHER
12. Name Henry Newton
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Stewart
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Catherine Newton
(b) Address 32 S Arlington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Ave

18 (a) Funeral director John J. Leavens & Son
(b) Address 901 Hollins St

19 (a) NOV 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26th 1942 at 8:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1st 1942 to Nov 26 1942 and that I last saw h/d alive on Nov 26 1942

	Duration
Immediate cause of death Myocardial Failure	1 Day
Due to Primary Carcinoma	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George L. Bayley M. D.
Address Clerkship Res Bon Secours Date signed 11/27/42

VS 3

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

98052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830a

Registered No. E 98052

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically. Please give correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 864 W. Fayette St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 864 W Fayette St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Cooper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	D.

6 (b) Name of husband or wife Rose Ailsworth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 29th 1866

8. AGE: Years	Months	Days	If less than one day
75	10	28	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Mrs Rose Ailsworth

(b) Address 404 E Lafayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/28/42 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn Cem

Location Balto. Co., Md.

18 (a) Funeral director John J Leaman Son

(b) Address 904 Hollins St.

19 (a) NOV 28 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27th 1942 at 8 45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 26 1942 to Nov 26 1942 and that I last saw h. alive on Nov 26 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	One day
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry Glassman M. D.

Address 75 W. Lafayette St Date signed Nov 28 42

VS 3

V 98053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. F 98053

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4300 Forrestone Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4300 Forrestone Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM H. T. HINDMAN

3 (b) If veteran, name war	3 (c) Social Security Account No. 216-03-9243

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Minnie E. Hindman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1880

8. AGE: Years	Months	Days	If less than one day
62	2	9	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER 12. Name Peter M. Hindman
FATHER 13. Birthplace Maryland
MOTHER 14. Maiden Name Susan Hofstetter
MOTHER 15. Birthplace Maryland

16 (a) Informant Mrs. Wm. H. T. Hindman
(b) Address 4300 Forest View Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville, Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Rd.

19 (a) NOV 28 1942 (Date rec'd by registrar) (b) Huntington Pittman, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1942 at 11 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Wallenmaier M.D. Medical Examiner.
Date signed Nov. 27 - 42

VS 6

98054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 98054

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 405 Southway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 Southway (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Leo A. Goodwin

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	Male	White	Married

6 (b) Name of husband or wife Mary Teresa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1878

8. AGE: Years	Months	Days	If less than one day
64	7	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Union Trust Company

FATHER
12. Name Thomas Goodwin
13. Birthplace Ireland

MOTHER
14. Maiden Name Julia Barrett
15. Birthplace Ireland

16 (a) Informant Mrs. M. Teresa Goodwin
(b) Address 405 Southway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 1, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Maryland

18 (a) Funeral director William Cook Co.
(b) Address 1217 St. Paul Street

19 (a) NOV 28 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 28 1942, at 4.85 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 16th 1942, to Nov. 27th 1942, and that I last saw him alive on Nov. 27 1942

Immediate cause of death	Duration
Pulmonary Edema	1 day
Due to Cancer of liver	5 Months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard E Beach M.D.
Address 2229 St Paul St. Date signed 11-28-42 M. D.

VS 150

Dr Hardy 1402 Parkside

F 98055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a

Registered No. F 98055

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3516 Clifton Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3516 Clifton Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Pauline Hoaterling Schiebel

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Hermann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1886

8. AGE: Years 56 Months 5 Days 7 If less than one day hr. min.

9. Birthplace Brooklyn N. Y. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name George E. Hoaterling

13. Birthplace Germany

MOTHER 14. Maiden Name Helen J. Fiele

15. Birthplace Brooklyn N. Y.

16 (a) Informant Mrs Bertha M. Hoaterling

(b) Address 3516 Clifton Ave

17 (a) Burial, cremation, or removal Removal (b) Date thereof 11/30/42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Salem Salem N. Y.

18 (a) Funeral director Milton Cook Dyer

(b) Address 1217 E Fort St

19 (a) (Date rec'd by registrar) NOV 28 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1942, at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1941 to 11/27 1942 and that I last saw h[illegible] alive on 11/27 1942.

Immediate cause of death: Myocardial infarct

Due to: Coronary Sclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

Duration: Several years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. H. Hardy M.D.

Address 1402 Parkside Date signed 11/30/42

98056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 F 98056 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1231 N. Central Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1231 N. Central Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clarence Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Col.	married

6 (b) Name of husband or wife Lucy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1895

8. AGE: Years	Months	Days	If less than one day
47	5	20	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Wilson Green
13. Birthplace ?

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Wash. D. C.

16 (a) Informant Lucy Satterfield Green
(b) Address 729 Sterling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/29/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Joseph B. Locke, Jr.
(b) Address 1126 N. Central Ave.

19 (a) 11/28/1942 (Date received by registrar) (b) Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1942 at 6.35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/21 1942 to 11/25 1942 and that I last saw h[illegible] alive on 11/25 1942.

Immediate cause of death Bronchial Pneumonia — Duration 4 dys
Due to Acute Bronchitis — 10 dys
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac R. Blake, M.D. M.D.
Address 1327 N. Central Ave Signed 11/27/42

VS 2

98057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

F 98057 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2876 Alameda

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2786 Alameda (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sophia White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	widowed

6 (b) Name of husband or wife Charles H White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14 1858

8. AGE: Years	Months	Days	If less than one day
84	8	12	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Conrad Birx

13. Birthplace Germany

MOTHER

14. Maiden Name Dont Know

15. Birthplace Germany

16 (a) Informant Mrs Emma Doll

(b) Address 2515 Federal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29/42 (month) (day) (year)

(c) Cemetery or crematory Mount Carmel

Location O'Donnel St Balto Md

18 (a) Funeral director Ullrich Funeral Home

(b) Address 2008 Orleans St

19 (a) NOV 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1942 at 7.0 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 4 1942 to Nov 26 1942 and that I last saw her alive on Nov 25 1942

Immediate cause of death — Duration

Due to Cerebral Thrombosis — Chronic

Due to Myocarditis — Chronic

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Charles A Anderson M. D.

Address 3001 Guilford Ave Date signed 11/28/42

VS 3

98058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

F 98058
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4109 Walrad Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 8
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4109 Walrad Avenue (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Wilhelmina Gimpel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Henry Wm. Gimpel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1853

8. AGE: Years	Months	Days	If less than one day
89	3	28 27	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation retired-- housewife
11. Industry or business

FATHER
12. Name John C. Ebert
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret C. Shell
15. Birthplace Germany

16 (a) Informant Miss Grisselda Gimpel
(b) Address 4109 Walrad Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/42 (month) (day) (year)
(c) Cemetery ~~Greenmount~~ Loudon Park
Location 3801 Frederick Ave., Baltimore

18 (a) Funeral director John A. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 NOV 28 1942 (Date received by registrar) Huntington Williams M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25 1942 at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to Nov 25 1942, and that I last saw h[illegible] alive on Nov 24 1942.

Immediate cause of death: Cardio-Renal Disease — Duration: 8 Mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. P. Van Schaick M.D.
Address 4818 Edmondson Ave. Date signed 11/26/42

F 98059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

Registered No. F 98059

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3311 Elgin Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3311 Elgin Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY VIRGINIA HOBBS

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Charles Albert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1861

8. AGE: Years	Months	Days	If less than one day
81	6	27	hr. min.

9. Birthplace Howard Co., Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Nimrod Dorsey
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Sarah Elizabeth Cline
15. Birthplace Frederick Co., Md.

16 (a) Informant Miss Elizabeth L. Hobbs
(b) Address 3311 Elgin Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/42 (month) (day) (year)
(c) Cemetery or crematory Harmony
Location Cookaville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) NOV 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27/42 19 , at 2:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1925 to Nov 27 1942 and that I last saw h alive on Nov 17 1942

Immediate cause of death Cerebral hemorrhage — Duration 3 hrs.
Due to Aortic Sclerosis. Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard W. Warren M. D.
Address 1404 Garrison Blvd Date signed 11-28-42

VS 160

98060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1192

Registered No. F 98060

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or Institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 week
(e) Length of stay in Baltimore (yrs., mos., or days) 1 week

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 N. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country (Birth F 62108)

3 (a) FULL NAME Donald Lee Williams

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 11/11/42

8. AGE: Years	Months	Days	If less than one day
—	—	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation newborn
11. Industry or business

FATHER
12. Name Richard Williams
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Anna Ballard
15. Birthplace Baltimore, Md.

16 (a) Informant Anna Williams
(b) Address 1004 N. Bond St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 28 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) NOV 28 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1942 at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11 1942 to Nov. 26 1942 and that I last saw h/er alive on Nov. 26 1942

Immediate cause of death	Duration
Malnutrition and Exhaustion	
Due to Debility of the newborn	
Due to Prematurity (3 months gestation)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Provident Hospital Date signed 11-27-42

VS 3

9596

F 98061

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

160 c Registered No. F 98061

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Holabird Ordnance Base
(c) Hospital or institution: Station Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 - 6
(e) Length of stay in Baltimore (yrs., mos., or days) - -

2. USUAL RESIDENCE OF DECEASED:
(a) State - - (b) County - -
(c) City or town - - (If outside city or town limits, write RURAL and give town)
(d) Street No. 6519 Cleveland Ave. (If rural give location)
(e) Citizen of foreign country? - - (Yes or No)
If yes, name country - -

3 (a) FULL NAME Infant Jean Hans (Birth F-63049)

3 (b) If veteran, name war	3 (c) Social Security Account No.
- -	- -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	- -

6 (b) Name of husband or wife - -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 24, 1942

8. AGE: Years	Months	Days	If less than one day
- -	- -	- -	- - hr. 3 min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation - -
11. Industry or business - -

FATHER
12. Name Frank J. Hans
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Florence A. Szczach
15. Birthplace Weirton, W. Va.

16 (a) Informant Frank J. Hans
(b) Address 6519 Cleveland Ave., Dundalk, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/25/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore, Md.

18 (a) Funeral director Fred W. Ozazewski
(b) Address 1930 Eastern Ave.

19 (a) NOV 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 19 42, at 9:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 24 19 42, to Nov. 24 1942, and that I last saw her alive on Nov. 24, 19 42.

Immediate cause of death	Duration
Asphyxia	
Due to Premature separation of placenta.	
Due to Maternal eclampsia.	
Other Conditions - -	

(Include pregnancy within 3 months of death)
Date of operation - -
Major findings of operation: - -
of autopsy: - -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide - -
(b) Date of occurrence - - at M
(c) Where did injury occur? - - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - - While at work? - - (Specify type of place)
(e) Means of injury - -

23. Signature H. L. Riva, Major, M. C. M. D.
Address Station Hospital Holabird Ord. Base, Balto., Md. Date signed 1-25-42

F 98062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 98062
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Harford Rd
(c) Hospital or institution: Schneider Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos. or days) 5 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County
(c) City or town Balto (If outside city or town limits write RURAL and give town)
(d) Street No. 2226 Kentucky Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Isaminood

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W	Widowed

6 (b) Name of husband or wife Henry A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 19-1870

8. AGE: Years	Months	Days	If less than one day
70	11	7	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Wm. Reid
13. Birthplace Ireland

MOTHER
14. Maiden Name Katherine Luke
15. Birthplace Md

16 (a) Informant Hazel Taylor
(b) Address 2226 Kentucky Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-42 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd

19 (a) NOV 28 1942 (Date received by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1942 at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1942 to Nov. 26 1942 and that I last saw her alive on Nov 25 1942.

Immediate cause of death Hypostatic Pneumonia
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
unknown

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George Dawson
Address 4808 Harford Rd. Date signed 11/28/42.

MD 8425147

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46F

Registered No. F 98063

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.
MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 26
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 738 S Oldham St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Julia Ladanyi

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: FRANK
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 6-1-1895

8. AGE: Years 47 46 | Months 5 | Days 25 | If less than one day: hr. min.

9. Birthplace Austria-Hungary (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name MICHAEL VILISKI 2
13. Birthplace CHECO 2

MOTHER
14. Maiden Name UNKNOWN 2
15. Birthplace CHECO. 2

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 30/42 (month) (day) (year)
(c) Cemetery or crematory ST. STANISLAUS
Location DUNDALK AVE.

18 (a) Funeral director Lilly & Fiedler Inc
(b) Address 403 S. WOLFE ST.

19 NOV 28 1942 (Date filed by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1942, at 12.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 9 1942 to Nov 26 1942, and that I last saw h.e.R alive on Nov 26 1942.

Immediate cause of death	Duration
Adenocarcinoma of Kidney	1 year
Due to bile duct	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Duncan Jr. M.D.
Address Johns Hopkins Date signed 11-28-42

VS 280

98064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98064 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3702 Fait Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3702 Fait Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Freund

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 215-03-8159

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Anna Freund

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1890

8. AGE: Years	Months	Days	If less than one day
52	10	11	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation machinist

11. Industry or business

FATHER
12. Name Andrew Freund
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Hoerl
15. Birthplace Germany

16 (a) Informant Anna Freund
(b) Address 3702 Fait Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-42 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Fielding
(b) Address 403 S. WOLFE ST.

19 (a) NOV 28 1942 Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1942, at 4 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner

Date signed Nov. 26 1942.

98065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. E 98065

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 712 S. CLINTON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-11
(e) Length of stay in Baltimore (yrs., mos., or days) 63 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 712 S. CLINTON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARGARET M. MUELLER

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: JOHN MUELLER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): JUNE 10 1860

8. AGE: Years 82 | Months 5 | Days 17 | If less than one day: hr. min.

9. Birthplace: GERMANY (Town, county, and state)
10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: JOHN FUSCH
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: ELIZABETH FURST
15. Birthplace: GERMANY

16 (a) Informant: ANNA KNORR (DAUGHTER)
(b) Address: 712 S. CLINTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 1/42 (month) (day) (year)
(c) Cemetery or crematory: SACRED HEART
Location: GERMAN HILL ROAD.

18 (a) Funeral director: Lilly & Zorbaugh
(b) Address: 403 S. WOLFE ST.

19 (a) NOV 28 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 27 1942, at 3/30 P.M. A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1942 to Nov 27 1942 and that I last saw her alive on Nov 26 1942

Immediate cause of death: Arteriosclerotic C-V Disease
Chronic myocarditis
Due to myocardial failure — Duration: Nov 26/42
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operation:
of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Ernst Neumark M. D.
Address: 842 S. Ann St. Date signed 11-27-42

V8 3

F 98066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832a Registered No. F 98066

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1219 Park Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jay Hunt

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Mattie Hunt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1871

8. AGE: Years	Months	Days	If less than one day
71	5	15	hr. min.

9. Birthplace Northampton Co. Va. (town, county, and state)
10. Usual Occupation Minister
11. Industry or business

FATHER
12. Name Daniel Hunt
13. Birthplace Northampton Co Va.

MOTHER
14. Maiden Name Emmyjah
15. Birthplace Northampton Co. Va

16 (a) Informant Viola Lang
(b) Address 961 Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 28, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs. [illegible] Rupkins
(b) Address 322 [illegible]

19 (a) NOV 28 1942 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25 1942, at 8P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1942 to Nov 25 1942, and that I last saw h[illegible] alive on Nov 25 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 6 days
Due to Arteriosclerosis — 7
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 1219 Park Ave Date signed 11-29-42

VS 8

F 98067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

F 98067

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1215. Mosher st

(c) Hospital or institution: None 16

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 46yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore City, (If outside city or town limits, write RURAL and give town)

(d) Street No. 1210. W Mosher St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mary Burke

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Widow.

6 (b) Name of husband or wife: Benjamin Burke | 6 (c) If give, give age years

7. Birth date of deceased (mo., day, yr.) June 22 1860

8. AGE: Years 82 | Months 5 | Days | If less than one day: hr. min.

9. Birthplace Prince George Co Md (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business Housework

FATHER 12. Name Edward Harland

13. Birthplace Prince George Co.

MOTHER 14. Maiden Name Ellen Watkins

15. Birthplace Howard Co Md

16 (a) Informant Marshall Burke

(b) Address 1210. Mosher st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 28, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N Schroeder St.

19 (a) NOV 28 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24 1942 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1942 to Nov 24 1942 and that I last saw her alive on Nov 24 1942.

Immediate cause of death: Acute Myocarditis — Duration: 1 week

Due to: Hemiplegia

Due to: Cerebral Hemorrhage — Duration: 8 mos

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. T. Gunn M.D.

Address 520 N Arlington Ave Date signed 11/28/42

VS 3

98068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. II 98068

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 754 West Fayette Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 754 West Fayette Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN EMRICH

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-5681

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 88 a

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Louis Emrich
(b) Address 512 S. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 28 1942 (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery
Location Frederick Rd.

18 (a) Funeral director Henry Hecht & Sons Inc.
(b) Address 1301 E. Eager St.

19 (a) NOV 28 1942 (Date rec'd by registrar) Thurlington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27 1942, at 11:15 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature per H.L. Wollenweber, M.D. M.D.
Medical Examiner.
Date signed November 28, 1942

F 98069

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-G

Registered No. F 98069

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 607 Winston Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 Winston Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harriett V. McMahon.

3 (b) If veteran, name war: *****
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John A. McMahon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1894.

8. AGE: Years	Months	Days	If less than one day
48	I	5	hr. min.

9. Birthplace Penna. (Town, county, and state)
10. Usual Occupation House Wark
11. Industry or business

FATHER
12. Name F. Maurice M. Wilson.
13. Birthplace Penna.

MOTHER
14. Maiden Name Hannah Williams.
15. Birthplace Penna.

16 (a) Informant Mr. John A. McMahon.
(b) Address 607 Winston Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/I/1942 (month) (day) (year)
(c) Cemetery or crematory Holy Sepulchre
Location Pikesville, Md.
18 (a) Funeral director John A. Gnau
(b) Address 4201 Greenmount Ave.
19 (a) NOV 28 1942 (Date received by Registrar) Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27. 1942, at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1942 to Nov. 27 1942 and that I last saw her alive on Nov. 27 1942

Immediate cause of death: Carcinoma of Pancreas — Duration: 6 Months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Karl H. Bowman, M.D.
Address 511 York Rd. Date Nov. 27, 1942

VS 8

F 98070

426023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town MARTINSBURG (If outside city or town limits, write RURAL and give town)
(d) Street No. 224 S. Raleigh St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ella Diffenderfer
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	MARRIED

6 (b) Name of husband or wife WALTER
6 (c) If alive, give age 58 years
7. Birth date of deceased (mo., day, yr.) 1-18-84

8. AGE: Years	Months	Days	If less than one day
58	10	10	hr. min.

9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name S. H. WATSON
13. Birthplace W. VA.

MOTHER
14. Maiden Name Cecillia Homer
15. Birthplace PA.

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/28/42 (month) (day) (year)
(c) Cemetery or crematory Martinsburg W. Va
Location

18 (a) Funeral director J. Vernon Kuehne
(b) Address 2301 Edmondson Ave

19 (a) NOV 28 1942 (Date rec'd by registrar) (b) Houghton Williams Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 28 1942 at 1 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 26 1942 to Nov 28 1942, and that I last saw h[illegible] R alive on Nov 28 1942.

Immediate cause of death	Duration
Brain Tumor - Malignant	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations:
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. Vernon Kuehne M.D.
Address [illegible] Date signed 11/29/42

M. D. B. 1268-b

98071 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 98071

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 937

CITY OF BALTIMORE: (No. 4942 Pennington Ave. St., 3 Ward) Curtis Bay

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Wincenty Kwiecinkiewicz (Jeager)

(a) Residence: No. 4942 Pennington Ave St., 3 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced — HUSBAND of (or WIFE of) Petronella Kwiecinkiewicz

6. DATE OF BIRTH (month, day, year) 3-8-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Petronella Kwiecinkiewicz
(Address) 4942 Pennington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date 11-30 19 42

19. UNDERTAKER Charles W. Kuehnemund
(Address) 637 Wash. Blvd.

20. FILED NOV 28 1942 Hunting for Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/26/42, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/21/42, 19... to 11/26/42, 19... I last saw him alive on 11/25/42, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General and cerebral arterio sclerosis; chronic myocard-	?
itis.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Harry Weibel, M. D.
(Address) 1226 Hanover St.

V. S. 3. OCCUPATION is very important. See instructions on back of certificate.

F 98072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 98077 Registered No.

Print age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 118 E. Fort Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 118 E. Fort Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Oliver Greave

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	W	S.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30, 1940

8. AGE: Years	Months	Days	If less than one day
2	2,	2, 28	hr. min.

9. Birthplace Stevensville Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Jesse L.
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Baxter
15. Birthplace Md.

16 (a) Informant Family
(b) Address 118 E. Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-42 (month) (day) (year)
(c) Cemetery or crematory Stevensville
Location Stevensville, Md.

18 (a) Funeral director C. F. McNeily
(b) Address 529 E. Fort Ave.

NOV 29 1942 (Date filed by Registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-28- 1942 at 9:43 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-27- 1942, to 11-27-1942 and that I last saw him alive on 11-27- 1942.

	Duration
Immediate cause of death Heart failure	
Due to Bronchopneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard Weinburger M. D.
Address 102 E. Fort Ave Date signed 11-28-42

VS 180

425851
F 98073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98073 Registered No. 56E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7m
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Latrobe (If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D #1 Box 53 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Wayda
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day hr.	min.
51				

9. Birthplace 12-4-90 (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Michael Wayda
13. Birthplace Austria

MOTHER
14. Maiden Name Mary Swan
15. Birthplace Austria

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2, 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Latrobe, Pa.

18 (a) Funeral director G. Lee Ady
(b) Address 464 York Road.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1942 at 1 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 23 1942 to Nov 27 1942 and that I last saw him alive on Nov 27 1942

Immediate cause of death

	Duration
Pulmonary Tumor (Benign)	6 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 11-25-42
Major findings of operation: Tumor
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M.D.
Address J.C.H. Date signed 11/28

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 280

F 98074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 98074 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2923 Oakley
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 36

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto 17
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2923 Oakley ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca Goldberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harry Goldberg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 16 - 1880

8. AGE: Years 62 Months 3 Days 11 If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Home

11. Industry or business Wife

FATHER
12. Name Eidel Rabin
13. Birthplace R

MOTHER
14. Maiden Name Gerid
15. Birthplace Russia

16 (a) Informant Harry Goldberg
(b) Address 2923 Oakley ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 29 47 (month) (day) (year)
(c) Cemetery ~~Location~~ Petach Tikvah
Location Rosedale

18 (a) Funeral director Jos Levin Inc
(b) Address 1439 E. Baltimore St

19 NOV 29 1947 (b) Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-27- 19 47 at 11 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 to 11/27/47 19 ; and that I last saw h~~er~~ alive on 11/27 19 47

Immediate cause of death: Acute coronary Thrombosis — Duration: 3 hours.

Due to:

Due to:

Other Conditions: Cerebral Hemorrhage

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chester B Levin M.D.

Address 2904 Rust Rd Date signed 11 29 47
M. D.

V8 8

F 98075 ✓ F 98075

F 98075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. Be sure that the answer to each question is complete. Do not omit any item if you know the answer, and do not write "unknown" if you can obtain the information. Please see that your certificate is correct and complete. Omissions and errors cause unnecessary correspondence, annoyance and delay.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address E. Monument ☆

(c) Hospital or institution Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5

(e) Length of stay in Baltimore (yrs., mos., or days) 2 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town) Mon Md

(d) Street No. 1712 N. Monroe (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Rose Berger

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Jacob Berger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 50 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER 12. Name Yenel Fetank

13. Birthplace Russia

MOTHER 14. Maiden Name Unknown

15. Birthplace Russia

16 (a) Informant Husband

(b) Address

17 Burial (Burial, cremation, or removal) (b) Date thereof 11-29-42 (month) (day) (year)

(c) Cemetery Christ Church

Location Rosedale

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Baltimore St.

19 (a) 11-30-1942 (Date received by Registrar) (b) Hunter-Wilkins-Williams M.P. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/28 1942, at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/23 1942 to 11/28 1942 and that I last saw h[illegible] alive on 11/28 1942.

Immediate cause of death Resp. Failure — Duration

Due to Cerebral Hemorrhage

Due to Hyp. Endarteritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Saul J. Farber

Address Sinai Hosp. Date signed M. 11/28 D.

DR. FARBER

F 98076 ✓ F 98076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13/a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 276 H Fenwick ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
G-6
(d) Street No. 2769 Fenwick Place (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Mary A Beall

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife Theodore J Beall
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 19. 1866

8. AGE: Years	Months	Days	If less than one day
76	6	16	..... hr. ..... min.

9. Birthplace Baltimore md (Town, county, and state)
10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name Christian Scholl.
13. Birthplace Germany.

MOTHER
14. Maiden Name Louise Roder.
15. Birthplace Balt md

16 (a) Informant Catherine C Schwarz
(b) Address 2764 Fenwick ave

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof Nov. 29. (month) (day) (year)
(c) Cemetery or crematory Phila Pa
Location .....

18 (a) Funeral director Wm J Tuckerman & Son
(b) Address 1 E Pat ave

19 (a) NOV 29 1942 (Date rec'd by registrar) (b) Hamilton Lee Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29 1942, at 12 35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1942 to Nov 29 1942, and that I last saw h alive on Nov 28 1942.

Immediate cause of death	Duration
Bronchopneumonia Medical Rep	5 day
Due to Chronic Nephritis	6 "
Due to Cerebral Hemorrhage Nephritis & Hy	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Thos F A Stevens M. D.
Address 2878 Hanford Date signed 11 29 42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure that the correct age is especially important.

F 98077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1240

V F 33077 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Street
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 128 CAMDEN ST. (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country LITHUANIA

3 (a) FULL NAME Theodore Grigalunas

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife JOSEPHINE GRIGALUNAS
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) MARCH 7, 1892

8. AGE: Years 50 | Months 4 | Days 10 | If less than one day hr. min.

9. Birthplace Kovno, LITHUANIA (Town, county, and state)

10. Usual Occupation TAVERN KEEPER

11. Industry or business

FATHER
12. Name Not known
13. Birthplace

MOTHER
14. Maiden Name Not known
15. Birthplace

16 (a) Informant Wife
(b) Address 128 Camden St., City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1 '42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Blair Rd

18 (a) Funeral director Joseph Rannikas Sons
(b) Address 602 Washington Blvd.

19 (a) NOV 29 1942 (Date received by registrar) (b) Thomas F. Williams M.D. (Signature)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH November 28 1942 at 2.25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26 1942 to Nov 28 1942 and that I last saw h[illegible] alive on Nov 28 1942

Immediate cause of death: Cardio-Respiratory Failure — Duration: 6 hrs.
Due to: Toxemia — 5 da
Due to: Pneumonia, Terminal — 4 da
Other Conditions: Cirrhosis of Liver (alcoholic) — ?
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James N. McCosh Jr. M.D.
Address Union Memorial Hospital Date signed 11/28/42

F 98078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 98078 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 851 W. Lombard St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Wasilefsky

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1874

8. AGE: Years	Months	Days	If less than one day
70 Yrs	11	5	hr. min.

9. Birthplace Lithuania
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lith

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith

16 (a) Informant Son
(b) Address 851 W Lombard St.

17 (a) Burial (b) Date thereof Nov 29 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph Kasmarkas & Son
(b) Address 685 Washington Blvd

19 NOV 29 1942 (b) Hearse to Williamsburg
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1942 at 11:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17 1942 to Nov. 27 1942 and that I last saw him alive on Nov. 27 1942.

Immediate cause of death Cardio-Pulmonary failure

Due to Pneumonia

Due to

Other Conditions Possible carcinoma of rectum
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration
yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Peyton Peterkin
Address Mercy Hospital Date signed 11/27/42 M. D.

VS 180

(over)

F 98079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98079 Registered No.

120a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts
(c) Hospital or institution:
University of Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Brooklandville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emanuel W. Schmetzka

3 (b) If veteran, name war

3 (c) Social Security Account No. 188-03-4861

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Ethel M. Schmetzka
6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Dec 14 893

8. AGE: Years	Months	Days	If less than one day
43	11	14	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Julius Schmetzka
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Klaus
15. Birthplace Germany

16 (a) Informant Ethel M. Schmetzka
(b) Address Brooklandville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30 1942 (month) (day) (year)
(c) Cemetery or crematory New Loudon
Location Pa.

18 (a) Funeral director J. Emmett Dorsey
(b) Address 7615-17 Belair Road

NOV 30 1942 (a) (Date received by registrar) (b) Huntington Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-28 1942 at 10:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death Sepsis - Staphylococcus aureus Duration 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Nothing definite

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore Kardash M. D.
Address University Hosp. Date signed 11-29-42

VS 180

Please write clearly. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 98080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 98080 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 814 Whitmore Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 814 Whitmore Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances A. Sittig.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Wm. H. Sittig.
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) April 30. 1859

8. AGE: Years	Months	Days	If less than one day
83	6	28	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name GEorge Walker.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Sarah Webb.
15. Birthplace Cambridge Md.

16 (a) Informant William H. Sittig.
(b) Address 814 Whitmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30. 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director Robert S. Little.
(b) Address 2700 Edmondson Ave.

19 (a) NOV 29 1942 (Date received by Registrar) (b) Registrar

V3 3

MEDICAL CERTIFICATION

A

20. DATE OF DEATH November 28 1942, at 1:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15-1932 to 11-28-1942, and that I last saw h. alive on 11-27-1942

Immediate cause of death Dilatation of Heart — Duration 5 days
Due to Organic Heart Disease — unknown
Due to Hypertension — unknown
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chester Riland, M. D.
Address 2532 Edmondson Ave. Date signed 11-28-42

correct age is especially important; physicians please write the names of months entirely

F 98081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 98081 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 801 S. Ponca St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 801 S. Ponca St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Philip Dulong.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 30th 1876

8. AGE: Years	Months	Days	If less than one day
65 66	11	27	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Tin mill worker

11. Industry or business

FATHER
12. Name Conrad Dulong
13. Birthplace Yukemann

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Marie Snell (daughter)
(b) Address 801 S. Ponca St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern ave. Rd.

18 (a) Funeral director John D Connelly
(b) Address 418 Eastern Ave East

19 (a) [illegible] (b) Huntington Williams M.D. (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27 1942, at 9:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Autopsy or Inquiry)
to natural death on the day stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner
Date signed 11/28/42.

VS 6

F 98082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 98082 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied as correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5309 Eastern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5309 Eastern Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cora Dailey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1870

8. AGE: Years	Months	Days	If less than one day
72	8 7	5	hr. min.

9. Birthplace West Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Geo. Keton
13. Birthplace West Va.

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant daughter.
(b) Address 5309 Eastern Ave.

17 (a) removal (Burial, cremation, or removal) (b) Date thereof 11 / 30 / 42 (month) (day) (year)
(c) Cemetery or crematory Shepardstown
Location West Va.

18 (a) Funeral director John P Connelly
(b) Address 418 Eastern ave. City.

19 (a) 12-2-1942 (Date received by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27 1942 at 8.03 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.

Immediate cause of death: Cerebral Hemorrhage.
Due to: Hypertensive cardio-vascular disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 11/28/42.

VS 6

F 98083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 927

Registered No. F 98083

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1511 Henry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1511 Henry St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret H. Fitz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Frank A. Fitz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2 - 1870

8. AGE: Years 72 | Months 6 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Bernard Gardner
13. Birthplace Germany

MOTHER
14. Maiden Name Gertrude Müller
15. Birthplace Germany

16 (a) Informant Gertrude Bauernschub
(b) Address 1511 Henry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 1-1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Elizabeth Harle Inc.
(b) Address 115 E. West St.

19 NOV 29 1942 (Date rec'd by registrar) (b) Huntington Williams MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1942, at 9A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to Nov 27 1942 and that I last saw her alive on Nov 27 19 42.

Immediate cause of death — Duration

Chronic Valvular Heart Disease

Due to Cardiac Hypertrophy

Due to Cardiac Dilatation

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? or ?
(e) Means of injury

23. Signature Vincent M. Messina

Address 1403 S. Charles St Date signed 11/29/42 M. D.

VS 3

FORMS WHITE PAPER, WITH UNFADING INK. Every item of information should be given that applies. The correct age is especially important. Physicians: please write the causes of death clearly and

F 98084 ✓ F 98084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure the correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Dennison St.
(c) Hospital or institution: Mrs. Crawford's Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 732 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard S. Collison

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Fannie B. Collison Nee Joy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1867

8. AGE: Years 75 | Months 9 | Days 8 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business Car Repair, B. & O.

FATHER
12. Name George W. Collison
13. Birthplace Md.

MOTHER
14. Maiden Name Rose Clocker
15. Birthplace Md.

16 (a) Informant Miss Mildred Collison
(b) Address 1324 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/42. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry A. Meikle
(b) Address 4101 Edmondson Ave.

19 (a) NOV 29 1942 (Date received by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1942 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1942 to Nov 27 1942 and that I last saw h. alive on Nov. 27 1942.

Immediate cause of death: Myocardial degen. — Duration 4 yrs
Due to: Arterio-sclerosis — 10 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard A. Todd
Address 735 N. Fulton Ave. Date signed 11/28/42 M. D.

VS 3

424775
F 98085

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98085
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Shaker Hgts Cleveland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16104 Aldersyde Dr
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stella S Koller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	MARRIED

6 (b) Name of husband or wife George J.
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) 6-23-93

8. AGE: Years	Months	Days	If less than one day
49	5	6	hr. min.

9. Birthplace Ohio
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name DAVID SEIDENFELD
13. Birthplace Europe

MOTHER
14. Maiden Name Yetta Deutsch
15. Birthplace Europe

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Dec 1 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mayfield
Location Cleveland Cuyahoga Ohio

18 (a) Funeral director Lehr & Mayfield Stambo
(b) Address 1906 Euclid Ave

19 NOV 29 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29 1942, at 1250 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1942, to Nov 29 1942, and that I last saw her alive on Nov 29 1942.

Immediate cause of death	Duration
Brain Tumor - benign	
Due to	
Due to	
Other Conditions Pyelonephritis Lobular pneumonia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: Brain Tumor
of autopsy: Tumor removed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W Dennick
Address J. H. H. Date signed 11/29 1942

VS 180

98036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

F 98086
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2238 Druid Hill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2238 Druid Hill Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Moore (Stall)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Percy C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1896

8. AGE: Years 46 | Months 5 6 | Days 13 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John F. Neal
13. Birthplace Balt. Md.

MOTHER 14. Maiden Name Mary D. Costelia
15. Birthplace Balto. Md.

16 (a) Informant Percy C. Moore
(b) Address 2238 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 21, 1942 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Balto. Md.

18 (a) Funeral director Wm. George W. Hull
(b) Address 1611 Druid Hill Ave.

19 (b) NOV 30 1942 (Date rec'd by registrar) (Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26 1942, at 2:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 28 1942, to Nov 26 1942, and that I last saw her alive on Nov 25 1942.

Immediate cause of death	Duration
Hypostatic Pneumonia	
Due to Influenza	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert L. Moseley Jr. M. D.
Address 2424 Madison Ave Date signed Nov 27, 19

VS 3

F 98087 424895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1579 Registered No. F 98087

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State VA (b) County
(c) City or town Chincoteague (If outside city or town limits, write RURAL and give town)
(d) Street No. Box 108 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Douglas Hill

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-3-42

8. AGE: Years	Months	Days	If less than one day
	7	26	hr. min.

9. Birthplace VA (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Roger Hill
13. Birthplace VA

MOTHER 14. Maiden Name Louise Clark
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 29, 1942 (month) (day) (year)
(c) Cemetery or crematory LECATO Cem.
Location LECATO, VIRGINIA

18 (a) Funeral director Williams Cooke Sons
(b) Address 217 St. Paul St.

19 (a) NOV 30 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 380

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29 1942, at 440 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3 1942 to Nov 29 1942, and that I last saw him alive on Nov 29 1942.

Immediate cause of death	Duration
Peritonitis	
Due to Cong. Obstruction of Bile Ducts	
Due to Back-down of Sutures	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Cong Obst. of Bile Ducts
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Kibbe M.D.
Address Johns Hopkins Date signed 11/28/42

F 98088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. F 98088

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5612 Gist Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** John Patrick Reilly Jr. (Ruth F # 2374)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Infant.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-16-42

8. AGE: Years	Months	Days	If less than one day
		4	2 hr. 3 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Patrick Reilly Sr.
13. Birthplace Pine Hills, Md.

MOTHER
14. Maiden Name Catherine, Hacks
15. Birthplace Baltimore, Md.

16 (a) Informant John Patrick Reilly Sr.
(b) Address 5612 Gist Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-20-42 (month) (day) (year)
(c) Cemetery or crematory Crematory
Location Md. Gen. Hospt.

18 (a) Funeral director
(b) Address

19 (a) NOV 30 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1942, at 10.40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 16, 1942, to Nov. 20 1942, and that I last saw him alive on Nov. 20, 1942.

Immediate cause of death	Duration
Premature Birth.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Prematurity

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William A. Mitchell M. D.
Address Md. Gen. Hosp. Date signed 11/24/42

VS 3

F 98089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154

Registered No. F 98089

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4626 Elsenode Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Pete Loring (Birth F 62141)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 6, 1942

8. AGE: Years	Months	Days	If less than one day
		16	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Andrew Loring
13. Birthplace Lancaster, Ohio

MOTHER
14. Maiden Name Florence Kourniotes
15. Birthplace Balto., Maryland.

16 (a) Informant Admission History
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Hospital
Location

18 (a) Funeral director
(b) Address

19 (a) NOV 30 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 22 1942, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/6 1942 to 11/22 1942, and that I last saw him alive on 11:22 1942.

Immediate cause of death	Duration
Respiratory failure	
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank H. Ridgley Jr. M.D.
Address Union Mem'l Hospital Baltimore, Md. Date signed 11/23/42

VS 3

F 98090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

Registered No. F 98090

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1219 John St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 John St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Lee Nicholson

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-14-1270

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Ella Pue
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/22/1875

8. AGE: Years	Months	Days	If less than one day
67	10	9 7	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Bank Clerk
11. Industry or business

FATHER
12. Name Andrew Nicholson
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Rebecca Dunkel
15. Birthplace Howard Co. Md.

16 (a) Informant Andrew Lee Nicholson Jr.
(b) Address 608 W. 38th. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/42 (month) (day) (year)
(c) Cemetery or crematory Green Mount Cemy.
Location Balto. Md.

18 (a) Funeral director John O. Whitehill & Sons
(b) Address 1900 Eutaw Place

19 (a) NOV 30 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1942 to 11/29 1942
and that I last saw him alive on 11/29 1942

Immediate cause of death Coronary Thrombosis — Duration 24 Hrs.
Due to Hypertension Arteriosclerosis — Chronic
Due to Myocardial Dis — "
Other Conditions — "

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. H. Roadley M. D.
Address 1403 Park Ave Date signed 11/30/42

F 98091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91

F 98091 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2841 St. Paul St.
(c) Hospital or institution: none

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2841 St. Paul St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Walter G. Roberts

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1860

8. AGE: Years 82 | Months 2 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Thomas Roberts
13. Birthplace Wales

MOTHER
14. Maiden Name Elizabeth Griffiths
15. Birthplace Wales

16 (a) Informant Margaret A. Roberts
(b) Address 2841 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30, 1942 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John A. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) Filed (b) Registered by

NOV 30 1942

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 28 1942, at 1 PM M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/28 1942, to 11/28 1942 and that I last saw h[illegible] alive on Nov 28 1942.

Immediate cause of death: Senility — Duration: unknown

Due to: Arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas R. Goodbody M. D.
Address 2923 St. Paul St. Date signed 11/29/42

F 98092 ✓ F 98092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 616 Reservoir St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Reservoir St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jessie W. R. Bond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife Hugh L. Bond Jr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/7/62

8. AGE: Years	Months	Days	If less than one day
80	5	20	hr. min.

9. Birthplace New York State
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Charles Beale
13. Birthplace New York State

MOTHER
14. Maiden Name Catherine Wilder
15. Birthplace N. Y. State

16 (a) Informant Anna P. Bond
(b) Address 616 Reservoir St.

17 (a) Burial (b) Date thereof 11/30/1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Green Mount Cemy.
Location Balto. Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) NOV 30 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from October 1 1938, to Nov. 27 1942, and that I last saw her alive on November 27 1942

Immediate cause of death auricular fibrillation (heart) myocardial failure

Due to arteriosclerosis hemiplegia August 1941

Due to (or)

Other Conditions Chronic arthritis

Duration
1 year
3 months
20 years

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hamilton R. Smith, Jr. M. D.
Address 1014 St. Paul St. Date signed

correct age is especially important for persons under one year

F 98093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93N

F 98093 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 201 W. Hoffman St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME David Graham

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace unknown (Town, county, and state)
10. Usual Occupation Old age Pension
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Kalakaad
(b) Address 2101 Druid Hill Ave

19 (a) NOV 30 1942 (Date rec'd by registrar) (b) Hunting for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1942 at 9 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry thereon and from the evidence obtained by said autopsy & inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arterio sclerotic Cardio Vascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed Nov. 26 1942

VS 6

98094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1512 ✓ F 98094

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied where correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lafayette and John Sts

(c) Hospital or institution: Hospital for the Women of Maryland

(d) Length of stay in hospital or inst. (yrs., mos., or days) 85 days

(e) Length of stay in Baltimore (yrs., mos., or days) 85 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore County

(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)

(d) Street No. 7209 Dunmanway Court (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Lawrence. (Birth F 56355)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/30/42

8. AGE: Years	Months	Days	If less than one day
	2	85 22	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William Knight Lawrence

13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name Mary Elizabeth Pickl

15. Birthplace Baltimore Maryland

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Dartmoor

Location

18 (a) Funeral director

(b) Address

19 (a) NOV 30 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 22 1942 at 9:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 30 1942 to Nov. 22 1942 and that I last saw her alive on Nov. 22 1942.

Immediate cause of death	Duration
Cong. Mal. of Heart	
Interventricular Septal Defect	
Due to	
Due to	
Other Conditions Multiple congenital malformations (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E. Mallard Gregory M. D.

Address Jewish Hospital Date signed 11/22/42

VS 3

98095 MCal 77487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N Registered No. F 98095

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, as correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 ds
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1368 Whatcoat St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Paul McCraw

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-16-7302

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Katy McCraw
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 9, 1884

8. AGE: Years	Months	Days	If less than one day
58	8	18	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business unemployed

FATHER
12. Name Elijah McCraw
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Moses
15. Birthplace Arkansas

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30-1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Brooklyn

18 (a) Funeral director W. Brooks
(b) Address 1463 N. Carey St.

19 (a) Filed NOV 30 1942 (b) Registrar Wilmington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-27 1942 at 7.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-29 1942 to 11-27 1942, and that I last saw h[illegible] alive on 11-27 1942.

Immediate cause of death	Duration
Cardiac failure	7
Due to Hypertensive C.V. disease	7 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy Not One

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Patterson M. D.
Address Balt. City Hosp. Date signed 11-29-42

F 98096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98096 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution:
Edgewood Nursing Home,
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town McDonogh
(If outside city or town limits, write RURAL and give town)
(d) Street No. McDonogh School
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country no

3 (a) FULL NAME Mrs. Mary Katherine Carre,

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife William Carre

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July. 11. 1866.

8. AGE: Years 76 | Months 4 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ? Marine
13. Birthplace Maryland

MOTHER
14. Maiden Name ? Ross
15. Birthplace Maryland

16 (a) Informant Mr. Paul E. Carre (Son)
(b) Address McDonogh Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30. 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Baltimore County

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) ____ (Date received by Registrar) (b) ____ (Registrar)

NOV 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 42 19 , at 1-30 A.M

21. I certify that death occurred on the date above stated, that I attended deceased from May 21 1942 to 11-27-1942, and that I last saw h[illegible] alive on 11-26-1942

Immediate cause of death
Influenza Pneumonia
Due to Chronic Myocarditis
Due to + Hypertension

Other Conditions
(Include pregnancy within 3 months of death)

Duration
3 day
10 yrs

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. H. Johnston M. D.
Address 4309 York Rd Date signed 11-27-42

Please write plainly, with UNFADING INK. Every item of information should be furnished if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98097 (7573)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 b F 98037 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 134 N. Washington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Webb

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-4583

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1878

8. AGE: Years	Months	Days	If less than one day
64	1	25	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Merchant.

11. Industry or business

FATHER
12. Name John W. Webb (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Ary Owings (d)
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30, 1942 (month) (day) (year)
(c) Cemetery or crematory St Mary's Cem.
Location Baltimore Md.

18 (a) Funeral director Easton Sons
(b) Address Eastern City Md.

19 (a) NOV 30 1942 (Date rec'd by Reg.) (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-24 1942 at 3:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-23 1942 to 11-24 1942 and that I last saw h[illegible] alive on 11-24 1942

Immediate cause of death: Bronchopneumonia
Uraemia — Duration 2 days 17 days

Due to: Carcinoma of stomach & metastases

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 11-13-42

Major findings of operation: Ca of stomach

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Harry Webb M. D.
Address Eastern City Md. Date signed 11-30-42

F 98098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98098 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. Ave.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 708 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph S. Tribby

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 705-03-5157

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mabel Tribby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1877

8. AGE: Years	Months	Days	If less than one day
65	8	27	hr. min.

9. Birthplace Neersville, Va. (Town, county, and state)
10. Usual Occupation Car Trimmer
11. Industry or business B & O R. R.

FATHER
12. Name John T. Tribby
13. Birthplace Neersville, Va.

MOTHER
14. Maiden Name Sarah Hydman
15. Birthplace Neersville, Va.

16 (a) Informant Mrs. Mabel Tribby
(b) Address 708 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/42 (month) (day) (year)
(c) Cemetery or crematory Union.
Location Lovettsville, Va.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Penna. Ave.

19 NOV 30 1942 Date rec'd by reg. Registrar Lovettsville, Va.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-29 1942, at 1:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-24 1942 to 11-29 1942 and that I last saw h.i.m. alive on Nov 29 1942.

Immediate cause of death	Duration
Coronary Thrombosis	5 days
Due to Hypertension and Arteriosclerotic Cardiovascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore Farbach M. D.
Address University Hospital Date signed 11-30-42

L.H. Pierce, M.D. - University Hospital

F 98099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98099 Registered No.

Every item of information should be given if known, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT OR WRITE WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1815 N. Washington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Henry Bubenheim

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Anna F. Kronister

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25 1875

8. AGE: Years	Months	Days	If less than one day
67	9 10	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Postal Inspector

11. Industry or business U. S. P. O. Dept.

FATHER 12. Name Peter Bubenheim

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Christine Crephard

15. Birthplace Germany

16 (a) Informant Mrs. J. H. Bubenheim

(b) Address 1845 N. Wash. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/42 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto. Md.

18 (a) Funeral director E. J. Fanning & Son

(b) Address 1938 E. Lafayette Ave.

19 (a) NOV 30 1942 (Date rec'd by Registrar) Huntington Hinkle Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27 1942, at 10.15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to natural death on the day stated above.

Immediate cause of death	Duration
Coronary Thrombosis.	
Due to Hypertensive Cardio-vascular disease.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McCauley M.D. Medical Examiner.

Date signed 11/28/42

VS 6

F 98160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98160 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH F. REYNOLDS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 31, 1873

8. AGE: Years	Months	Days	If less than one day
69	9	28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Clerk (Retired 12 yrs)

11. Industry or business Dry Goods (Wholesale)

FATHER
12. Name Patrick Reynolds
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary E. Hogan
15. Birthplace Ireland

16 (a) Informant Mrs. Edward P. Reynolds
(b) Address 1417 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd. Baltimore

18 (a) Funeral director H. W. Mears & Son
(b) Address 605 N. Calvert St.

19 (a) (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1942, at 11:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenweber M.D. Medical Examiner.
Date signed 11-30-42

VS 6

Please write clearly, with UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 464

F 98101 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County
(c) City or town York (If outside city or town limits, write RURAL and give town)
(d) Street No. 400 - E Market (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Joseph T. Liberto (Dorothy)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White American | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Joseph T. Liberto
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jul 23 1904

8. AGE: Years 38 | Months 5 | Days 6 | If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER 12. Name Charles Lo Bianco

13. Birthplace Italy

MOTHER 14. Maiden Name Concetta Speranza

15. Birthplace Italy

16 (a) Informant Joseph T Liberto

(b) Address 400 E Market York PA

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3 1942 (month) (day) (year)

(c) Cemetery or crematory St Patrick York Co.

Location York, Pennsylvania

18 (a) Funeral director George J Ruth Inc

(b) Address 295 Hartford Ave Baltimore

19 (a) (Signature of Registrar) NOV 30 1942 Registrar

Huntington Hospital, Huntington, W. Va.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29 1942 at 7.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 19 1942 to Nov 29 1942 and that I last saw her alive on Nov. 27 1942.

Immediate cause of death: Circulatory collapse

Due to: intestinal obstruction

Due to: Gastro-intestinal carcinoma

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 11-28-42

Major findings of operation: Ca. of sigmoid, obstruction

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank H Ridgely Jr M. D.
Union Memorial Hospital
Baltimore, Md.
Date signed 11-29-42

F 98102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 98102 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1203 Cathedral St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1203 Cathedral St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SAMUEL T. BECKWITH

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 705-05-2344

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lillian Barron Beckwith
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Sept. 27 1880

8. AGE: Years 62 | Months 2 | Days — | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Asst. Stonecutter

11. Industry or business NO. Cape Shop — 2.80

FATHER
12. Name Horace Beckwith
13. Birthplace New York

MOTHER
14. Maiden Name Margaret Hayes
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Lillian B. Beckwith
(b) Address 1203 Cathedral Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 30-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Chas. J. Evans & Son Inc.
(b) Address 118 N. Pkt. Rd. Baltimore Md.

19 (a) (b) Registrar

NOV 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1940 at 4:40 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to — Duration

Due to R.R. — Duration

Other Conditions No — Duration

(Include pregnancy within 3 months of death)

Date of operation — Duration

Major findings of operation: No — Duration

Duration

Duration

Duration

Duration

Duration

Of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
Means of injury

23. Signature H. L. Wallenmeier M.D.
Medical Examiner.
Date signed 11-27-40

Every item of information should be carefully checked. Be sure that correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98103

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution:
Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2548 McCulloh St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME
Mittie Gillette

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: C
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Calvin E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 11/25/1887

8. AGE: Years: 55 Months: 0 Days: 4 If less than one day: hr. min.

9. Birthplace: Charlottesville, Va.
(Town, county, and state)

10. Usual Occupation: Housewife
11. Industry or business: Domestic

FATHER
12. Name: John Knox
13. Birthplace: Va.

MOTHER
14. Maiden Name: Mary Strother
15. Birthplace: Va.

16 (a) Informant: Mrs. Edna Thrower (Daught
(b) Address: 2548 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/42 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary
Location: A.A.County, Md.

18 (a) Funeral director: Charles H. Cooper
(b) Address: 514 N. Calhoun St. Hillsboro, Md.

19 (a) Dec 2 1942 (b) Huntingtown Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/29/42 1942 at 1:25 M A

21. I certify that death occurred on the date above stated; that I attended deceased from 11·10· 1942 to 11·29 1942 and that I last saw h alive on 11·29 1942

Immediate cause of death: Pulmonary edema
Antecedent cause:
Due to: Cerebral Apoplexy
Due to:

Duration
1 day
1 day
3 weeks

Other Conditions: Diabetes
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Dow. E. A. Berry M. D.
Address: 1420 E. Chase Date signed: 11·30·42

correct age is especially important. Physicians: please write the causes of death clearly and

F 98104 F 98104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1579

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 3
(e) Length of stay in Baltimore (~~yrs., mos., or~~ days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2906 Taylor Ave (If rural give location) St. Joseph's Hospital
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Donald Wayne Vogel (Birth F 63348)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/26/42

8. AGE: Years | Months | Days: 3 | If less than one day: hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Andrew W Vogel
13. Birthplace Balto

MOTHER
14. Maiden Name Ethel Breckenridge
15. Birthplace Balto

16 (a) Informant Andrew W Vogel
(b) Address 2906 Taylor Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto Co Md

18 (a) Funeral director Leland Funeral Home
(b) Address 2400 Orleans St

19 (a) NOV 30 1942 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/29/42 1942, at 5:05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 26 1942, to Nov 29 1942, and that I last saw him alive on Nov 29 1942

Immediate cause of death Pneumonia — Duration

Due to Fracture - Compound Fistulae - Perineal

Due to

Other Conditions Compensated Anemia Uremia - Urinomas Fistulae

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Pneumonia - bilateral

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Christian F. Reckter M. D.
Address St. Joseph's Hosp. Date signed 11/30/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 98105 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 901 S. Baylis St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 901 S. Baylis St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Blimline Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-8504

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Lillie Steinmetz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1880

8. AGE: Years	Months	Days	If less than one day
62	8	20	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Sheat metal worker

11. Industry or business

FATHER
12. Name Andrew Blimline
13. Birthplace Port Deposit Md

MOTHER
14. Maiden Name Fredericki Rode
15. Birthplace Germany

16 (a) Informant Lillie Blimline
(b) Address 901 S. Baylis St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1652 N. Broadway

19 (a) NOV 30 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1942 at 10:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 26 1942, to Nov. 27 1942, and that I last saw h[illegible] alive on Nov 27 1942.

Immediate cause of death

Apoplexy

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 32 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene Fuller M.D.

Address 2739 Eastern Ave. Date signed 11/28/42

VS 280

F 98106 F 98106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1932 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Charles St.
(c) Hospital or institution: Notre Dame of Maryland 27-11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. N. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sister Mary Alodia - Lucie Reger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23, 1863

8. AGE: Years	Months	Days	If less than one day
79	5	6	hr. min.

9. Birthplace Rashcid, Germany (Town, county, and state)

10. Usual Occupation Domestic Work.

11. Industry or business

FATHER
12. Name Mathias Reger
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Klinghammer
15. Birthplace Germany

16 (a) Informant Sr. Mary Anna, Infirmarian.
(b) Address N. Charles St. Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2 '42 (month) (day) (year)
(c) Cemetery or crematory Govans Catholic
Location Govans

18 (a) Funeral director Geo. McGinnis Son
(b) Address 611 N Wolfe St

19 (a) NOV 30 1942 (Date rec'd by registrar) Hunting Tom Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1942, at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h er alive on Nov 29 1942.

Immediate cause of death	Duration
Myocarditis (Chr)	10 yrs
Due to Valvular heart disease	
Due to	
Other Conditions Broncho-pneumonia	5 wks

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis L. Bagley M.D.
Address 6077 Hanford Rd Date signed 11/29/42

VS 3

F 98107 Quitt

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46a

Registered No. F 98107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1257 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1257 N. Broadway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Abraham Isaiah QUITT

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Annie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Steel

FATHER
12. Name Salmon Isaiah
13. Birthplace Russia

MOTHER
14. Maiden Name Sylvia
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-30-42 (month) (day) (year)
(c) Cemetery ~~Crematory~~ Baltimore Hebrew
Location Fort Carnel

18 (a) Funeral director Jack Louis Gay
(b) Address 1139 E. Balto St.

19 (a) NOV 30 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-30 1942 at 7AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to 11-30 1942 and that I last saw h. alive on 11-30 1942

Immediate cause of death
Carcinomas of
Due to the Esophagus

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

Duration
1 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry Sandlow M.D.
Address 2128 W. Dulaney Date signed 11-30-42

VS 8

F 98108

F 98108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 944 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 515 E. 23rd St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 515 E. 23rd St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edmond St. Clair Buckler

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-01-8578

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1873

8. AGE: Years	Months	Days	If less than one day
69	—	—	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation News Paper Man

11. Industry or business Editor

FATHER 12. Name George Buckler

13. Birthplace St Mary Co Md

MOTHER 14. Maiden Name Victoria Mc Linley

15. Birthplace Baltimore Md

16 (a) Informant Mrs E. St. Clair Buckler

(b) Address 515 E 23rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1-1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location Lamit Place Md.

18 (a) Funeral director Mary Mc Weidefeld

(b) Address 501 E Pratt St Huntington Williams, M.D.

19 (a) (Date rec'd by registrar) NOV 30 1942 Registrar

VS Form

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 24 1942 to Nov 28 1942, and that I last saw h alive on Nov. 27. 1942

Immediate cause of death Coronary Thrombosis

Due to Arterio sclerosis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: several years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Wm Burt C. Blake M. D.

Address Med. Arts Bldg Date signed

F 98109

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

31a

Registered No. F 98109

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2828 Gulford Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2828 Gulford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** William A. Harris

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1875.

8. AGE: Years	Months	Days	If less than one day
67	—	—	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation — Retired

11. Industry or business Grocery business

FATHER
12. Name John H Harris
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma J Bratt
15. Birthplace Baltimore Md

16 (a) Informant Miss Margaret Harris
(b) Address 2828 Gulford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1-1942 (month) (day) (year)
(c) Cemetery or crematory Dundalk Cemetery
Location —

18 (a) Funeral director Mary M. Weedfield
(b) Address 501 E. 32nd Sts

19 (a) (Date received by registrar) 1942 (b) Registrar

Reading, Pa. Williamsville, N.Y.

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28, 1942 at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 3 1942 to Nov. 29 1942 and that I last saw h. alive on Nov. 28 1942

Immediate cause of death	Duration
Myocardial Insufficiency	
Due to Chronic Interstitial Nephritis.	
Due to Arterio Sclerosis.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of

23. Signature Frederick J Opie

Address 287 N Calvert St Date signed 12-3 1942

F 98110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1931

F 93100 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 646 W Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 646 W Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillie Hall

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Married

6 (b) Name of husband or wife Mathias Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 31, 1880

8. AGE: Years	Months	Days	If less than one day
62	2	25	hr. min.

9. Birthplace A. A. Co. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Henry Hall
13. Birthplace W. Va. River Md

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mabel White
(b) Address 522 N. Fremont Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 30, 1931 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location
18 (a) Funeral director Mrs Katie R Williams
(b) Address 1013 Division St
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1931 at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 10 1931 to Nov 26 1931 and that I last saw h[illegible] alive on Nov 26 1931.

Immediate cause of death	Duration
Lung Cancer	6 Month
Due to: Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible] M. D.
Address [illegible] Date signed Nov 27 1931

VS 3

F 9811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 33110 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 508 Brune St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 Brune St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bessie Roberts

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female Col.

5. Color or race

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edward Roberts

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) May 22, 1902

8. AGE: Years 40 | Months 6 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Robert Bowler

13. Birthplace Port Royal Va

MOTHER 14. Maiden Name Mary

15. Birthplace Talbot Co Md

16 (a) Informant Burnice Roberts

(b) Address 508 Brune St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Nov 30, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 3224 Lafayette Ave

19 (a) NOV 30 1942 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 25 1942, at 9.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1942 to Nov 25 1942, and that I last saw her alive on Nov 25 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration 2 hrs

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address [illegible] Date signed 12-8-42

VS 8

JL F 93112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 93112 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 N. Carrollton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Hawkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Annie (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1879

8. AGE: Years	Months	Days	If less than one day
63	3	8	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Daniel Hawkins
13. Birthplace Md

MOTHER
14. Maiden Name Martha Taylor
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1 1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 227 N. Schroeder St.

19 (a) NOV 30 1942 (Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-27-42 19 at 7 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-21-42 19 to 11-27 1942, and that I last saw h alive on 11-27 19 42.

Immediate cause of death Cardio vascular arrest

Due to Hypertension cardio vascular disease

Due to

Other Conditions Gen. chronic & cerebral Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
:
:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Cross M. D.
Address Balt City Hosp Date signed Nov 30 1942

correct age is especially important. Physicians: please write the name of each County and Agency.

F 98113

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98113 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 Chumbill St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 27 Chumbill St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Batts

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace N C.

MOTHER
14. Maiden Name Unknown
15. Birthplace N. C.

16 (a) Informant Archie Hensley
(b) Address 27 Chumbill St

17 (a) Burial (b) Date thereof Nov 30 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. A. Co. Md.

18 (a) Funeral director Josiah L Brown Son
(b) Address 1018 W Montgomery St

19 (a) (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/25 1942, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/23 19 to Nov 25 1942 and that I last saw h alive on Nov 2nd 19 42

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive CVD Congestive Failure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Roland Hyppeard M. D.
Address 2511 Reisterstown Rd Date signed 11/27/42

VS 3

F 98114 Resler. F 98114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 927 N. Duncan
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 927 N. Duncan
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Louisa Resler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24, 1881

8. AGE: Years 61 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Moravia, Bohemia
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Aloise Resler
13. Birthplace Bohemia

MOTHER
14. Maiden Name Aloisi Hemfel
15. Birthplace Bohemia

16 (a) Informant Emma Kral
(b) Address 927 N. Duncan

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Leach & Son
(b) Address 900 York & Lenter Ave, Baltimore, Md

19 (a) NOV 30 1942 (Date received by registrar) Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29 1942, at 8:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1942 to Nov 29 1942 and that I last saw her alive on Nov. 28 1942.

Immediate cause of death: Acute Uraemia — Duration: 1 week

Due to: Cardio Vascular Renal Disease — 2

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny
Address 2200 E Madison St Date signed 11 30 42

VS 2

Please write plainly, with UNFADING INK. Every item of information should be obtained and supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2 Copies

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146 b

Registered No. F 98115

The information requested hereon is required by law. Every item of information should be furnished if obtainable. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1513 Hazel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 Hazel St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josefa Hrabak

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Vaclav J. Hrabak
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1873

8. AGE: Years	Months	Days	If less than one day
69	6	18	hr. min.

9. Birthplace Austria Bohemia
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Josef Humel
13. Birthplace Bohemia

MOTHER
14. Maiden Name Not known
15. Birthplace Bohemia

16 (a) Informant Marie Prokop
(b) Address 41 21 Graham Court

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Dec 1 42 (month) (day) (year)
(c) Cemetery or crematory Cedarhill
Location Baltimore Md

18 (a) Funeral director Funk Crook Bros
(b) Address 900 N. Chester St

19 (a) NOV 30 1942 (Date filed by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 28 19 , at 2:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to Nov 28 1942, and that I last saw h alive on Nov 28 1942

Immediate cause of death	Duration
(a) Hypostatic Pneumonia	1 day
Due to (b) Carcinoma of Stomach	July 1942
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J Spencer Jr. M. D.
Address 801 W Lexington St Date signed Nov 30 1942

VS 3

F 98116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11/30

F 98116 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9 N. LINWOOD AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 N. LINWOOD AVE? (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JULIA BOND

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex FEMALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife JOHN H. BOND

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 15 1873

8. AGE: Years 69 Months 10 Days 12 If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name JOHN QUINN
13. Birthplace IRELAND

MOTHER
14. Maiden Name REBECCA TOWSON
15. Birthplace BALTO. MD.

16 (a) Informant JOHN H. BOND (HUSBAND)
(b) Address 9 N. LINWOOD AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 1/42 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location EDMONDSON AVE.

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) NOV 30 1942 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 27 1942 at 9/30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 25 1942 to Nov 27 1942 and that I last saw h[illegible] alive on Nov 27 1942.

Immediate cause of death
Pulmonary Edema — Duration 1 day
Due to Hemiplegia — 1 week
Due to Uremic poisoning — 1 week
Other Conditions — over

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 5070 Greenspring Rd Date signed 11/28/42 D.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The [illegible] must, with UNFADING INK.

F 98117

98117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

Registered No. F 98117

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 627 S. LAKEWOOD AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 62 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 627 S. LAKEWOOD AVE.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HUGO HUETHER SR.

3 (b) If veteran, name war: NO.

3 (c) Social Security Account No. 216-10-0739

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: MOLLIE HUETHER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 15 1878

8. AGE: Years 64 | Months 2 | Days 13 | If less than one day: hr. 14 min.

9. Birthplace GERMANY
(Town, county, and state)

10. Usual Occupation BAND SAW OPR.

11. Industry or business GLEN L. MARTIN

FATHER
12. Name UNKNOWN HUETHER
13. Birthplace GERMANY

MOTHER
14. Maiden Name CHRISTINA UNKNOWN
15. Birthplace GERMANY

16 (a) Informant MOLLIE HUETHER (WIFE)
(b) Address 627 S. LAKEWOOD AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 2/42 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly and Zeller INC
(b) Address 403 S. WOLFE ST.

19 (Date received by Registrar) NOV 30 1942
Registrar

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH NOV. 29 1942 at 3/40 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1942 to Nov 29 1942 and that I last saw h[illegible] alive on Nov 29 1942.

Immediate cause of death — Cerebral Hemorrhage — Duration

Due to Hypertension and arteriosclerosis — Duration 3 yrs 8

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Milton B Yates M. D.
Address Medical arts Bldg Date signed 11/29/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98118 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1421 Elmtree St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (Curtis Bay) (If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 Elmtree St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William H Lambert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Widowed

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27 1859

8. AGE: Years	Months	Days	If less than one day
83 89	5 6	1	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace Germany

MOTHER
14. Maiden Name Don't Know
15. Birthplace Germany

16 (a) Informant Mrs Elsie Utz
(b) Address 5 Seward St. Brooklyn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hills
Location Brooklyn Md.

18 (a) Funeral director William M. Maneck
(b) Address 715 Light St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 28 1942, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1937 to Nov 28 1942 and that I last saw him alive on Nov 25 1942

Immediate cause of death Cystic mediastinal tumor. — Duration 1 Days

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. M. Jeffrey M.D.

Address 4815 Pennington Ave Date signed Nov 30 1942

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. ... UNFADING INK. Every item of information should be ...

98119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1313

F 98119
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 Forest St.
(c) Hospital or institution: Md. Penitentiary Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 ??
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Richmond 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 409 N. First St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Preston Pollard

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1913

8. AGE: Years 28 | Months 11 | Days 5 | If less than one day hr. min.

9. Birthplace Richmond, Va
(town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name George Pollard
13. Birthplace Farmville, Va.

MOTHER
14. Maiden Name Rosa Jones
15. Birthplace Farmville, Va

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 30 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) NOV 30 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 21 1942, at 9:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 14 1942, to Nov. 21 1942, and that I last saw [illegible] alive on Nov. 21 1942.

Immediate cause of death — Duration
Pulmonary tuberculosis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy? No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Clark Carter Jr M. D.
Address 1123 St Paul St. Date signed 11-21-42

VS 250

9598

F 98120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54

F 98120 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1608 Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Harlem Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Cleo Dixon Barrow (Birth F 63453)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male

5. Color or race Black

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day 2 hr. Unstated min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Herman Dixon
13. Birthplace Grifton - N.C.

MOTHER
14. Maiden Name Dolly Bell Barrow
15. Birthplace Grifton N.C.

16 (a) Informant Mother
(b) Address 1608 Harlem Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 30 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) NOV 30 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/28 1942 to 11/28 1942 and that I last saw him alive on 11/28 1942

Immediate cause of death
(a) Atelectasis
Due to Pneumonia.
Due to
Other Conditions

Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address [illegible] Date signed 11/29/42

VS 3

9597

Applic. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

F 98121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1770

F 98121 Registered No.

The following items must be supplied. Every item of information should be entered, with UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure to give correct age in each case. This information is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 708 N. Dallas St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ALFRED BOLDEN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY HOSPITAL SCHOOL NOV 30 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 NOV 30 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

1900

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14, 1942, at 9:10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic alcoholism	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Z. Wollenweber M.D. Medical Examiner.
Date signed 11-14-42

F 98122

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 97

Registered No. F 98122

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 W. Preston St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 H
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 310 W. Preston St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Boston Allen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name

13. Birthplace

MOTHER
14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL NOV 30 1942
Commissioner of Health

18 (a) Funeral director

(b) Address

19 (a) NOV 30 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/31 1942, at 8:00 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came (Autopsy or Inquiry) (Autopsy or Inquiry)
to natural death on the day stated above.

Immediate cause of death	Duration
Cerebral Arteriosclerosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene B. McNally M.D.
Medical Examiner.
Date signed 11/10/42

VS 6

9001

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be given, with UNFADING INK.

F 98123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98123 Registered No.

Every item of information should be given, and PENCIL OR FADING INK unavailable. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1255 E. Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROSALIE NICHOLSON

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 30 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) NOV 30 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1942; at 11 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy find that said deceased came (Autopsy or Inquiry) to her death on the day stated above.

Immediate cause of death	Duration
Cerebrovascular accident	
Due to Anemia	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: ho
of autopsy: ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wilkinson M.D. Medical Examiner.
Date signed 11-30-42

9599

VS 6

F 98124

F 98124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1702

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6m
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 Cliftmont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES S. BOLLINGER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of ~~husband~~ wife Alva Shuman Bollinger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24th 1914

8. AGE: Years	Months	Days	If less than one day
28	4	5	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Garage Manager
11. Industry or business Ashley Motor Co.

FATHER
12. Name Sydney C. Bollinger
13. Birthplace Peoria

MOTHER
14. Maiden Name Hattie M. Dooling
15. Birthplace Maryland

16 (a) Informant Sydney C. Bollinger
(b) Address 1630 Cliftmont Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/3/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

NOV 30 1942 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1942 at 5 45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of skull	
Due to	
Due to	
Other Conditions ns	

(Include pregnancy within 3 months of death)

Date of operation no
Major findings of operation:
of autopsy: ns

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Dr
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov. 29, 1942 5 45 PM
(c) Where did injury occur? Belair Rd. and Cliftmont Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? no (Specify type of place)
(e) Means of injury collision of automobile and street car

23. Signature J. L. Wallenmeyer M.D. Medical Examiner.
Date signed 11-30-42

VS 6

Every item of information should be supplied if known. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 93125

HARWARD

BALTIMORE CITY HEALTH DEPARTMENT

F 98125

Registered No. 94a

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4511 Schenley Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4511 Schenley Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Harwood

3 (b) If veteran, name war ✓

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1- 1858

8. AGE: Years	Months	Days	If less than one day
84	7	27	hr. min.

9. Birthplace Harford Co Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George Harwood
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth McFadden
15. Birthplace Maryland

16 (a) Informant Priscilla Harwood
(b) Address 4511 Schenley Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-42 (month) (day) (year)
(c) Cemetery or crematory St Marys Hanover
Location 46th Roland Ave

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St

19 (a) NOV 30 1942 (Date rec'd by registrar) (b) Huntington, Maryland

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 24 1942, at 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov 28 1942

VS 6

Every item of information should be checked, with UNFADING INK. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98126

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH (93)

F 98126
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton Avenue
(c) Hospital or institution: Jewish Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Caton & Wilkins Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miss Annie Mannion

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1847

8. AGE: Years	Months	Days	If less than one day
95			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Patrick Mannion
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Hyland
15. Birthplace Ireland

16 (a) Informant Thomas J. McNicholas
(b) Address Cockeysville Md.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof (month) 12 (day) 1 (year) 42
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 N. North Ave.

19 (a) NOV 30 1942 (Date received by Registrar) (b) Huntington Williams, M.D. (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29, 1942, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2, 1934 to Nov 29 19 42 and that I last saw h[illegible] alive on Nov 29 19 42

	Duration
Immediate cause of death Cardiac decompensation	3 days
Due to Arteriosclerotic cardiovascular disease	8 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. R. Dwyer M.D.
Address 5 E. Lanvale St. Date signed 12/2/42 M. D.

J. R. Dwyer

HEALTH DEPARTMENT—CITY OF BALTIMORE

98127 98127

CERTIFICATE OF DEATH

61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1848 N.Collington Ave. St., Ward)

Length of residence in city or town where death occurred: Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Margaret I.Leschefsky

If U. S. Veteran, specify WAR

(a) Residence: No. 1848 N.Collington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Leschefsky

6. DATE OF BIRTH (month, day, year) Sept.4.1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ferdinand Reis

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs.Marie Rohmer

(Address) 1808 N.Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Dec.1/42, 19

19. UNDERTAKER Philip Herwig Sons

(Address) 2024 Orleans St

20. FILED DEC 1 1942 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 1942

22. I HEREBY CERTIFY, That I attended deceased from September 19 1942 to November 27 1942

I last saw him alive on November 27 1942 Death is said to have occurred on the date stated above, at 9.36 P.M.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset 3 yrs

Coronary Sclerosis with Hypertension — 3 yrs

Arterial Hypertension

Other contributory causes of importance:

Cerebral Hemorrhage — 1 day

Uremia

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Clinical & Urinary Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

11/30/42 (Signed) Albert Eisenberg M. D.

(Address) 2025 E North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V8 3

F 98128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1.07

Registered No. F 98128

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 515 Sharp st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Reedy (David W. Reedy)
3 (b) If veteran, name war
(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 9 - 1939

8. AGE: Years	Months	Days	If less than one day
3	4	21	20 hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Walter H. Reedy
13. Birthplace Va.

MOTHER
14. Maiden Name Lena M. Everhart
15. Birthplace Md.

16 (a) Informant Walter H. Reedy
(b) Address 515 Sharp St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/42 (month) (day) (year)
(c) Cemetery or crematory St. Paul's
Location Baltimore

18 (a) Funeral director J. Roland Kerr
(b) Address 2212 Kentucky Ave

19 (a) DEC 1 - 1942 (Date rec'd by local registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/29/42 19 12:40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/25/42 19 to 11/29/42 19, and that I last saw h[illegible] alive on 11/29/42 19.

Immediate cause of death	Duration
Peripheral circulatory failure	
Due to Pneumonia	Over
Due to ?? (Post mortem ? fat embolism)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Pneumonia (brain fixed)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isadore Strouse M.D.
Address Sinai Hosp. loc. Date signed 11/30/42

Every item of information should be full and correct as far as known. Physicians: please write the causes of death clearly and legibly. Underlining is especially important.

F 98129 Ohlhart ✓ 1310 F 98129

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 911 N. Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 911 N. Kenwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cecelia Lee Ohlhart

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband: Charles F. Ohlhart

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10th 1890

8. AGE: Years 52 | Months 2 | Days 19 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name John G. Ruth
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Cecelia Lee Baker
15. Birthplace Balto. Md.

16 (a) Informant Charles F. Ohlhart
(b) Address 911 N. Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto.
Location Balto. Md.

18 (a) Funeral director William Cook Jr.
(b) Address 1217 St. Paul St

19 DEC 1 - 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29th 1942, at 3a M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-30 1942 to 11-29 1942 and that I last saw h[er] alive on 11-28 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration 1 yr

Due to: Cerebral Hemorrhage — Duration 30 da

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas F. Leon M.D.
Address 2530 E Baltimore Date signed 11/30/42 M. D.

VS 150

98130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98130 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mon
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 113 Fairfield Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Theresa M Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Robert Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-20-1906

8. AGE: Years	Months	Days	If less than one day
36	7	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frank Schneider
13. Birthplace Hungary

MOTHER
14. Maiden Name Magdalena Klein
15. Birthplace Hungary

16 (a) Informant Robt C. Smith
(b) Address 113 Fairfield Dr

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave

18 (a) Funeral director Edw Foulson
(b) Address 2319 Wash Blvd

19 (a) Filed DEC 1 1942 (Date filed) (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29 1942, at 5:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 29 1942 to Nov 29 1942, and that I last saw h[illegible] alive on Nov 29 1942

Immediate cause of death: Lobar Pneumonia — Duration: 3 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp. Date signed 11-29-42

98131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 98131

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5 E. Ware St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 E. Ware St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Terry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife David

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 0, 1882

8. AGE: Years	Months	Days	If less than one day
60	1		hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jack Harris
13. Birthplace Va.

MOTHER
14. Maiden Name Amanda Harris
15. Birthplace Va.

16 (a) Informant Lillie Hunt
(b) Address 5 E. Ware St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 1, 1942 (month) (day) (year)

(c) Cemetery or crematory
Location Clarksville Virginia

18 (a) Funeral director Mrs. Robert G. Ellis & Dyer
(b) Address 1129 N. Carrie St

19 (d) DEC 1 - 1942 (Date rec'd by registrar) Wilmington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 28 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 23 1942 to Nov 28 1942, and that I last saw h alive on Nov 27 1942.

Immediate cause of death	Duration
Cardiac - Renal disease	
Due to	
Due to	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jesse Harris
Address 1207 N Carrie St Date signed 11/30/42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and

F 98132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 98132 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 345 E. 23rd St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Mc Carthy Birth F 63076

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			1 hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Chas. Mc Carthy
13. Birthplace

MOTHER
14. Maiden Name Mary Boreman
15. Birthplace Baltimore Md

16 (a) Informant Mrs. M. Mc Carthy
(b) Address 354 [redacted] 23rd St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL NOV 30 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 NOV 30 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1942 at 11 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1942 to Nov 26 1942 and that I last saw h[illegible] alive on Nov 26 1942.

Immediate cause of death Pulmonary failure
Due to Premature birth
Due to
Other Conditions Placenta Praevia
(Include pregnancy within 3 months of death)

Duration
6 hrs.

Date of operation 11 26 42
Major findings of operation: 8 months pregnancy uterus
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. le Shumway M. D.
Address Mercy Hosp Date signed

VS 150

9604

F 98133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98133 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 816 Whitelock st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 816 Whitelock st (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Sola Vogelstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Widow

6 (b) Name of husband or wife Leopold
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 72 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home

11. Industry or business Wife

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Albert Vogelstein
(b) Address 816 Whitelock st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-42 (month) (day) (year)
(c) Cemetery Woodmen Circle
Location Mt Carmel

18 (a) Funeral director Jack Davis Inc
(b) Address 1439 E. Balto st

19 (a) DEC 1 1942 (Date rec'd by local registrar) (b) Registrar

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30, 1942 at 9.40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 16, 1942 to Nov. 30, 1942 and that I last saw her alive on Nov. 30, 1942.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis Myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: Last attack 2 weeks. Interval:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan H. Spurrier, M. D.
Address 2351 Eutaw Pl. Date signed

Huntington Williams, M.D.

98134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98134 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2705 Garrison Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME IDA BARK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife SIMON BARK

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 57 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Simon Black
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah —
15. Birthplace Russia

16 (a) Informant Daniel Bark (Son)
(b) Address 2702 Violet Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location Herman Hill Road

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) DEC 1 - 1942 (Date received by registrar) (b) Registered

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1942, at 12 40 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said ** (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 15/13
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov 30-1942 at 12 10 a M
(c) Where did injury occur? Park Ave & Saratoga St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian struck by auto

23. Signature H. J. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 11-30-42

VS 6

98135 MPR 77824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH #60

Registered No. F 98135

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1033 Sarahann St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen Mason (Bailey)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife Sam Mason (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1886

8. AGE: Years	Months	Days	If less than one day
56	8	24	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Dally
13. Birthplace Md.

MOTHER
14. Maiden Name Alice Boyd
15. Birthplace Md.

16 (a) Informant Mrs. Agnes [illegible]
(b) Address 314 N. Carlton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 3, 1942 (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. H. Stafford
(b) Address 1637 Druid Hill Ave.

19 (a) DEC 1 - 1942 (Date rec'd by Registrar) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-29 1942 at 1:10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-5 1942 to 11-29 1942 and that I last saw her alive on 11-29 1942.

Immediate cause of death Carcinoma of [illegible] Intestines — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11-27-42

Major findings of operation: Carcinoma

of autopsy: No autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Hoover M. D.
Address Baltimore, Md. Date signed 11-29-42

F 98136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98136

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 7 Days
(e) Length of stay in Baltimore (yrs., mos., or days): Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 1628 N. Wolfe Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: John Killmeyer

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	Yes	M	W	Widowed

6 (b) Name of husband or wife: Mamie (D)
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Mar. 2 1877

8. AGE: Years	Months	Days	If less than one day
65	8	28	hr. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: Old Age Pension
11. Industry or business:

FATHER
12. Name: Conrad Killmeyer
13. Birthplace: Germany

MOTHER
14. Maiden Name: Caroline ?
15. Birthplace: Germany

16 (a) Informant: B. C. Hosp.
(b) Address: 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3 '42 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Rubal

18 (a) Funeral director: Wm. H. Funeral Home
(b) Address: 2216 E. Monument St.

19 (a) DEC 1-1942 (Date rec'd by Registrar) (b) Huntington Ave.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11-30 1942, at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-23 1942 to 11-30 1942 and that I last saw him alive on 11-30 1942

Immediate cause of death: Uraemia — Duration: 7 days

Due to: Probable arteriosclerotic C. V. R. D.

Due to:

Other Conditions: Senility - 10 days? Intestinal obstruction - 1st stage? (Include pregnancy within 3 months of death)

Date of operation:
Major findings of operations: none
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Marcus Johnson M. D.
Address: Balto City Hosp. Date signed: 11-30-42

F 98137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98137 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 N. Bolwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick Leonard

3 (b) If veteran, name war

3 (c) Social Security Account No. No Number

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	MARRIED

6 (b) Name of husband or wife Margaret Leonard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 2 - 1899

8. AGE: Years	Months	Days	If less than one day
43	8	26	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Frank N. Leonard
13. Birthplace Frederick Md

MOTHER
14. Maiden Name Amelia Geller
15. Birthplace Germany

16 (a) Informant Mrs. M. Kielsten
(b) Address 950 Homestead St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1. (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto City

18 (a) Funeral director Wilhoit Funeral Home
(b) Address 2044-8 Allendale St

19 (a) DEC 1 - 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1942, at 12 15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death acute and chronic alcoholism — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. (Medical Examiner.)
Date signed Nov. 29, 1942.

VS 6

Wm. H. Williams M.D.

(over)

F 98133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

149 Registered No. F 98136

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and supplied as correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 S. East Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Marshall Fennell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Benj Fennell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 16-1920

8. AGE: Years 22 | Months 3 | Days 14 | If less than one day hr. min.

9. Birthplace Richmond Va (Town, county, and state)

10. Usual Occupation

11. Industry or business at home

FATHER 12. Name Hugh J Griffith
13. Birthplace Ireland

MOTHER 14. Maiden Name Victoria Allen
15. Birthplace Va

16 (a) Informant Benjamin Fennell
(b) Address 8 S East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3. (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Royal

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 E. Belvedere

19 (a) DEC 1 — 1942 (Date rec'd by registrar) Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1942 at 9 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 30 1942 to Nov 30 1942 and that I last saw her alive on Nov 30 1942

Immediate cause of death: Shock — Duration 3 hrs

Due to: Acute Inversion of Uterus — 3 hrs

Other Conditions: (PW)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Acute Inversion of Uterus

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L D Kreig M.D.
Address Bon Secours Hosp Date signed 11/30/42

VS 3

F 98133 ✓ F 98139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Any supplied is correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3823 Barrington Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3823 Barrington Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Percy H. Cornelius

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-09-1640

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mabel Cornelius
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Apr 4, 1880

8. AGE: Years	Months	Days	If less than one day
62	7	24	hr. min.

9. Birthplace Everett Pa
(Town, county, and state)

10. Usual Occupation Buyer

11. Industry or business Merchandise

FATHER
12. Name Absalom Cornelius
13. Birthplace Pa

MOTHER
14. Maiden Name Sarah J Asbury
15. Birthplace Pa

16 (a) Informant Henry R Cornelius
(b) Address 3823 Barrington Rd

17 (a) Buried (b) Date thereof Dec 1 —
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Rural

18 (a) Funeral director Ellis Funeral Home
(b) Address 2007 Arlington
DEC 1 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1942 at 10 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 42 to Nov 27 19 42 and that I last saw him alive on 11/5 19 42.

Immediate cause of death: Arteriosclerotic Cardio-Renal Disease — Chronic Myocarditis — Duration 3 yrs

Due to: Acute Heart Failure — 4 days

Due to: Coronary Thrombosis

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature I. W. Anderson M.D.

Address Date signed 11/30/42

VS 3

F 98140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98140 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and forcibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4304 Reisterstown Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4304 Reisterstown Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MAY CATHERINE HAYS

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	female	white	married

6 (b) Name of husband or wife Raymond L. Hays
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/30/1903

8. AGE: Years	Months	Days	If less than one day
39	5	28	hr. min.

9. Birthplace Accomac Co., Va. (Town, county, and state)
10. Usual Occupation homee work
11. Industry or business

FATHER
12. Name William E. Prettyman
13. Birthplace Wilmington, Del.

MOTHER
14. Maiden Name Eva Robinson
15. Birthplace Wilmington, Del.

16 (a) Informant Mr. Raymond L. Hays,
(b) Address 4304 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 1 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION A

20. DATE OF DEATH Nov. 28, 1942, at 10:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/17 1941, to 11-28 1942 and that I last saw him alive on 11-25 1942.

Immediate cause of death	Duration
Death Cardiac Failure	1 da
Due to Carcinoma uppr heart & metastases to bone	2 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph E. Laufkotter M. D.
Address 623 Washington Blvd. Date signed 11/30/42

F 98141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98141 Registered No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 515 McMechen St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 Latrobe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	b	

6 (b) Name of husband or wife /

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
73	2	19	hr. min.

9. Birthplace Howard Co Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Susan Williams
15. Birthplace Howard Co, Md

16 (a) Informant Bertha Holloway
(b) Address 517 McMechen St

17 (a) Burial (b) Date thereof 12 3 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location R R Co Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1 Jefferson St

19 (a) DEC 1-1942 (b) Hastings-Williams, M.P.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28, 1942 at 9 P.M.

21. I certify that death occurred on the date above stated: that I attended deceased from June 19 1942, to Nov. 28, 1942, and that I last saw her alive on Nov. 28, 1942

Immediate cause of death

Hypertension Cardiovascular Disease

Due to

Other Conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration
8 Mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maurice Adams M. D.
Address 312 E 23rd St. Date signed

VS 150

F 98142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 V F 98142 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louise Hart

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Canavand
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Welling
15. Birthplace Ireland

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Peter Wendelfeld
(b) Address 914 Greenmount Ave

19 (a) DEC 1 1942 (Date received by registrar) Hunting for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1942, at 5 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1942, to Nov 29 1942, and that I last saw her alive on Nov 28 1942:

Immediate cause of death	Duration
Edema Lungs	1 day
Due to Chronic Myocarditis	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

M. D.
Signature E Gill Hall
Address 1631 E North Ave Date signed Nov 30 42

VS 150

F 98143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98143
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3814 Northern Pkwy
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 66

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3814 Northern Pkwy
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Petrik

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Joseph Petrik

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22nd 1870

8. AGE: Years	Months	Days	If less than one day
72	7	9	hr. min.

9. Birthplace Czecho-Slovakia
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Joseph Neumann
13. Birthplace Czecho-Slovakia

MOTHER
14. Maiden Name Barbara Prochaska
15. Birthplace Czecho-Slovakia

16 (a) Informant Louis Petrik
(b) Address 2817 Alden Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 4 42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. Md.

18 (a) Funeral director Tarsakian Funeral Home
(b) Address 7491 Belair Rd.

19 (a) DEC 1 - 1942 (Date rec'd by registrar) Awaiting for Williams MD (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1st 1942 at 12 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/14 1940 to 11/30 1942 and that I last saw h[illegible] alive on 11/30 1942

Immediate cause of death: Coronary arteriosclerosis — Myocardial degeneration — Duration ?

Due to: Arterial Hypertension — Duration 2 yrs +

Due to:

Other Conditions: Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Macken M.D.
Address 630 Belair Rd Date signed 12/1/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 75 B

F 98144 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Parkville (If outside city or town limits, write RURAL and give town)
(d) Street No. 3013 Acton Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Nickles

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-03-0897

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Nellie B. Nickles 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29 1907

8. AGE: Years	Months	Days	If less than one day
35	2	1	hr. min.

9. Birthplace Balto. City Md (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Replacement Parts Co.

FATHER
12. Name Henry Nickles
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Kramberger
15. Birthplace Md.

16 (a) Informant Nellie B. Nickles
(b) Address 3013 Acton Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 2 42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Location Balto. Md.

18 (a) Funeral director Leasahn Funeral Home
(b) Address 7401 Belair Rd.

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 1 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30, 1942 at 3 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 29 1942 to Nov 30 1942 and that I last saw him alive on Nov 30 1942

Immediate cause of death: Ruptured Esophageal Varices — Duration: 12 yrs.
Due to: Bantis Disease
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation 1932
Major findings of operation: Splenomegaly
of autopsy: Ruptured Esophageal Varices

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp. Date signed 11-30-42

F 98145 ✓ F 98145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Presbyterian Eye Ear & Throat Hospital Registered No. 4112

CITY OF BALTIMORE: (No. 1017 E. Baltimore St. Rm #11 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carole Huppert If U. S. Veteran specify WAR ...

(a) Residence: No. 3419 Leverton Av St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 19 1938

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	1	9 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John [illegible]

14. BIRTHPLACE (city or town) (State or country) Germany Maryland

MOTHER

15. MAIDEN NAME Lucille BECK

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Father? + Da Manoure (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Dek Lawn Date 12/2 19 42

19. UNDERTAKER Clarence F. Hoffman (Address) 1639 N Rowland Blvd

20. FILED DEC 1-1942 [illegible] for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1942, to Nov 28, 19...

I last saw her alive on 8.15 A.M. Nov 29, 19... Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-operative Shock	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Nov 28, 1942

For what disease or injury? Infected Tonsils + Adenoid

Name of operation Removal of Infected tonsil + adenoid. Tranfusion Date of ...

What test confirmed diagnosis? [illegible] Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Nov. 29, 1942

Where did injury occur? Presbyterian Eye Ear & Throat (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place hospital

Manner of injury following operation under anesthetic

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Terence J. Manoure M. D.

(Address) 100 E. Pleasant St

Homer J. Gutierrez, M.D. For C.M.L. Graham.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 93146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 ✓ F 98146
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 620 W. Lexington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 620 W. Lexington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Etta Klein

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	white	Married

6 (b) Name of husband or wife Lawrence Klein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28, 1902

8. AGE: Years	Months	Days	If less than one day
40	7	-	hr. min.

9. Birthplace Yonkers N.Y.
(Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Amy
13. Birthplace Unknown

MOTHER
14. Maiden Name ..
15. Birthplace ..

16 (a) Informant Lawrence Klein
(b) Address 620 W. Lexington St.

17 (a) Burial (b) Date thereof Dec. 1/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Shaaray
Location Edmondson Ave & Longwood St.

18 (a) Funeral director Harry H. Wilhelm
(b) Address #101 Edmondson Ave.

19 (a) DEC 1 1942 (b) Huntington Rotunda, M.D.
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 28 1942 at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 26 1942 to Nov 27 1942 and that I last saw h alive on 19

Immediate cause of death	Duration
Coronary Thrombosis	One day
Due to Cardio-Vascular Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Glassman M. D.
Address 2687 Merton Ave. Date signed Nov 30/42

98147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

469

Registered No. F 98147

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 S. Luzurne St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 S. Luzurne St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Antoni Kleczkowski

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-05-2984

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Helena

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Jan. 22-1880

8. AGE: Years 62 | Months 10 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Ignacy Kleczkowski
13. Birthplace Poland

MOTHER
14. Maiden Name Franciska Czaska
15. Birthplace Poland

16 (a) Informant Helena Kleczkowska
(b) Address 809 S. Luzurne St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 3-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Odonnell St

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) 1 1942 (Date received by registrar) (b) for Wallace Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29 1942, at 2.04 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1941, to Nov 29 1942, and that I last saw him alive on Nov 28 1942

Immediate cause of death: Carcinoma of Pancreas — Duration: 12-12-41

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Kalkowski M. D.

Address 842 N. Eutaw Date signed 11-29-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 98148 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline and Aliceson
(c) Hospital or institution: Saint Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 51 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 304 South Street Chester (If rural give location)
(e) Citizen of foreign country? yes (Yes or No) If yes, name country Poland

3 (a) FULL NAME Wladyslawa Lillian Borkowicz (Burke)

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife John Borkowicz (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) June 26 1891

8. AGE: Years	Months	Days	If less than one day
51	5	3	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housemaid

11. Industry or business

FATHER 12. Name Martin Lentz
13. Birthplace Poland

MOTHER 14. Maiden Name Mary Magan
15. Birthplace Poland

16 (a) Informant Mr. John Borkowicz
(b) Address 304 S. Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 404 S. Chrystie St.

19 (a) Hunting (Date rec'd by registrar) DEC 1 - 1942 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29 1942, at 955 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26th, 1942, to Nov. 29 1942, and that I last saw her alive on Nov. 28th 1942.

Immediate cause of death	Duration
Asphyxiation	
Failure	
Due to Pneumonia - Lobar	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl A. Dillinger M. D.
Address St. Joseph's Hospital Date signed November 29, 1942

correct age is especially important. Physicians: please write the causes of death clearly

F 98149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 942

Registered No. F 98149

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Holy Rosary Chapel, Chester & Baltimore
(c) Hospital or institution: Taken to Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2226 Cambridge Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alexander Nowakowski (Novak)

3 (b) If veteran, name war: World War #1

3 (c) Social Security Account No. 705-07-6472

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Minnie Nowakowski
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Feb 6 1896

8. AGE: Years	Months	Days	If less than one day
46	9	22	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Car Repairman
11. Industry or business Balto. Ohio R.R. Co.

FATHER
12. Name Andrzej Nowakowski
13. Birthplace Poland.

MOTHER
14. Maiden Name Katherine Jankowiak
15. Birthplace Poland.

16 (a) Informant Mrs. Katherine Nowakowski
(b) Address 2226 Cambridge St mother

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location Baltimore Md.

18 (a) Funeral director John M. Weber
(b) Address 410 S. Central Ave

19 (a) DEC 1 - 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-28-1942, at 10:20 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy on the date and from the evidence obtained by said Autopsy had that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mealey M.D. Medical Examiner.
Date signed 11-28-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98150

BALTIMORE CITY HEALTH DEPARTMENT

F 98150

Registered No.

CERTIFICATE OF DEATH

830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1730 Chesapeake Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Single Casey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): OCT 25 1886

8. AGE: Years: 56 Months: 1 Days: 3 If less than one day: hr. min.

9. Birthplace: Florence, S.C. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Robert Gaskins
13. Birthplace: S.C.

MOTHER
14. Maiden Name: Clara Lectomas
15. Birthplace: S.C.

16 (a) Informant: Bessie Wilson
(b) Address: 1730 Chesapeake Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof: 12-3-42 (month) (day) (year)
(c) Cemetery or crematory: Mt Zion
Location: Lansdowne

18 (a) Funeral director: Adolphus Halstead
(b) Address: 918 Druid Hill Ave

19 (a) DEC 1 1942 (b) Mrs. Anna Williams (Date received by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 28 1942, at 9 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

Immediate cause of death: Cerebral Hemorrhage, Apoplexy

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Robert Lee Graham M.D. Medical Examiner.
Date signed: Dec 1 1942

YS 6

Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

F 98151 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The ... form or information should be careful...

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1811 McCulloh Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 McCulloh (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Reverend Wesley H. Trustie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	A.A.	Married

6 (b) Name of husband or wife Christine Trustie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70 70			hr. min.

9. Birthplace New Jersey (Town, County, and state)
10. Usual Occupation Minister
11. Industry or business

FATHER
12. Name Abraham Trustie
13. Birthplace New Jersey

MOTHER
14. Maiden Name unk
15. Birthplace

16 (a) Informant Christine Trustie (Wife)
(b) Address 1811 McCulloh Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-1-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Pennsylvania Ave.

19 (a) (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/28 1942, at 6 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h in alive on 11/27 1942.

Immediate cause of death — Duration

Terminal Bronchopneumonia — 3 days

Due to Congested Heart

Due to Failure — Senility

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carson C. Johnson M. D.
Address 1802 Penna. Date signed 12/1/42

425976
F 98152

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98152 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 Jefferson (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Rogers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-14-69

8. AGE: Years 73 | Months 2 | Days 16 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Rogers
13. Birthplace Md

MOTHER 14. Maiden Name Louise Cooper
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/42 (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location

18 (a) Funeral director Thos Wilson
(b) Address 1000 Bright Ave Huntington Woods Md

19 (a) DEC 1 - 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov-30 1942, at 2.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 25 1942 to Nov 30 1942, and that I last saw him alive on Nov 30 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 5 days

Due to Arteriosclerotic Hypertension
Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: cerebral hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold E.C. Zhamtlin
Address Johns Hopkins Hosp. Date signed 12/1/42

VS 200

98153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. E 98153

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 143 N. Exeter St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Peter D'Iorio

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29, 1872

8. AGE: Years	Months	Days	If less than one day
70	5	-	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Nicholas D'Iorio
13. Birthplace Italy

MOTHER
14. Maiden Name Anna Visto
15. Birthplace Italy

16 (a) Informant Administrator Mercy Hospital
(b) Address Mercy Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3 1942 (month) (day) (year)
(c) Cemetery or crematory St Dymphnas
Location Clifton Park

18 (a) Funeral director Paul Pignato Sons
(b) Address 1846 N. Gay St.

19 (a) (Date rec'd by registrar) DEC 1 - 1942 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1942, at 6.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5 1942, to Nov. 29 1942, and that I last saw h alive on Nov. 29 1942.

Immediate cause of death	Duration
cardio-respiratory failure	
Due to Pneumonia - lobar	
Due to	
Other Conditions Diabetes cerebral hemorrhage (hemiplegia)	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Peyton Ritchings M. D.
Address Mercy Hospital Date signed 11/29/42

F 98154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

F 98454 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 559 Orchard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Bullock

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Mary Bullock

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 14, 1907

8. AGE: Years	Months	Days	If less than one day
34	11	15	hr. min.

9. Birthplace Northampton Co N. C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William Bullock

13. Birthplace Rich Square N. C.

MOTHER 14. Maiden Name Maria Bishop

15. Birthplace Rich Square N.C

16 (a) Informant Father Bullock

(b) Address 382 E. Washington St Suffolk Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1, 1942 (month) (day) (year)

(c) Cemetery or crematory Suffolk

Location Virginia

18 (a) Funeral director Mrs Katie R Williams

(b) Address 327 N Saunders St Hamilton for Williamsburg, N.C.

19 (a) DEC 1 - 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29, 1942 at M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Bullet wound of neck — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide ?
(b) Date of occurrence Nov. 29 1942 at M
(c) Where did injury occur? 559 Orchard St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Shot

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed Nov 29 1942

VS 6

F 98155 ✓ F 98155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1219 number St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 number
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Blake

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	col	married

6 (b) Name of husband or wife Mary Blake
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28, 1864

8. AGE: Years	Months	Days	If less than one day
74	-	27	hr. min.

9. Birthplace Columbia md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Basil Blake
13. Birthplace Columbia, md

MOTHER
14. Maiden Name Rachel Ivy
15. Birthplace Columbia md

16 (a) Informant Mary R. Blake
(b) Address 1219 number St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 3221 N. Schroeder St.

DEC 1 - 1942 (Date received by registrar) (b) Williams (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1942 at 9:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to Nov 27 1942, and that I last saw him alive on Nov 27 1942.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertension and Arteriosclerosis

Due to Renal Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M Eisenhower M. D.
Address 803 N Fremont Ave Date signed Dec 1

VS 3

F 98156 — BALTIMORE CITY HEALTH DEPARTMENT — F 98156

CERTIFICATE OF DEATH

93N — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 208 S. Hilton ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 208 S Hilton ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Melva R. Switzer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Charles Switzer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14, 1882

8. AGE: Years	Months	Days	If less than one day
60	10	14	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Frank H. Reiner
13. Birthplace Md.

MOTHER
14. Maiden Name Venkemann
15. Birthplace Md

16 (a) Informant Charles Switzer
(b) Address 208 S. Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Rd

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd.

19 (a) DEC 1 – 1942 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1942, at 7 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an in person (Autopsy or Inquiry) thereon and from the evidence obtained by said in person (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary Myocardial degeneration — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Graham M.D. Medical Examiner
Date signed Dec. 1 1942

F 98157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 98157 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 38 Wanted Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Robinson

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	269-18-3585

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	MARRIED

6 (b) Name of husband or wife MATILDA ROBINSON
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) UNKNOWN

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace LAWRENCEBURG TENN.
(Town, county, and state)
10. Usual Occupation SHIP CARPENTER
11. Industry or business BETHLEHEM SHIP CO.

FATHER
12. Name DANIEL ROBINSON
13. Birthplace TENN.

MOTHER
14. Maiden Name FLORENCE BARNES
15. Birthplace TENN.

16 (a) Informant OTHO ROBINSON (BROTHER)
(b) Address LAWRENCEBURG TENN.

17 (a) BURIAL (b) Date thereof DEC. 4/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory LAWRENCEBURG TENN
Location LAWRENCEBURG TENN.

18 (a) Funeral director Lilly and Geiken INC.
(b) Address 403 S. WOLFE ST.

19 (a) DEC 1 1942 (b) Huntington for Williamson M.
Date rec'd by reg. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1942, at 9 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & an inquiry thereon and from the evidence obtained by said autopsy & inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Chronic Myocardial degeneration — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov. 26 1942

F 98158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98158 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 E. Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 E. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henrietta D. Pearman

3 (b) If veteran, name war: *****

3 (c) Social Security Account No. ****None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or ***James A. Pearman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1866

8. AGE: Years	Months	Days	If less than one day
76	10	2	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Grocery Business
11. Industry or business & Confectionary

FATHER
12. Name William Collison
13. Birthplace Washington, D. C.

MOTHER
14. Maiden Name Martha H. Glenn.
15. Birthplace Maryland

16 (a) Informant Gladis E. Pearman
(b) Address 2117 E. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Page 3 of 2 (month) (day) (year)
(c) Cemetery or crematory Greylyn Chapel
Location Bel Air Md.

18 (a) Funeral director John W. Oursler
(b) Address 3000 E. Baltimore St.

19 (a) DEC 1 - 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

28. DATE OF DEATH Nov. 30, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1942 to Nov. 30 1942 and that I last saw her alive on Nov. 29 1942

	Duration
Immediate cause of death Coronary Thrombosis	years
Due to Coronary Heart Disease & Arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac F. Deemer M.D.
Address 1001 E. Baltimore St. Date signed Dec 1 1942

VS 180

H. L. Wollenweber per Robert Lee Graham M.D.

JL F 98159 F 98159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 b Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 Da
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3704 E. Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Salvatore Risida

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-4267

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Millia

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1888

8. AGE: Years	Months	Days	If less than one day
54	2	3	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Illinois Can Co.

FATHER
12. Name Paul Risida
13. Birthplace Italy

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore.

18 (a) Funeral director John A. Hoban
(b) Address 3000 E. Baltimore St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

DEC 1 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-27 1942, at 10 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-5 1942, to 11-27 1942, and that I last saw him alive on 11-27 1942.

Immediate cause of death Hypostatic pneumonia

Due to Metastatic Sarcoma, probably from stomach.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11-17-42

Major findings of operation: Carcinoma

of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Henry Hoban M. D.
Address Baltimore City Hosp. Date signed 11-28-42

F 98160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

F 33160 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 372 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
4102 Parkside Drive
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred Vitelozzi 70072

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Niobe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1870

8. AGE: Years 72 | Months 9 | Days 1 | If less than one day: hr. min.

9. Birthplace: Italy
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Lorenzo Vitelozzi
13. Birthplace Italy

MOTHER 14. Maiden Name Caterina Bertagna
15. Birthplace Italy

16 (a) Informant: Hospital records
(b) Address: 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Balto. Md.

18 (a) Funeral director John F. Miller Inc.
(b) Address 2435 E. Oliver St.

19 (a) (Date received by registrar) (b) Huntington Whitmore, Md.

DEC 1 1942

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 19 42 at 12:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 22 19 41 to Nov. 29 19 42, and that I last saw him alive on Nov. 29 19 42.

Immediate cause of death: Pulmonary tuberculosis — Duration: 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. A. Heuter
Address Balto City Hosp. Signed 11/30/42 M.

F 98162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 93161 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1630 Northwick Rd.
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1630 Northwick Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Nellie Ward Albaugh Partridge

3 (b) If veteran, name war: no
3 (c) Social Security Account No. ns

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Chas. W. Partridge
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Nov-12-1874

8. AGE: Years 68 | Months 0 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name George A. Albaugh
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary R. Linthicum
15. Birthplace Baltimore Md.

16 (a) Informant Chas. W. Partridge (Husband)
(b) Address 1630 Northwick Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Stewart & Myers Co.
(b) Address 108 W Lanvale Ave

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

DEC 1 – 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30, 1942, at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 28, 1942, to Nov. 30, 1942 and that I last saw her alive on Nov. 30, 1942.

	Duration
Immediate cause of death: Cerebral Hemorrhage	Immediate
Due to: Hypertension	Unknown
Due to: Arteriosclerosis	"
Other Conditions: ~	

(Include pregnancy within 3 months of death)
Date of operation: none
Major findings of operations: ~
of autopsy: ~

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: ~
(b) Date of occurrence: ~ at ~ M
(c) Where did injury occur? ~ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ~ (Specify type of place) While at work? ~
(e) Means of injury: ~

23. Signature Frank M. Adams M. D.
Address 2701 N. Calvert Date signed Nov. 30, 42

F 98162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 N

Registered No. F 98162

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Katharine Keirans

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1873

8. AGE: Years	Months	Days	If less than one day
69	9	29	hr. min.

9. Birthplace Philadelphia, Penna. (Town, county, and state)
10. Usual Occupation Religious
11. Industry or business

FATHER
12. Name Peter Keirans
13. Birthplace Ireland

MOTHER
14. Maiden Name -
15. Birthplace Ireland

16 (a) Informant Mother Superior
(b) Address City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-42 (month) (day) (year)
(c) Cemetery or crematory Cornwells Heights
Location Penna

18 (a) Funeral director Stewart Mortuary Co.
(b) Address 1058 W. North Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30 1942, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934 to Nov. 30 1942, and that I last saw her alive on Nov. 30 1942.

Immediate cause of death	Duration
Coronary Thrombosis	1 Day
Due to	
Due to	
Other Conditions: Leukopheumia Arteriosclerosis (Include pregnancy within 3 months of death)	27 yrs

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Damian L. Lagan M. D.
Address 336 Frederick Ave. Date signed

VS 1

F 98163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95C

F 98163 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2837 Remington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2837 Remington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Lee

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1903

8. AGE: Years	Months	Days	If less than one day
39	10	15	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name John Lee
13. Birthplace Virginia

MOTHER
14. Maiden Name Eliza Price
15. Birthplace Maryland

16 (a) Informant Elzie Lee Williams
(b) Address 2837 Remington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location [illegible]

18 (a) Funeral director Sam'l. W. Edmondson
(b) Address 638 N. Gilmor St.

19 (a) Dec 1 1942 (Filed by (date)) (b) Huntington for Williams Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/30 1942, at 6.20 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.

Immediate cause of death	Duration
Dilatation of Heart	
Due to	
Due to	
Other Conditions Acute Gastritis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 12/1/42

VS 6

F 98164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 155

F 98164 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 77 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 505 S. Collington Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY EMGE

3 (b) If veteran, name war	3 (c) Social Security Account No.
SAW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Fannie Steward
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) March 7, 1864

8. AGE: Years	Months	Days	If less than one day
78	8	12 22	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation Cook-Kecoughtan
11. Industry or business Soldiers Home

FATHER
12. Name John Emge
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Rosie Harris
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 12-3-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Rd Ex

18 (a) Funeral director A. Lee Oder
(b) Address 4644 York Rd

19 (a) DEC 1 1942 (b)
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29, 1942, at 8:15 am M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 28, 1942 to Nov. 29, 1942 and that I last saw him alive on Nov. 29, 1942.

Immediate cause of death	Duration
Paget's Disease involving skull and long bones	Unk.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify) (place)
(e) Means of injury

23. Signature [illegible] M. D.
Address US Marine Surgeon, USPHS, Date signed 11/30/42

Burial Permit issued Baltimore, Md.

correct age is especially important.

VS 150

Insured F 98165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

132 F 98165 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2009 Bank Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HERBERT A. WILLIAMSON

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWED

6 (b) Name of husband or wife: Nellie Shaeffer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1887

8. AGE: Years	Months	Days	If less than one day
55	0	13	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation Cement Finisher
11. Industry or business

FATHER
12. Name Williamson
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Mary Widmer
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-US Marine Hospital.
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-42 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Frederick Rd Dist

18 (a) Funeral director A. Lee Adler
(b) Address 4644 York Rd

19 (a) DEC 1 (Date rec'd by registrar) (b) Registered No.

Burial Permit to Wilmington

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 28, 1942, at 6:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 25, 1942, to Nov. 28, 1942, and that I last saw him alive on Nov. 28, 1942.

Immediate cause of death	Duration
Pneumonia, left lower lobe, lobar	5 da.
Due to	
Due to	
Other Conditions Tuberculosis, chronic, ulc. far advanced (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation: None	
of autopsy: ~~None~~ None	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify place)
(e) Means of injury

23. Signature J. A. Williamson M. D.
Address US Marine Hospital, USPHS, Executive Officer Baltimore, Maryland. Date signed 11/30/42

correct age is especially important. Any person who knowingly

F 98166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 477

F 98166 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3922 Maine Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 10
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3922 Maine Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LILLIE MAE HARDIN

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Married

6 (b) Name of husband or wife: Robert C. Hardin, Sr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 7, 1876

8. AGE: Years	Months	Days	If less than one day
66	8	22	hr. min.

9. Birthplace: Delaware (Town, county, and state)
10. Usual Occupation: housewife
11. Industry or business

FATHER
12. Name: John A. Tyndall
13. Birthplace: Del.

MOTHER
14. Maiden Name: Sarah Jane Dolby
15. Birthplace: Del.

16 (a) Informant: Mr. Purcell T. Hardin
(b) Address: 3005 Wayne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/42 (month) (day) (year)
(c) Cemetery or crematory: Spring Hill Cem.
Location: Easton, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto, Md.

19 (a) DEC 1-1942 (Date filed by registrar) (b) Huntington Williams M.D. Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29, 1942, at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1942 to Nov 29 1942, and that I last saw h. alive on Nov. 29 1942.

Immediate cause of death	Duration
Lung abscess	1 week
Due to Carcinoma of lung	2 years.
Due to	
Other Conditions Diabetes mellitus.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Mack Sherry M.D.
Address 11 E. Chase St Date signed Nov 30 1942

correct age is especially important

F 98167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 98167
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 North Carolina Street
(c) Hospital or institution: St. Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 Elkins Lane
(If rural give location)
(e) Citizen of foreign country? Ireland (Yes or No)
If yes, name country "

3 (a) FULL NAME Nellie Moore

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Fannon
6 (c) If alive, give age ? years
7. Birth date of deceased (mo., day, yr.) ? July 4, 1883 ~~1882~~
8. AGE: Years 59 | Months 4 | Days 27 | If less than one day: hr. min.
9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name not known John N. Doran
13. Birthplace " " Ireland

MOTHER
14. Maiden Name not known Annie Dordey
15. Birthplace " " Ireland

16 (a) Informant Hospital Record
(b) Address 1400 N. Carolina Street
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3-42 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Parkville Md.
18 (a) Funeral director Martin & Kurtz
(b) Address Forrestville Md.

DEC 1-1942
(Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1st 1942, at 11° A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 19th, 1942 to Dec. 1st 1942 and that I last saw her alive on Dec. 1st 1942.

Immediate cause of death	Duration
Cardiac failure	
Due to Arteriosclerotic heart disease	
Due to	
Other Conditions Bronchopneumonia-Lobar right lower lobe. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy ? Hospital Arteriosclerosis Coronary Thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl A. Dillinger M. D.
Address St. Joseph's Hosp. Date signed Dec. 1st, 1942.

VS 8 (over)

F 98168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 C

F 98168 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 228 N. Chester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO (If outside city or town limits, write RURAL and give town)
(d) Street No. 228 N. Chester St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MORRIS KRAMER

3 (b) If veteran, name war C

3 (c) Social Security Account No. 215-16-6314

4. Sex MALE | 5. Color or race White | 6 (a) Single, married, widowed, or divorced SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years 32 | Months | Days | If less than one day hr. min.

9. Birthplace BALTO MD (Town, county, and state)

10. Usual Occupation BOOKKEEPER

11. Industry or business

FATHER 12. Name CHARLES KRAMER

13. Birthplace RUSSIA

MOTHER 14. Maiden Name YETTA

15. Birthplace RUSSIA

16 (a) Informant CHARLES KRAMER

(b) Address 228 N. CHESTER ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-2-42 (month) (day) (year)

(c) Cemetery or crematory MT. CARMEL

Location GERMAN HILL RD.

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Balto St

19 (a) DEC 2-1942 (Date rec'd by registrar) Huntington Hill Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-1-42 19 , at 9 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1941 to Dec 1, 1942, and that I last saw h alive on Dec 1, 1942

Immediate cause of death Rheumatic Heart Disease — Duration 26 years
Mitral Stenosis & Insufficiency
Due to Aortic Stenosis & Insufficiency

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theadore Cooper M. D.

Address 2107 Park Ave Date signed 12-2-42

correct age is especially important. Please answer all questions. Please write plainly. Use ink. Do not use pencil. Do not write outside the lines. Do not fold this certificate.

F 98169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117a

Registered No.

F 98169

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, if the answer is "none," "0," or "unknown," so stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address MONUMENT ST
(c) Hospital or institution: SINAI HOSPT
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO (If outside city or town limits, write RURAL and give town)
(d) Street No. 2918 RIDGEWOOD AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Bennie Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife TILLIE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation RETIRED TAILOR

11. Industry or business

FATHER
12. Name IRVIN COHEN
13. Birthplace RUSSIA

MOTHER
14. Maiden Name ZELDA COHEN
15. Birthplace RUSSIA

16 (a) Informant WIFE
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-2-42 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location GERMAN HILL RD

18 (a) Funeral director Jack Lewis Inc
(b) Address 1429 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 2 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/1 1942 at 6 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-30 1942 to 12/1 1942 and that I last saw h alive on 19

Immediate cause of death Circulatory Disturbance (Shock)

Due to ?? Rupture of Bowel

Due to ?? Mesenteric Thrombosis

Other Conditions Peptic Ulcer.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. D. Goldstein M. D.
Address Sinai Date signed 12/2

F 98170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94W

Registered No. F 98170

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Do not guess. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2441 Lakeview Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL COPLAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mollie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Neckwear Manufacturer

11. Industry or business

FATHER
12. Name Sidney
13. Birthplace Russia

MOTHER
14. Maiden Name Marcus
15. Birthplace Russia

16 (a) Informant wife
(b) Address 2441 Lakeview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/42 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Phila Rd & Bowleys La

18 (a) Funeral director Jack Lewis D.C.
(b) Address 1429 E Balto St

19 (a) (Date rec'd by registrar) (b) Hunter L. Kitter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1st 1942, at 4:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an emergency (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H L. Wallenwebber M.D.
Asst Medical Examiner.
Date signed 12-1-42

VS 6

F 98171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 64

F 98171 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if known. Application for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5521 O'Donnell Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martin Plumhoff Jr. (Birth F 58791)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 28/42

8. AGE: Years	Months	Days	If less than one day
	2	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Martin Plumhoff Sr.
13. Birthplace Balto.

MOTHER 14. Maiden Name Dorothy Jones
15. Birthplace Balto.

16 (a) Informant Martin Plumhoff Sr.
(b) Address 5521 O'Donnell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 2 42 (month) (day) (year)
(c) Cemetery or crematory St. Mathews
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2124 Orleans St.

19 (a) DEC 2 (Date rec'd by registrar) (b) Interment Witness Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-1- 1942, at 8 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Status Thymicolymphaticus — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner
Date signed 12-1-42

VS 6

Spec.—7-17-28—A Co.—200 Blks.

98172

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 98172

CERTIFICATE OF DEATH

93d

REGISTERED NO.

1-PLACE OF DEATH Baltimore

City of BALTIMORE: (No. 3618 Gorsuch Oak ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan Mary House

(a) RESIDENCE NO. 3618 Gorsuch Oak ave St. Ward

(Usual place of abode) Lived in Balto 77 yrs (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced. (write the word): Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: —Edwin R House

6 DATE OF BIRTH (month, day, and year): Sept 2-1865

7 AGE: Years 77 Months 2 Days 25 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town)

(State or country) Baltimore Md

PARENTS

10 NAME OF FATHER George W Cruse

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Balto Md

12 MAIDEN NAME OF MOTHER Mary Louise Mann

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Louisianna

14 Informant Dr Flora Abbott

(Address) 4509 Liberty Heights

15 Filed DEC 2-1942 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 30-1942 19

17 I HEREBY CERTIFY, That I attended deceased from Nov 27 19 42 to Nov 30 19 42

that I last saw her alive on Nov 27 19 42

and that death occurred, on the date stated above, at 8:45 Am.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

Heart Failure.

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Arteriosclerosis Contrib Cause

(duration) 7 yrs. mos. da.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Flora J Abbott M. D.

, 19 (Address) 4509 Liberty Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Burial Green Mount Cemetery — Date of Burial: Dec 2 19 42

20 UNDERTAKER: Walter Brooke Bradley Inc — ADDRESS: 1922 W North Ave

Very important. See instructions on back of certificate.

F 98173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 F 98173 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2021 N. Pulaski St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Nora M. Wolf

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Henry Wolf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1874

8. AGE: Years	Months	Days	If less than one day
68	4	23	hr. min.

9. Birthplace Stepedy, Md. (Town, county, and state)
10. Usual Occupation --
11. Industry or business --

FATHER
12. Name (Albert) Friedrich Bumbert
13. Birthplace Germany

MOTHER
14. Maiden Name Elis Bumbert (Charlotte Budnick)
15. Birthplace Germany

16 (a) Informant Mrs Paul H. Huber, daughter
(b) Address 2021 N. Pulaski St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 2- 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1 1942, at 4:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/7 1942, to 12/1 1942, and that I last saw her alive on 11/30 1942

Immediate cause of death Bronchopneumonia — Duration 3 days

Due to Arteriosclerotic Cardio-Vascular disease & decompensation

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Ivy M Summerour M. D.
Address MD Sa Nov. Date signed 12/2/42.

F 98174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 98174

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2241 W. Baltimore St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County _____
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2241 W. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) FULL NAME CHARLES HENRY HERRMANN

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 18, 1878

8. AGE: Years	Months	Days	If less than one day
64	7	12	_____ hr. _____ min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Retired -
11. Industry or business Claim Dept., Balto. Transit

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Emma Yingling
(b) Address 2241 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/2/42 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) _____ (Date rec'd by registrar) (b) _____ Registrar

DEC 2 1942

VS-284

MEDICAL CERTIFICATION

A

20. DATE OF DEATH Nov. 30, 1942, at 9:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5 1942, to Nov. 30 1942, and that I last saw him alive on Nov 29 1942.

	Duration
Immediate cause of death Uremia	7 Days
Due to arteriosclerosis cardio vascular disease	5 years
Due to _____	
Other Conditions Hypertrophic arthritis	

(Include pregnancy within 3 months of death)

Date of operation _____
Major findings of operation: _____
of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)
(e) Means of injury _____

23. Signature Edwin Fleming M. D.
Address 1904 W. Balto St. Date signed 12-7-42

F 98175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1190 W

Registered No. F 98175

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Gay & Redwood
(c) Hospital or institution: Univ. Hosp. 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town) 3
(d) Street No. 119 E. 25th st. (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Calvin Kessler Jr. (Birth F59186)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 1, 1942

8. AGE: Years	Months	Days	If less than one day
0	2	1	— hr. — min.

9. Birthplace Bd. Hospital (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Peter Calvin Kessler
13. Birthplace Butler, Balto. Co., Md

MOTHER
14. Maiden Name Dorothy Wisner
15. Birthplace Mt. Carmel Balto Co. Md

16 (a) Informant Peter Calvin Kessler
(b) Address 119 E. 25 St. Balto. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-42 (month) (day) (year)
(c) Cemetery or crematory Black Rock
Location Butler, Balto. Co. Md

18 (a) Funeral director Faydon M. Brooks
(b) Address Sparks, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2, 1942, at 11:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 29, 1942 to Dec. 2, 1942 and that I last saw h/ M alive on Wed., 2, 1942.

Immediate cause of death — Duration
Circulatory Failure — 30 hr
Due to Acidosis — 48 days
Due to Diabetes — 1 mo.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. E. Weeks, M. D.
Address Univ. Hosp. Date signed 12-3-42

VS 150

F 98176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1921

F 98176 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully written. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 E. Clement
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 E. Clement (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary a. Larkin

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-6485

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8. 1890

8. AGE: Years	Months	Days	If less than one day
52	9	23	hr. min.

9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business Southern Hotel

FATHER
12. Name John W. Larkin
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Margaret Hutton
15. Birthplace Balto, Md

16 (a) Informant Jas. Larkin
(b) Address 517 E. Clement St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4/1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto, Md.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1402 Light St.

19 (a) DEC 2 1942 (Date rec'd by registrar) (b) Huntington, W. Va. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 1942 at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 28 1942 to Dec 1 1942 and that I last saw h[illegible] alive on Dec 1 1942

Immediate cause of death	Duration
Cerebral Apoplexy.	
Due to	
Due to	
Other Conditions Contributing (include pregnancy within 3 months of death) Cirrhosis of Liver, Nephritis & Myocarditis	

Date of operation
Major findings of operation: —
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury

23. Signature John C. Schwenck, M.D.
Address 1237 S. Charles St. Date signed Dec 4/42

VS 3

F 98177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 98177

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Mount Washington (If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME SISTER M. FIDELIS PARTRIDGE B.S.M.

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	SINGLE

6 (b) Name of husband or wife: ---------
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1858

8. AGE: Years	Months	Days	If less than one day
83	11	28	-- hr. --- min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Sister of Mercy
11. Industry or business -------

FATHER
12. Name James Partridge
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Jackson
15. Birthplace Maryland

16 (a) Informant Sister Celeste
(b) Address Mercy Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/42 (month) (day) (year)
(c) Cemetery or crematory Mount St. Agnes
Location Mount Washington

18 (a) Funeral director H. W. Meads & Son
(b) Address 805 N. Calvert Street

19 (a) DEC 2 - 1942 (Date rec'd by registrar) by Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30, 1942, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 12 1942 to Nov 30, 1942, and that I last saw her alive on Nov. 30 1942

Immediate cause of death	Duration
Due to Carcinomatosis	7
Due to (over)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas E. Davies
Address Mercy Hosp Date signed 11/30/42

VS 150

425978 F 98178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 A

F 98178 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3443 Juneway Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Mayes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-19-84

8. AGE: Years	Months	Days	If less than one day
57 58	11	11	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Albert Hoffheisen
13. Birthplace Md

MOTHER
14. Maiden Name Anna Baker
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Dec 4/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Stoltz Cem
Location Stoltz Pa

18 (a) Funeral director John Ullrich
(b) Address 2198 Gilsey Ave Whitestone, N.Y.

19 (a) 7461 - 7370 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 30 1942, at 10 55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 25 1942, to Nov 30 1942, and that I last saw h OR alive on Nov 30 1942.

	Duration
Immediate cause of death Hemorrhage From ruptured mesenteric vessel	12 hrs
Due to Hypertension	10 yrs
Due to Chronic Glomerulo Nephritis	20 yrs
Other Conditions Cardiac enlargement and mild failure	

(Include pregnancy within 3 months of death)

Date of operation 11/30/42

Major findings of operation: Hemorrhage from ruptured mesenteric vessel

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Vernon B. Mountcastle, M. D.
Address Johns Hopkins Hosp. Date signed 12-1-42

VS 280

F 98179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98179

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 N Luzerne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 506 N Luzerne Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Joo Blot Kamp

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-4297

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Blot Kamp
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Sept 20 1888

8. AGE: Years	Months	Days	If less than one day
54	2 3	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Fuller
11. Industry or business Standard Oil Co

FATHER
12. Name Valentine Blot Kamp
13. Birthplace Balto

MOTHER
14. Maiden Name Dont Know.
15. Birthplace Balto

16 (a) Informant Henry Mary
(b) Address 506 N Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4 42 (month) (day) (year)
(c) Cemetery or crematory
Location Daniel Hunt Cem.

18 (a) Funeral director John Wilms
(b) Address 2008 Orleans St

19 (a) (Date rec'd by reg.) Dec 3 42 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 1942 at 9 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1942 to 12/1 1942 and that I last saw him alive on 11/25 1942

Immediate cause of death Metastasis
from Gastric Carcinoma

Due to Carcinoma of Stomach

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank V. Mannion. M.D.
Address 3335 Eastern Ave Date signed 12/2/42

VS 2

F 93180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

F 98180 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5651 Govane Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) N
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5651 Govane Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPHINE MARY JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12 18 1853

8. AGE: Years 88 Months 11 Days 11 If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Henry Medfield
13. Birthplace Maryland

MOTHER
14. Maiden Name Betsy Smith
15. Birthplace Maryland

16 (a) Informant Ethel Johnson
(b) Address 5651 York Govane Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2 1942 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill Cem
Location

18 (a) Funeral director Mary M Medfield
(b) Address 16 22 Gilliam, Huntington

19 (a) (Date received by local registrar) DEC 2 1942 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1942, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 29 1942 to Nov. 29 1942, and that I last saw her alive on Nov. 29 1942.

Immediate cause of death Arteriosclerotic Heart disease — Duration 3 yrs.

Due to Senility — 18 yrs.

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence None
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None While at work? None
(Specify type of place)
(e) Means of injury None

23. Signature As Chalfant M. D.
Address 210 York Rd. Date signed 11-30-42

F 98181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1930 Registered No. F 98181

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1819 Gough Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 Gough Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MARTIN SZCZEPANSKI

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Franciszka
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 2, 1853

8. AGE: Years	Months	Days	If less than one day
89	-	27	hr. min.

9. Birthplace Poznan, Poland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ------- Szczepanski
13. Birthplace Poznan, Poland

MOTHER
14. Maiden Name Cecilia Krzyminska
15. Birthplace Poznan, Poland

16 (a) Informant Mary Szczepanska
(b) Address 1819 Gough Street

17 (a) Burial (b) Date thereof 12/3/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. F. Szczepanski & Son
(b) Address 1808 Eastern Ave

DEC 2 1942 (b) Huntington Hill Registrar
(Date received by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1942 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 2 1942 to Nov. 27 1942, and that I last saw h alive on 19

Immediate cause of death
Acute Cardiac Dilatation
Due to Chronic myocarditis
Due to
Other Conditions Cardiac arthritis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
1 hr.
14 yrs.
5 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John L. Fitzpatrick
Address 1802 Eastern Ave (Date signed) 12-7-42

F 98132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1610

F 98182 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 8
(e) Length of stay in Baltimore (~~yrs., mos.~~, or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1606 S. Charles St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Hess (Butts F 63397)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-23-42

8. AGE: Years	Months	Days	If less than one day
		8	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name James Joseph Hess
13. Birthplace New York City

MOTHER
14. Maiden Name Viola Starr
15. Birthplace Baltimore, Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof 12/2/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cemetery
Location - Pulaski Highway

18 (a) Funeral director Elizabeth Rod Inc.
(b) Address 113 E. 21st St.

19 (a) DEC 2 - 1942 Courtney for Williams M.D.
(Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1 1942 at 4:34 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-23 1942 to 12-1 1942 and that I last saw him alive on 12-1 1942

Immediate cause of death	Duration
asphyxia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George H. Kanas M.D.
Address University Hospital Date signed 12/1/42

98183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1468 Registered No. F 98183

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3421 Elmley Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3421 Elmley Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine C. Cunzeman

3 (b) If veteran, name war ******

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife. Frederick W. Cunzeman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18. 1874

8. AGE: Years	Months	Days	If less than one day
68	0	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business Home

FATHER
12. Name Julius Neuschaefer.
13. Birthplace Maryland.

MOTHER
14. Maiden Name ? Schuman
15. Birthplace ?

16 (a) Informant Mr. Frederick Cunzman
(b) Address 3421 Elmley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Baltimore

18 (a) Funeral director John A. Moran
(b) Address 3000 E. Baltimore St.

19 (a) DEC 2 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1. 1942 at 335A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1942 to Dec 1 1942 and that I last saw h[illegible] alive on Nov 30 1942

Immediate cause of death Cerebral Hemorrhage — Duration
Due to Carcinoma of Stomach
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Kent Finley M. D.
Address 2936 E Balto Date signed 12-1-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

98184 Lugenbell

BALTIMORE CITY HEALTH DEPARTMENT 1942 Registered No. 98184

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1834 Covington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1834 Covington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Rebecca Lugenbell

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Arch. J. Lugenbell

6 (c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): Mch 3. 1902

8. AGE: Years 40 | Months 8 | Days 27 | If less than one day: hr. min.

9. Birthplace: Frederick Md. (Town, county, and state)

10. Usual Occupation: Nurse duties

11. Industry or business

FATHER
12. Name: Charles H. Rowe
13. Birthplace: Md.

MOTHER
14. Maiden Name: Catherine E. Smelzer
15. Birthplace: Frederick Md

16 (a) Informant: Clara A Roelke
(b) Address: Frederick Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 2/42 (month) (day) (year)
(c) Cemetery or crematory: Elder Hill
Location: Annapolis Boulevard

18 (a) Funeral director: John O. Mitchell Home
(b) Address: 1706 Eutaw Place

19 (a) DEC 2 1942 (Date filed by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 30 1942 at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from about 10 years 19 , and that I last saw h alive on Nov 30 at above time

Immediate cause of death: Angina Pectoris — Duration

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: M. L. Lichtenberg M.D.
Address: 1 W Madison Ave Date signed: Dec 3 1942

VS 180

98185

F 98185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wolfe and Monument Sts.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2111 Park Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Yerman (Birth F 57056)

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Newborn

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7 1942

8. AGE: Years	Months	Days	If less than one day
		6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Newborn

11. Industry or business

FATHER
12. Name Max Yerman
13. Birthplace New York City

MOTHER
14. Maiden Name Freda Salabman
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Max Yerman
(b) Address 2111 Park Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL DEC 2 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address DEC 2 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 13 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 7 1942 to Sept. 13 1942, and that I last saw h.e.r alive on Sept 13 1942.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Black, M. D.
Address Sinai Hosp Date signed 12/2/42

VS 8

9605

F 98186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98186 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution:
Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. Co.
(c) City or town Baltimore Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 315 Dolphin St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William R. Jennings

3 (b) If veteran, name war: No.

3 (c) Social Security Account No.: ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Addie S. Jennings
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17, 1850

8. AGE: Years	Months	Days	If less than one day
92	3	12	hr. min.

9. Birthplace Fredericksburg Maryland
(Town, county, and state)

10. Usual Occupation Farmer
11. Industry or business Farm

FATHER
12. Name John L. Jennings
13. Birthplace Maryland.

MOTHER
14. Maiden Name Anne Eliza Covey
15. Birthplace Maryland

16 (a) Informant Sister Mrs. Ida Jennings.
(b) Address 8307 Woodland Ave. Rld Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/42 (month) (day) (year)
(c) Cemetery or crematory Hillcrest
Location Fredericksburg, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

DEC 2 - 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1 1942, at 7.40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26 1942 to Dec 1 1942 and that I last saw him alive on Dec 1 1942.

Immediate cause of death: Bronchial pneumonia - — Duration: 3 days.

Due to:

Due to:

Other Conditions: Benign prostatic hypertrophy — 5 yrs.
Secondary arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Chronic bronchial pneumonia, benign prostatic hypertrophy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. David Buchanan M. D.
Address Church Home & Infirmary Date signed 12/1/42

VS 2

F 98187

F 93187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 915 Dukeland St (If rural give location)
(e) Citizen of foreign country? U.S. (Yes or No) If yes, name country

3 (a) FULL NAME Thomas J(ean) David (Birth F 62897)

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1942

8. AGE: Years	Months	Days	If less than one day
0	0	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Thomas John Pavis
13. Birthplace Case, Va.

MOTHER
14. Maiden Name Violet V. Williams
15. Birthplace Balto., Md.

16 (a) Informant Mr. Thomas J. Pavis
(b) Address 915 Dukeland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

DEC 2-1942 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1, 1942, at 6:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 24 1942 to Dec. 1 1942 and that I last saw him alive on Dec. 1 1942

Immediate cause of death	Duration
Diarrhoea Neonatorum	1 week
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Non contributory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McCafferty M.D.
Address Bon Secours Hosp. Date signed 12-1-42

VS 8

F 98188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1930

F 98188 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6000 Bellona Ave.

(c) Hospital or institution: Edgewood Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3303 Alto Rd. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELIZABETH ROBERTS DUVALL

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced.: widow

6 (b) Name of husband or wife: Mareen Merrikin Duvall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/12/1854

8. AGE: Years 88 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace Calvert Co., Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Thomas Richard Tongue

FATHER 13. Birthplace A. A. Co., Md.

MOTHER 14. Maiden Name Jane Louisa Johnson

MOTHER 15. Birthplace A. A. Co.

16 (a) Informant Ernest M. Duvall

(b) Address 3405 Greenway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) DEC 2 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1, 1942 at 12:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 26 1942, to Dec 1 1942, and that I last saw h[illegible] alive on Nov 30 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 days

Due to: Arteria-sclerosis — Duration: [illegible] yrs

Due to: Cardiac Vascular Lesion — Duration: [illegible] yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. Brewer and Son M. D.

Address 2200 Jarrett Blvd Date signed 12-2-42

F 98189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 98189 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1918 Kennedy Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY L. Mc GREEVY

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 220-09-5363

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife: single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1885

8. AGE: Years	Months	Days	If less than one day
57	3	16	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Dept. Mgr.
11. Industry or business Peyton B. Strobel, Realty

FATHER
12. Name George L. McGreevy
13. Birthplace Howard Co., Md.

MOTHER
14. Maiden Name Catherine Griffin
15. Birthplace Balto., Md.

16 (a) Informant Mr. G. L. McGreevy
(b) Address 1418 Rosedale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1st 1942 at 3 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Arteriosclerosis, general	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)

Date of operation ho
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 12-2-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Write correct age in years, months, days, hours, minutes. Physicians: please write the causes of death clearly and specify.

VS 6

F 98190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98190 Registered No. 13B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 124 S. East ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 124 S. East ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John H. O'Brien

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ella Wismer
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Nov 3, 1892

8. AGE: Years	Months	Days	If less than one day
50	-	27 29	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Book Keeper
11. Industry or business

FATHER
12. Name Joseph H. O'Brien
13. Birthplace Mass

MOTHER
14. Maiden Name Catherine Sann
15. Birthplace Baltimore

16 (a) Informant Charles O'Brien
(b) Address 3105 Northaway Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 5, 1942 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Eastern ave

18 (a) Funeral director S. Walter Mayo
(b) Address 619 N. Bouldin St.

19 (a) Dec 2 1942 (Date rec'd by Registrar) (b) Huntington Williams Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1, 1942, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 11-1-1942 to 12-1-1942, and that I last saw him alive on 12-1-1942.

Immediate cause of death	Duration
Pneumonia	
Interstitis	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leon C. Beetham, M. D.
Address 3131 E. Balto St Date signed 12-1-42

98191
426 232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 7a

Registered No. E 98191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County St. Mary's
(c) City or town Hollywood (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George W Wyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Martha E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 | 14 | 61

8. AGE: Years	Months	Days	If less than one day
81	9	18	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Wyer
13. Birthplace ?

MOTHER
14. Maiden Name ? ?
15. Birthplace ? ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4-42 (month) (day) (year)
(c) Cemetery or crematory St George's
Location Valley Lee Md

18 (a) Funeral director W. C. Spottswood & Son
(b) Address Leonardtown Md

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

DEC 5 1942

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec - 2 1942, at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov - 30 1942 to Dec - 2 1942, and that I last saw him alive on Dec - 2 1942

Immediate cause of death Pneumonia, Chronic Acidosis

Duration 1 yr

Due to Renal Shutdown Bilateral prostatic hypertrophy

Due to Resected prostatectomy Spring 1941

Other Conditions Renal Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation Enlarged benign prostate.

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John S. Haines M.D.
Address Johns Hopkins Hospital Date signed 12/2/42

98192 James A Nichols

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1950 Registered No. F 98192

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1306 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES A. NICHOLAS

3 (b) If veteran, name war

3 (c) Social Security Account No. 409-10-0338

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Florence Boothe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1905

8. AGE: Years	Months	Days	If less than one day
37	4	20	hr. min.

9. Birthplace Penn (Town, county, and state)
10. Usual Occupation Erector
11. Industry or business Bethlehem Fairfield Co.

FATHER
12. Name William P. Nichols
13. Birthplace Penn

MOTHER
14. Maiden Name Eliza Jane Elliot
15. Birthplace Penn

16 (a) Informant Florence Boothe Nichols
(b) Address Milligan Corner, Penn.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 5/42 (month) (day) (year)
(c) Cemetery or crematory Morning View Cemetery
Location Johnson City, Penn

18 (a) Funeral director Harry H. Wetzke
(b) Address 4101 Edmondson Ave

19 (a) DEC 3 1942 (Date rec'd by registrar) Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1942 at 9 a.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pulmonary embolism

Due to Fracture both tibia and fibula

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 25/6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov 18, 1942 at 10 a.m.
(c) Where did injury occur? Bethlehem Fairfield Shipyard (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)
(e) Means of injury Fracture of metatarsal fall from ship

23. Signature H. L. Ballenweber M.D. Medical Examiner.
Date signed 12-2-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

98193 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 98193

CERTIFICATE OF DEATH

1. PLACE OF DEATH 2231 Druid Hill Ave 131N

Registered No. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 13 Ward) 14

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosena C Thompson

(a) Residence: No. 2231 Druid Hill Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	A A	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Thompson

6. DATE OF BIRTH (month, day, year) Feb 14, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59 59	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Thompson

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Augusta —

16. BIRTHPLACE (city or town) (State or country) Chestertown Md.

17. INFORMANT Annie Butler

(Address) 2231 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec. 3, 1942

19. UNDERTAKER Archibald A. Gaddis

(Address) 2101 McCulloh St.

20. FILED DEC 3 - 1942 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1942

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to Dec 1, 1942

I last saw her alive on Nov 20, 1942 death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Renal Disease	1936
Other contributory causes of importance: Rheumatoid Arthritis	1936

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. J. Tilley M. D.

(Address) 1422 E. Pase Md

No. 13—Write plainly with pen and ink and use no abbreviations. All information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state approximately. If DEATH occurred in a hospital or institution, give NAME instead of street and number. Fill in all items. Underlining is requested. Do not state CAUSE OF DEATH in plain terms, so that it may be properly classified. Brief statement of OCCUPATION is very important. See instructions on back of certificate.

98194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98194 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Erasures, alterations, or omissions will void certificate. Use blanks for additional information. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 828 Hughes St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie Wright

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26-1902

8. AGE: Years	Months	Days	If less than one day
40	8	3	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Mack Wright
13. Birthplace Md

MOTHER
14. Maiden Name Mary Smith
15. Birthplace Md

16 (a) Informant Eleanora Baker (SI)
(b) Address 767 S. Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Md

18 (a) Funeral director David L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) DEC 3-1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION 36

20. DATE OF DEATH Nov. 29 1942, at 4 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Pending	
Due to	(a)	
Due to	copy back for transcripts	
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec 1st 1942

VS 6

F 98195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 N

F 98195 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Gold Spring Lane
(c) Hospital or institution: Gold Spring Home for Aged
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 145 N. Gay St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George R Manly

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rose Manly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 7th 1865

8. AGE: Years	Months	Days	If less than one day
77	-	25	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Rodney G Manly
13. Birthplace Md

MOTHER 14. Maiden Name Anne Zyler
15. Birthplace Md

16 (a) Informant Mrs Lyzenbeil
(b) Address 2425 E. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5th 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E North Ave Ext

18 (a) Funeral director Leo G Lock
(b) Address 704 N. Patterson Park Ave

19 (a) DEC 3 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2 1942, at 7:41 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17 1942, to Dec 2 1942, and that I last saw h... alive on ... 19...

Immediate cause of death: Chronic myocarditis

Due to

Due to

Other Conditions senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. N. Tuttleman, M.D.
Address 2324 Reisterstown Rd Date signed 12/3/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23 are important. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 8

F 98196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98196 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Everyone of information should be given. Please answer every question. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2311 E. Oliver St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2311 E. Oliver St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Grau

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Susan Grau

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Dec. 19-1870

8. AGE: Years	Months	Days	If less than one day
71	11	12	hr. min.

9. Birthplace York, Pa. (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER
12. Name Balthasar Grau
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant William Grau
(b) Address 2311 Oliver street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North Ave & Rosedale

18 (a) Funeral director Lee & Cook
(b) Address 1701-03 Eutaw Place

19 (a) DEC 3-1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/1 1942, at 6:00 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

Immediate cause of death Arteriosclerotic Cardio-vascular disease — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. Jeffreys M.D. Medical Examiner.
Date signed 12/1/42.

VS 6

F 98197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 F 98197 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL, and give town)
(d) Street No. 2522 Ashton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Spriggs (Birth F 61922)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1942

8. AGE: Years | Months | ~~Days~~ weeks 3 | 23 If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Walter Spriggs
13. Birthplace Md

MOTHER 14. Maiden Name Maria Jones
15. Birthplace Va

16 (a) Informant Maria A. Spriggs
(b) Address 2522 Ashton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Frederick A. Cook
(b) Address 1200 W. Lombard St.

19 (a) DEC 3-1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/30 1942 at 12:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/29 1942 to 11/30 1942, and that I last saw her alive on 11/30 1942.

Immediate cause of death Gastroenteritis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rowberry, M.D.
Address St. Agnes Hosp. Date signed 12/3/42

VS 250

F 98198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93N

F 98198 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 39 S Stricker St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 39 S Stricker St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie E. Love

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Augustus Love

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26 1881

8. AGE: Years 61 | Months 7 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER 12. Name William Eichhorst

13. Birthplace Germany

MOTHER 14. Maiden Name Elizabeth Feldbrandt

15. Birthplace Germany

16 (a) Informant Magdalen Zoba

(b) Address 3929 V. Sinclair Brooklyn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 - 3 - 42 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Anne Arundel County

18 (a) Funeral director Fredericka Cole

(b) Address 1200 W Lombard St

19 (a) DEC 3 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30th 1942 at 12:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 14 1942 to Nov 30 1942 and that I last saw h[illegible] alive on Nov 30 1942

	Duration
Immediate cause of death Hypertensive Cardio-Vascular Disease	
Due to Essential Hypertension	7
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert J. Shuster M.D.

Address 2302 Eden St Apt Date signed 12/1/42 M. D.

Registrar

VS 150

F 98199

F 98199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33RD & CALVERT ST.
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 da
(e) Length of stay in Baltimore (yrs., mos., or days) 12 dA

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND County
(b) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4311 SHAMROCK AVE
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME SHARON VIRGINIA PHILLIPS (Birth F 6365)

MEDICAL CERTIFICATION

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	SINGLE

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) NOV. 20, 1942

8. AGE: Years	Months	Days	If less than one day
0	0	12	hr. min.

9. Birthplace BALTIMORE MARYLAND (Town, county, and state)
10. Usual Occupation 0
11. Industry or business 0

FATHER
12. Name MR JOHN PHILLIPS
13. Birthplace MARYLAND

MOTHER
14. Maiden Name MARGARET BOHOLITZ
15. Birthplace MARY LAND

16 (a) Informant JOHN PHILLIPS
(b) Address 4371 SHAMROCK AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 3 - 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore Co. Md

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) DEC 3 1942 Huntington Williams, M.D. Registrar

20. DATE OF DEATH DEC. 2, 0 1942, at 1:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from NOV. 29 1942 to DEC 2 1942, and that I last saw her alive on DEC 2 1942

Immediate cause of death	Duration
Cardiorespiratory failure	
Due to Pneumonia & Diarrhea	5 days 8 hrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy Subpneumonia.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature
Address Helen Bowie M. D.
Date signed Dec 3 '42
Union Memorial Hosp.

VS 150

F 98[illegible]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 98200 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wilkins Ave.
(c) Hospital or institution St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill. (b) County Chicago
(c) City or town Chicago (If outside city or town limits, write RURAL and give town)
(d) Street No. The Ambassador Hotel (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florence Mitchell

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Stanley
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) March 16, 1890

8. AGE: Years	Months	Days	If less than one day
52	8	16	____ hr. ____ min.

9. Birthplace Ill. (Town, county, and state)
10. Usual Occupation home duties
11. Industry or business ✓

FATHER
12. Name James B. McPatrick
13. Birthplace Ill.

MOTHER
14. Maiden Name Vesta Pistrann
15. Birthplace New England State ?

16 (a) Informant Vesta J. C. Capp
(b) Address 30 Ravine Terrace, Lake Forest Ill.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6/42 (month, day, year)
(c) Cemetery or crematory Graceland Cemetery
Location Chicago Ill.

18 (a) Funeral director J. J. O. Mitchell Sons
(b) Address 1900 Eastern Place

19 (a) DEC 3 1942 (Date rec'd by registrar) (b) Huntington Hillman Jr. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1942 at 6:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10, 1942 to Dec 2, 1942 and that I last saw h[illegible] alive on Dec 2, 1942

Immediate cause of death Carcinoma right breast with metastases to chest,
Due to and right eye & jaw
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James N. Cannon M. D.
Address 3[illegible] Chicago Date signed 12/12/42

F 98201 ✓ F 98201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2410 Longwood St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2410 Longwood St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Russell S. Karsten

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Mary Louise Smeak
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 8/21/1884

8. AGE: Years	Months	Days	If less than one day
58	3	10	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Com. Artist
11. Industry or business

FATHER
12. Name John C. Karsten
13. Birthplace Pa.

MOTHER
14. Maiden Name Marian Benneison
15. Birthplace Md.

16 (a) Informant Mrs. Lary L. Karsten
(b) Address 2410 Longood St.

17 (a) Burial (b) Date thereof 12/3/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemy.
Location Baltimore, Md.

18 (a) Funeral director John O. Medairy & Sons
(b) Address 1900 Eutaw Place

19 (a) DEC 3 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1, 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1932 to Dec 1 1942 and that I last saw him alive on Nov 29 1942

Immediate cause of death	Duration
Angina Pectoris	—
Due to arteriosclerosis	?
Due to Hypertension	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — — —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature Baltimore Fire M. D.
Address 20 E. Preston St. Date signed

correct age is especially important. Physicians, please write plainly.

VS 180

F 93608

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 98202 Registered No.

CERTIFICATE OF DEATH 93a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ? (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Julian Daly

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	?

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3 1942 (month) (day) (year)
(c) Cemetery or crematory St. Paul
Location Cardiff St.

18 (a) Funeral director A. Lee Odle
(b) Address 4644 York Road.

19 (a) (b) Harrington Williams MD Registrar

DEC 8 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/1 1942, at 5.40 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said Inquiry find that said deceased came (Autopsy or Inquiry) to his/her death on the day stated above.

Immediate cause of death	Duration
Acute Myocarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McKelvey M.D. Medical Examiner.
Date signed 12/1/42.

4264 63 F 98203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 98203 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 835 N. Wolfe St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida A. Campbell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Herman Campbell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-20-03

8. AGE: Years 39 | Months 8 | Days 9 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name Henry Young
13. Birthplace Md

MOTHER
14. Maiden Name Helen Beaton
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Ar. a. Co. Md.

18 (a) Funeral director Byron Knight & Manuel
(b) Address 724 Edgewood St

19 (a) DEC 3 1942 (Date received by registrar) Huntington Wm. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1942 at 10 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 27 1942 to Nov. 29 1942 and that I last saw her alive on Nov. 29 1942.

Immediate cause of death Carcinoma of breast — Duration

Due to cachexia — Duration

Due to exhaustion — Duration

Other Conditions Pneumonia, Bronchial — Duration

(Include pregnancy within 3 months of death)

Date of operation Nov. 22, 1942

Major findings of operation: Carcinoma left breast

Of autopsy: Not at Post-Op

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Nelson M.D.

Address Johns Hopkins Hosp. Date signed 11/30/42

VS 250

F 98204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

✓ F 98204 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2320 Pennsylvania Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2320 Pennsylvania Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jennie A. Nichols

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Henry C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1896

8. AGE: Years	Months	Days	If less than one day
46	5	10	hr. min.

9. Birthplace Sowsons, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Henry C. Nichols
(b) Address 2320 Pennsylvania Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-1942 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest.
Location Towson, Md.

18 (a) Funeral director Wm. Edw. H. Holland
(b) Address 1031 Druid Hill Ave.

19 (a) DEC 3 1942 Huntington Williams M.D. Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 1942, at 6:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 19 42 to Dec 1 1942, and that I last saw him alive on Dec 1 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypotension Cardiac	
Due to Generalized Carcinomatosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M Eustace M.D.
Address 803 W. Fayette Date signed Dec 3

VS 8

F 98205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 d

F 98205 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Use "None" where necessary. If unknown, supply information as nearly as possible. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 N. Carey St (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Collins Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rosa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1864

8. AGE: Years: 77 | Months: 6 | Days: 18 | If less than one day hr. min.

9. Birthplace: Anne Arundel Co. Md. (Town, county, and state)

10. Usual Occupation: Janitor

11. Industry or business:

FATHER
12. Name: Wm H. Brown
13. Birthplace: Anne Arundel Co.

MOTHER
14. Maiden Name: Sarah E. Collins
15. Birthplace: Anne Arundel

16 (a) Informant: Mrs. Sarah Brown
(b) Address: 1735 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4 1942 (month) (day) (year)

(c) Cemetery or crematory: Rabury
Location: Baltimore, Md

18 (a) Funeral director: Mrs. Ed. H. Strolland
(b) Address: 1631 Druid Hill Ave

19 (a) DEC 3 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1942 at 4:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-28 1942 to 11-30 1942 and that I last saw him alive on 11-30 1942.

	Duration
Immediate cause of death: Coronary Thrombosis	3 days
Due to: Hypertension	
Due to: Cardiovascular Disease	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. H. Provenzander M. D.
Address 844 N. Carey St Date signed 11-30-42

F 98206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 d

F 98206

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information about deceased must be given. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — W. Baynor Cw
(b) Street address — Harford Road
(c) Hospital or institution — West Balto Gen'l Hospl
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State — Md (b) County — Battotaty
(c) City or town — Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. — 6000 Harford Road. (If rural give location)
(e) Citizen of foreign country? — No (Yes or No)
If yes, name country — —

3 (a) FULL NAME — Wong Lee Tai

3 (b) If veteran, name war — no
3 (c) Social Security Account No. — no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Yellow	married

6 (b) Name of husband or wife — Lee Shee Tai
6 (c) If alive, give age — ? years

7. Birth date of deceased (mo., day, yr.) — About 1872

8. AGE: Years	Months	Days	If less than one day
Abt 60 yrs	-	-	hr. min.

9. Birthplace — United States (Town, county, and state)
10. Usual Occupation — Laundry
11. Industry or business —

FATHER
12. Name — not known
13. Birthplace — China

MOTHER
14. Maiden Name — unknown
15. Birthplace — China

16 (a) Informant — Chin Quong (cousin)
(b) Address — 310 Park Ave.

17 (a) Burial — (Burial, cremation, or removal) (b) Date thereof — Dec 7-42 (month) (day) (year)
(c) Cemetery or crematory — Lorraine
Location — Woodlawn

18 (a) Funeral director — Sherwood Memorial Co
(b) Address — 1410 W North Ave. Baltimore, Md.

19 (a) DEC 3 - 1942 (Date rec'd by registrar) (b) Huntington — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH — 12/1 1942, at 12:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/29 1942 to 12/1 1942 and that I last saw h[illegible] alive on 12/1 1942.

Immediate cause of death — Cerebral Hemorrhage — Duration → 36 hrs
Due to — Hypertension Cafetia - vas. Disease
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature — [signature]
Address — West Balto Gen'l Hospital — Date signed — 12/1/42

VS 3

F 98207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 938 F 98207 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert Sts.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County
(c) City or town Miami (If outside city or town limits, write RURAL and give town)
(d) Street No. 2543 So. W. 6th St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EARLE DALY WALDEN

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No. 217-01-4350

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married.

6 (b) Name of husband or wife: Mrs. Earle D. Walden (Augusta Nellie)
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) MAY 9, 1886.

8. AGE: Years	Months	Days	If less than one day
56	6	21	hr. min.

9. Birthplace MARYLAND (Town, county, and state)
10. Usual Occupation Asst. Manager of
11. Industry or business Race Track.

FATHER
12. Name William Walden
13. Birthplace New Jersey

MOTHER
14. Maiden Name Maude Jones
15. Birthplace Maryland

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4 42 (month) (day) (year)
(c) Cemetery or crematory Middleburg
Location Carroll Co. Md.

18 (a) Funeral director Sherrard Mortuary Co.
(b) Address 1028 Park Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1 1942, at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 30 1942, to Dec. 1 1942, and that I last saw him alive on Dec. 1 1942.

Immediate cause of death: Cardio - respiratory failure. — Duration: 30 min.

Due to: Cerebral vascular accident.

Due to: Hypertensive cardio-vascular disease.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Nesbit Jr. M. D.
Address Union Memorial Hosp. Date signed 12-2-42

F 93208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1936 F 98208 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 624 W 36th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 71
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 W 36th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert E. Lilly.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-01-8079.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married.

6 (b) Name of husband or wife Bessie F. Lilly.
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) April 11, 1869

8. AGE: Years	Months	Days	If less than one day
73	7	20	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business Night Watchman.

FATHER
12. Name Hugh Lilly.
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Bessie F. Lilly.
(b) Address 624 W 36th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4/42 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden.

18 (a) Funeral director Thanhauser & Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) DEC 3 — 1942 (Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1, 1942, at 9.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 9 1942 to Dec 1 1942 and that I last saw him alive on Nov 30 1942.

Immediate cause of death	Duration
Cardiac Decompensation	1 mo.
Due to Cardio-Vascular disease	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 624 W 36th St. Date signed 12/3/42

Huntington Hill

F 98209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 98209 134a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Catonsville Wilkens Aves.
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 947 S. Fulton Avenue (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Ella Stamps

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Daniel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/19 1892

8. AGE: Years	Months	Days	If less than one day
50 years	-	22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Harry Moody
13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Ida Swanner
15. Birthplace Maryland

16 (a) Informant Daniel V Stamps
(b) Address U. S. Navy Air Corps

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-42 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Frederick Ave.

18 (a) Funeral director Robert L Brooks
(b) Address 1338 Hollins Street Baltimore, Md.

19 (a) DEC 3 1942 (Date received by local reg.) (b) Livingston Williams, M.D. Registrar

DLS

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1, 1942, at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 29 1942 to Dec. 1 1942, and that I last saw he alive on Dec 1 1942.

Immediate cause of death	Duration
Uremia	
Due to Nephrolithiasis (Bilateral)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rosebery M. D.
Address St. Agnes Hosp. Date signed 12/2/42

F 98210 F 98210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

516 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave
(c) Hospital or institution:
Sinai Hospital of Balto, Inc.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 80 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3502 Runnymeade Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Morris Harris

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Late Fannie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
81			hr. min.

9. Birthplace London (Town, county, and state)
10. Usual Occupation
11. Industry or business Retired Shoe Merchant

FATHER
12. Name Solomon Harris
13. Birthplace London

MOTHER
14. Maiden Name Sarah ?
15. Birthplace London

16 (a) Informant Mrs Esther Apple
(b) Address 3502 Runnymeade Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 3/42 (month) (day) (year)
(c) Cemetery or crematory Southern ave
Location Southern ave

18 (a) Funeral director Sol Levinson Bros
(b) Address 1624-26 W North ave

19 (a) DEC 3 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1942 at 3:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1942 to Dec 2 1942 and that I last saw him alive on Dec 2 1942.

Immediate cause of death	Duration
Cachexia	
Due to Carcinoma of the prostate with metastases	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Carcinoma of prostate with metastases

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Moses M. D.
Address Sinai Hospital of Balto, Inc. Date signed 12-2-42
Monument St & Rutland Ave.

VS 3

F 98211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. F 98211

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 521 N chester St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 N Chester St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maurice Fox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Dora
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct, 25, 1903

8. AGE: Years	Months	Days	If less than one day
39	1	8	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation
11. Industry or business Merchant

FATHER
12. Name Benjamin Fox
13. Birthplace Russia

MOTHER
14. Maiden Name Mary Friedman
15. Birthplace Russia

16 (a) Informant Dora Fox
(b) Address 521 N Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec, 3, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Philadelphia Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) DEC 3 - 1942 (Date rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

12.5D

20. DATE OF DEATH Dec, 3, 1942 at A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1942 to Dec 3 1942 and that I last saw him alive on Dec 3 1942

Immediate cause of death	Duration
Brain Tumor (Primary body)	4 m
Due to Intestinal Malignancy	
Due to	
Other Conditions	

(Include pregnancy within three months of death)

Date of operation Sept 17 42

Major findings of operation Malignancy (Metastasis)

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M J Baylin

Address 2040 Eutaw Date signed 12/3-42

F 98212

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98212 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 302 Edgevale Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William O Lilly

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Margaret Putnam
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 11 82

8. AGE: Years 66 | Months 10 | Days — | If less than one day: hr. min.

9. Birthplace Bucks Co Pa.
(Town, county, and state)

10. Usual Occupation Organ Tuner
11. Industry or business Proprietor

FATHER
12. Name Alonzo Lilly
13. Birthplace Bucks Co Pa

MOTHER
14. Maiden Name Anna C Wyndham
15. Birthplace Phila Pa

16 (a) Informant Mrs Robt S Riley
(b) Address 302 Edgevale Rd

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec 4/42 (month) (day) (year)
(c) Cemetery or crematory Lowndes Park
Location Bucks Co Pa

18 (a) Funeral director Henry Myers Rinehart Inc
(b) Address 1st Calhoun & Orchard Sts Huntingdon Valley, Pa.

19 (a) DEC 3 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-1-1942 at 8.15 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Autopsy thereon and from the evidence obtained by said Inspection + Autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured Skull — Duration
Due to:
Due to:
Other Conditions: Fractured face bones, Fractured Humerus, radius + ulna
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
Was there an autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: X/
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-1-42 at 8.10 A.M.
(c) Where did injury occur? S.W. cor. Fayette + Park Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury: Pedestrian, struck by auto - Truck
23. Signature: Howard J. Mueller M.D.
Medical Examiner.
Date signed 12-1-42

VS 6

F 98213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 N

Registered No. F 98213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 129 N. Arch Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mamie Collins

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1891

8. AGE: Years	Months	Days	If less than one day
51	8		hr. min.

9. Birthplace Maryland (Town, county, and State)

10. Usual Occupation Scrub Woman

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Mrs Pace
(b) Address 119 Pierce St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-3-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. County

18 (a) Funeral director Theodore Halstead
(b) Address 918 Park Ave. Baltimore, Md.

19 (a) DEC 3 1942 (b) S (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-1- 1942, at 8:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest, Autopsy and that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death — Duration

Arteriosclerotic Cardiovascular Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(c) Means of injury

23. Signature Howard J. Mallonee M.D. Medical Examiner.

Date signed 12-1-42

VS 6

98214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 F 98214 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. Give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2126 Harford Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr. ROBERT SHERMAN KIRK

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	MMarried

6 (b) Name of husband or wife Mrs. Alma Kirk
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) August 24 1871

8. AGE: Years	Months	Days	If less than one day
71 71	3	57	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

FATHER
12. Name William W. Kirk
13. Birthplace Baltimore

MOTHER
14. Maiden Name Marian Hoffgift
15. Birthplace Baltimore

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 3. 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore County
18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway.
19 (a) DEC 3 - 1942 (Date rec'd by registrar) (b) Huntington Hilliard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1 1942 at 1 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/2 1942 to 12/1 1942 and that I last saw him alive on 12/1 1942.

Immediate cause of death	Duration
Pulmonary Edema	6 hrs.
Due to Arteriosclerotic Heart Disease	?
Due to	
Other Conditions Arteriosclerosis	34 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature S.S. Glenberg
Address Church Home and Infirmary Date signed 12 3 42 M.D.

VS 3

21423309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

128

Registered No. E 98215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. Arundel
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. 77 Maryland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Jewel Staples

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-3-38

8. AGE: Years 4 | Months 6 | Days | If less than one day hr. min.

9. Birthplace Annapolis Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name George Staples
13. Birthplace VA

MOTHER
14. Maiden Name Ethel Jewel
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/42 (month) (day) (year)
(c) Cemetery or crematory
Location Annapolis Md

18 (a) Funeral director E. J. Lamartan
(b) Address 1003 W. Baltimore St

19 (a) (Date received by registrar) (b) Huntington Hill Registrar

DEC 1942

VH 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1942, at 2.25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 4 1942, to Dec 3 1942, and that I last saw her alive on Dec 3 1942.

Immediate cause of death Pneumonia C

Due to Heart failure

Due to Cystic fibrosis of Pancreas

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph W. Kibler

Address Johns Hopkins Date signed 12-3-42

F 98216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 N

F 98216 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate before burial or removal. Physicians: please write the causes of death clearly and legibly. Give exact place of death and full name of deceased. If not in hospital or institution, give residence instead of street address. Please answer every question. If information is not known, state "unknown." Do not abbreviate. Write out the full name of city or town. Do not use ditto marks. Be sure to fill in the exact month, day, and year for dates. If deceased was a child, under 1 year old, give age in months, days, or hours. If deceased was a child, under 1 day old, give age in hours or minutes. Do not write in the space below. Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Give exact place of death and full name of deceased. If not in hospital or institution, give residence instead of street address. Please answer every question. If information is not known, state "unknown." Do not abbreviate. Write out the full name of city or town. Do not use ditto marks. Be sure to fill in the exact month, day, and year for dates. If deceased was a child, under 1 year old, give age in months, days, or hours. If deceased was a child, under 1 day old, give age in hours or minutes. Do not write in the space below.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument St & Rutland Ave

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County

(c) City or town BALTO

(If outside city or town limits, write RURAL and give town)

(d) Street No. 119 N. BROADWAY

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME EVA GRESSER

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widow

6 (b) Name of husband or wife Jacob

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1850

8. AGE: Years 92 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER 12. Name David Shudenew

13. Birthplace Russia

MOTHER 14. Maiden Name Dora —

15. Birthplace Russia

16 (a) Informant Gresser, Bro

(b) Address 2234 E. Balto. St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-42 (month) (day) (year)

(c) Cemetery or crematory Forest Lawn

Location Old Rd.

18 (a) Funeral director Jacob Levinsky

(b) Address 1439 E. Balto. St

19 (a) 12-3-1942 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/3 1942 at 5:55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/29 1942 to 12/3 1942 and that I last saw her alive on 12/3 1942

Immediate cause of death Resp. Failure

Due to Arteriosclerotic Heart Disease

Due to Generalized Arteriosclerosis

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Saul J. Farber

Address Sinai Hosp Date signed 12/3 M. D.

VS 3

F 98217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98217 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address MONUMENT ST
(c) Hospital or institution: SINAI HOSPT
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 36 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO (If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 N. PAYSON ST (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Malinow Malinow ?

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife HARRY

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace LITHUANIA (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name MORRIS WEINBERG
13. Birthplace LITH.

MOTHER
14. Maiden Name MARY
15. Birthplace LITH

16 (a) Informant HOSPT RECORDS
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-6-42 (month) (day) (year)
(c) Cemetery or crematory WASH. RD.
Location SILVER SPRING RD.

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Balto. St.

19 (a) DEC 3 - 1942 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1942, at 10:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 23 1942 to Dec 2 1942, and that I last saw her alive on Dec 2 1942.

Immediate cause of death Spontaneous perforation of descending Colon — Duration

Due to Carcinoma Rectosigmoid

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Nov 23, 1942

Major findings of operation: Carcinoma Rectosigmoid

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alexander E. Brodsky M.
Address Sinai Hospital Date signed 12/2/42

PLEASE WRITE PLAINLY, WITH INK OR INDELIBLE PENCIL. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in items 20 to 23 is complete and correct age is especially important.

VS 3

98218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 98218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Fullerton (If outside city or town limits, write RURAL and give town)
(d) Street No. Joppa Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hilda Dietz

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 14th 1919

8. AGE: Years	Months	Days	If less than one day
22	11	18	hr. min.

9. Birthplace Balto Co. Md (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Christian P. Dietz
13. Birthplace Balto Co. Md

MOTHER
14. Maiden Name Catherine J. Hess
15. Birthplace Balto Co. Md.

16 (a) Informant Family Record
(b) Address Joppa Rd Fullerton Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 6 42 (month) (day) (year)
(c) Cemetery or crematory St. Michaels Cem.
Location Balto. Co. Md

18 (a) Funeral director Strawbridge Funeral Home
(b) Address 4401 Belair Rd.

19 (a) 12-2-1942 (Date rec'd by reg. local) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2nd 1942, at 1 10p M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1942 to Dec 2 1942, and that I last saw her alive on Dec. 2 1942

	Duration
Immediate cause of death: Tuberculous Meningitis	3 weeks
Due to: Pulmonary Tuberculosis	?
Due to:	
Other Conditions: None	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fusting M. D.
Address St. Joseph's Hosp. Date signed 12-2-'42

VS 3

F 98219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98219 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 Barre St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Natives

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 625 W. Bare Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henrietta Freeman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Colored	Widowed

6 (b) Name of husband or wife John H. Freeman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1863

8. AGE: Years	Months	Days	If less than one day
79	3	29	hr. min.

9. Birthplace Denton Caroline County Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George Burk
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Ella Freeman
(b) Address 625 W Bare street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof December 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Lebanon
Location Baltimore County

18 (a) Funeral director Joseph A. Lively
(b) Address 406 North Mount Street

19 DEC 3 1942 (Date rec'd by Registrar) (b) per [illegible] for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/30 1942, at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/1 1942 to 11/30 1942 and that I last saw h- alive on 11/30 1942.

Immediate cause of death Acute Myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B M Rietta M. D.
Address 717 Druid Hill Ave Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

VS 3

98220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

837 Registered No. E 98220

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wesham
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 Dys.
(e) Length of stay in Baltimore (yrs., mos., or days) About 71 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1721 N Belmont St (If rural give location)
(e) Citizen of foreign country? ------ (Yes or No)
If yes, name country ------

3 (a) FULL NAME Nelbert Caldwell (Herbert C. Caldwell)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Nellie Pope
6 (c) If alive, give age -- years
7. Birth date of deceased (mo., day, yr.) ---------- 87
8. AGE: Years: 71 ✓ | Months: --- | Days: --- | If less than one day: --- hr. --- min.
9. Birthplace: Md. (Town, county, and state)
10. Usual Occupation: Clerk
11. Industry or business: Bendix Corp.

FATHER
12. Name: Wm. Caldwell
13. Birthplace: Md.

MOTHER
14. Maiden Name: Martha Manners
15. Birthplace: Maryland

16 (a) Informant: Francis W. Janney Jr.
(b) Address: Whitehall, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Md.

18 (a) Funeral director: H. W. Means & Son
(b) Address: 805 N. Calvert Street

19 (a) DEC 3 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-1- 1942 at 2 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 27 1942 to Dec. 1 1942 and that I last saw him alive on Dec. 1 1942

Immediate cause of death: Cerebral hemorrhage — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: C. Arthur Rasberry
Address: St. Agnes Hosp. Date signed 12/1/42

VS 250

98221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 98221

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Green
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 hour
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 Dunkirk Road, Rogers Forge (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME William H. Eitel

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-9848

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Married

6 (b) Name of husband or wife ~~Myra M.~~ ALMIRA M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 7, 1888

8. AGE: Years	Months	Days	If less than one day
53	11	26	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Sales Manager
11. Industry or business L. A. Benson

FATHER
12. Name Gustav A. Eitel
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Catherine
15. Birthplace Germany

16 (a) Informant Mrs. Myra Eitel
(b) Address 410 Dunkirk Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 5 - 42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul Street

19 (a) DEC 3 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3 1942, at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from December 3 1942, to December 3 1942, and that I last saw him alive on December 3 1942.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William T. Raby M. D.
Address University Hospital Date signed

Approved: Robertson Graham M.D. December 3 1942

(over)

98222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860 Registered No. 98222

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2224 N. Calvert (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Rosa Lang

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1872

8. AGE: Years 70 | Months 3 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace Switzerland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Frederick Lang
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name ? Hanerlin
15. Birthplace Switzerland

16 (a) Informant Mr. Geo. J. Lang
(b) Address 2224 N. Calvert

17 (a) Burial (Burial, cremation, entombment) (b) Date thereof 12/4/42 (month) (day) (year)
(c) Cemetery Druid Ridge
Location Pikesville Md

18 (a) Funeral director Wilkinson Bros Inc
(b) Address 127 St. Paul St

19 (a) (Date rec'd by registrar) (b) Entered by Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1942, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 30 1942, to Dec 2 1942, and that I last saw her alive on Dec 2 1942.

Immediate cause of death Cardio-respiratory failure — Duration ? days

Due to Fractured hip

Due to

Other Conditions Cerebral vascular accident — ? yrs.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc
(b) Date of occurrence 11/30 at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fell in her home

23. Signature Nathaniel Safer M. D.
Address Union Memorial Hospital Date signed 12-2-42

Approved: Robert Lee Graham M.D.

F 98223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98223 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 16 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford County
(c) City or town Bel Air
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MR. CARVIL REID ARCHER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of ~~husband~~ or wife HELEN R. ARCHER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB 13, 1911

8. AGE: Years	Months	Days	If less than one day
31	10	20	hr. min.

9. Birthplace MARYLAND (Town, county, and state)
10. Usual Occupation FARMER
11. Industry or business

FATHER
12. Name J. Lawson Archer
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Reid
15. Birthplace S. Carolina

16 (a) Informant Hospital Admission sheet
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 5/1942 (month) (day) (year)
(c) Cemetery or crematory Presbyterian
Location Churchville Md

18 (a) Funeral director Dilts & Foster
(b) Address Bel Air Md

19 (a) DEC 3 - 1942 (Date rec'd by registrar) (b) Hunting for Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

28. DATE OF DEATH Dec 3 1942 at 7 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 17 1942 to Dec 3 1942 and that I last saw him alive on Dec 2 1942.

Immediate cause of death CARDIO-RESPIRATORY FAILURE — Duration

Due to PSOAS ABSCESS

Due to RETRO-PERITONEAL PANCREATIC NECROSIS

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11-20

Major findings of operation DUODENAL ULCER & PERFORATION into PANCREAS

of autopsy: ~~Permission refused~~ Autopsy performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James McCord Jr.
Address Union Memorial Hosp Date signed 12-3-42 M. D.

F 98224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

944 W F 98224 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 147 E. Cowley st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN RITGER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Caroline

6 (b) Name of husband or wife Caroline Ritger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1853

8. AGE: Years	Months	Days	If less than one day
89			hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Adam Ritger
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant August. Ritger
(b) Address 5107 Hamilton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4-1942 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart. Cem.
Location Monmouth Rd.

18 (a) Funeral director Henry Koch & Son Inc
(b) Address 120 E Eager St Washington Wilmington, N.C.

19 (a) Dec 3-1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1942 at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed 12-2-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct. Space for each item must be filled in. If unknown, or if the question does not apply, write "Unknown" or "None," as the case may be. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 98225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1920 F 98225 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give full name of city or county. If death occurred in hospital or institution, give its name instead of street and number. If non-resident, give city or county and state in which deceased resided. If born dead, so state. Fill in all blanks for which you have information. If you cannot answer a question, say so. Do not guess, but remember that approximate answers are often better than no answers at all. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 403 East 24th Stret
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 d
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 403 East 24th Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT GANTT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Ozella Gantt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30, 1867

8. AGE: Years	Months	Days	If less than one day
75	8	-	hr. min.

9. Birthplace Prince George Co. Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John Gantt
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Watkins
15. Birthplace Md.

16 (a) Informant Mrs Ozella Gantt
(b) Address 403 East 24th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Baltimore, Md

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St Baltimore, Md

19 (a) DEC 3 1942 (Date rec'd by registrar) Registrar

VS 3 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30, 1942 19 , at 2:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1937, to Nov 30 1942, and that I last saw him alive on Nov 30 1942.

Immediate cause of death Cardiac Disease (Chronic Valvular Disease) — Duration 5 yrs.
Due to Aortic Incompetency — Duration 2 yrs.
Due to Chr. Myocarditis —
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. D. Julian Jr. M.D.
Address 511 N. Gallows St. Date signed 12/3/42

F 98226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98226 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3106 Remsheet Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3106 Remsheet Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Leib

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed or divorced Widowed

6 (b) Name of husband or wife Thomas Leib

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-12-1846

8. AGE: Years 96 | Months 5 | Days 20 | If less than one day hr. min.

9. Birthplace Baltz Md
(Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name Peter Claussen
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mary Leib
(b) Address 3106 Remsheet Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard Hunt
(b) Address 305 Hartford Rd

19 (a) DEC 3 - 1942 (Date rec'd by registrar) (b) Huntingtown Williamsport, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-2 1942, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941, to Dec 2 1942 and that I last saw h alive on 12-2 1942

Immediate cause of death Arteriosclerosis

Due to Cerebral Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration: 20 yrs / 10 yr

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James F Kavanaugh M.D.
M. D.

Address 3528 E Eldorado Ave Date signed 12-2-42

F 98227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98227

Registered No. 17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered. Do not use abbreviations. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address N. Broadway

(c) Hospital or institution: Church Home and Infirmary

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1818 Bentley Street (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs. Mary Ely Monroe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Mr. Andrew Monroe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1920

8. AGE: Years	Months	Days	If less than one day
21	11	27	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Charles Duffy

13. Birthplace Maryland

MOTHER 14. Maiden Name Cora Warfield

15. Birthplace Maryland

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/42 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem. Location Parkville, Md.

18 (a) Funeral director Leonard J. Reisinger

(b) Address 5305 Harford Rd.

19 (a) DEC 3 1942 (Date rec'd by Local Registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2 1942, at 5:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/28 1942, to 12/2 1942, and that I last saw h Cr alive on 12/2 1942.

Immediate cause of death: Bronchopneumonia

Duration: 7 days

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. Goldberg M. D.

Address Church Home and Infirmary Date signed 12/3/42

VS 3

98228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164

Registered No. E 98228

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 3009 Oakford Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM GEORGE FRANK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Agnes L. Frank
6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) 6/3/13

8. AGE: Years	Months	Days	If less than one day
29	5	29	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Brakeman
11. Industry or business Railroad

FATHER
12. Name Anthony Frank
13. Birthplace Germany

MOTHER
14. Maiden Name Bertha ?
15. Birthplace At. Mary's Co., Md.

16 (a) Informant Mrs. Agnes L. Frank
(b) Address 3009 Oakford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-42 (month) (day) (year)
(c) Cemetery or crematory St. Michael's Ceme.
Location St. Mary's Co., Md.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Ave.

19 (a) DEC 3-1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1942 at 7 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Crushing of head and chest

Due to

Due to

Other Conditions ho

(Include pregnancy within 3 months of death)

Date of operation ho

Major findings of operation:

of autopsy: ho

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 2 1942 at M
(c) Where did injury occur? Westernport RR yard (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury fell off train - crushed by

23. Signature H. L. Williams M.D.
Medical Examiner
Date signed 12-2-42

PLEASE WRITE PLAINLY, with ordinary pen and ink. Do not use pencil. Do not fill in space marked "Registrar's No." Please fill in all items. Use "None" or "Unknown" where necessary. Be sure to answer each question. Do not leave blanks. Be sure to give the correct age in especially important. Physicians: please write the causes of death clearly and

F 98229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

W 98229 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4204 Fordham Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER JOSEPH EASON

3 (b) If veteran, name war WW

3 (c) Social Security Account No. Yes will call

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minnie Parks
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) January 28, 1896

8. AGE: Years	Months	Days	If less than one day
46	10	3	..... hr. ..... min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation Car Inspector --B&O
11. Industry or business

FATHER
12. Name John Walter Eason
13. Birthplace Unknown

MOTHER
14. Maiden Name Ida McDonald
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4, 1942 (month) (day) (year)
(c) Cemetery or crematory Bath National Cem
Location Frederick Road Balt.

18 (a) Funeral director A. Lee Ader
(b) Address 4644 York Road.

19 (a) DEC 3 — 1942 (Date received by registrar) Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1, 1942, at 7:30p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 29, 1942 to Dec. 1, 1942, and that I last saw h. in alive on Dec. 1, 1942

Immediate cause of death	Duration
Bronchopneumonia, left lower	1 week
Due to	
Due to	
Other Conditions Amyotrophic lateral sclerosis	18 month

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Carter M. D.
Address US Marine Hospital Baltimore, Maryland. Date signed 12/2/42

F 98230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161

F 98230 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct as to age is especially important. Physicians: please write the causes of death clearly and legibly. 1942

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 308 N. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 308 N. Fulton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK C OTEY

3 (b) If veteran, name war W
3 (c) Social Security Account No. 1 1 4 P

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 1890

8. AGE: Years 51 | Months 8 | Days | If less than one day hr. min.

9. Birthplace Richmond Va
(Town, county and state)

10. Usual Occupation Carpenter Memphis Tenn
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs Minnie Hoke
(b) Address 308 N Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul Street

19 (a) (Date received by registrar) (b) Huntington Williams Registrar

DEC 5 1942

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1st 1942 at 12 05 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said I. find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Diabetes mellitus — Duration

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wohlgemuth M.D.
Medical Examiner.
Date signed 12-4-42

F 98231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 98231 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 N Lexington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Frank Down

3 (b) If veteran, name war NF
3 (c) Social Security Account No. none
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widower
6 (b) Name of husband or wife Emma
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1861
8. AGE: Years 81 | Months | Days | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business
12. Name of FATHER Joseph Down
13. Birthplace Unknown
14. Maiden Name of MOTHER Elizabeth Adams
15. Birthplace Unknown
16 (a) Informant Mrs. Lloyd Norman Mrs
(b) Address 1400 N Lexington St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md
18 (a) Funeral director William Coldsmith
(b) Address 1217 E Pratt St
19 (a) DEC 3 - 1942 (Date rec'd by registrar) (b) Registrar Huntington Hillcoat

MEDICAL CERTIFICATION A.

20. DATE OF DEATH Dec 2 1942 at 12:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/20/41 19 to 12/2/42 19 and that I last saw him alive on 12/1/42 19

Immediate cause of death
Apoplexy on 11/30/42
(Cerebral thrombosis) 1t.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos E Jarrell M. D.
Address 11 E. Chase St., City. Date signed 12/3/42

VS 150

F 98232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98232
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Cold Spring Lane Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) one
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Goetz Ave (near Joppa Road)
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Anne Postum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife John Postum
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Philip
13. Birthplace Unknown

MOTHER
14. Maiden Name Margaret Roberts
15. Birthplace Baltimore, Md.

16 (a) Informant Carolina Beaulieu (daughter)
(b) Address 1047 N. Milton Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 12/2/42 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Mt. Carmel
Location O'Donnell Street

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) 12/1/42 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

DEC 3 1942

VS-8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1942 at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 23 1942 to Nov. 30 1942 and that I last saw her alive on Nov. 29 1942

Immediate cause of death	Duration
Decompensating Cardio-renal	3yrs +
Due to Vascular disease	
Due to Hypertension	10yrs +
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Schneider
Address 1101 N. Milton Ave Date signed 12-1-42 M. D.

98233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98233 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered, or "unknown" or "none" should be written where necessary, but correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1223 Fair Oaks Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Lund. (Birth F 63469)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-1-42 11:30 A

8. AGE: Years | Months | Days | If less than one day: 12 hr. — min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER 12. Name Edward Lund

FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Ruth Wood

MOTHER 15. Birthplace Miss.

16 (a) Informant Mrs Edward Lund.

(b) Address 1223 Fair Oaks Rd.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL DEC 3 - 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) DEC 3 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-1 1942, at 6:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-30 1942 to 12-1 1942 and that I last saw him alive on 11-30 1942.

Immediate cause of death	Duration
asphyxia	
Due to Post vaginal trauma	
and Contusion of head	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Katherine L. Curtis M. D.

Address Church Home & Inf. Date signed 12-1-42

VS 8

9610

F 98234 16208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. F 98234

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 7 23
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 737 S. Broadway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Weisman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Bertha Weisman (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 8, 1868

8. AGE: Years	Months	Days	If less than one day
74	10	21	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Heinrich Weisman
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Fleitengrap
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 3 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 DEC 3 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-26 1942, at 7 19/A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6 1931 to 11-26 1942, and that I last saw him alive on 11-26 1942.

Immediate cause of death	Duration
Cerebral hemorrhage	36 hrs.
Due to Hypertension C.V.D.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theresa Kane M. D.
Address Baltimore City Hosp. Date signed 11-30-42

VS 150 Seen by me only once 7/1/42. 9611

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

98235

T.N 77387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. E 98235

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 234 N. Gilmore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Dodson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Seperated

6 (b) Name of husband or wife Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 29, 1907

8. AGE: Years	Months	Days	If less than one day
35	8	8 17	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business Unemployed

FATHER
12. Name Leonard Sample
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Washington
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 3 - 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 DEC 3 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-16 1942, at 9 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-14 1942 to 11-16 1942, and that I last saw her alive on 11-16 1942.

Immediate cause of death Uraemia

Due to Acute Interstitial nephritis ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Not Done

Duration
1 month
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 11-19-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9612

L. 16200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (1937)

F 98236

Registered No.

98236

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.,
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 7 8
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1434 E. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lavinia Watkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C	Widowed

6 (b) Name of husband or wife Charley (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. ? 1869

8. AGE: Years	Months	Days	If less than one day
73	7	?	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name S. Reed
13. Birthplace Va

MOTHER
14. Maiden Name Mary ?
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 3 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 DEC 3 1942 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-25 1942 at 6 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2 1942 to 11-25 1942, and that I last saw h[illegible] alive on 11-25 1942.

Immediate cause of death Carbon [illegible]

Due to Hypertension C. V. disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: as above

Duration
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 11-30-42

9613

98237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

F 98237 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 331 N. Gilmore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julius Webster 77288

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: black

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1910

8. AGE: Years 32 | Months 10 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Shoe shiner

11. Industry or business

FATHER
12. Name Jacob Pants
13. Birthplace Va.

MOTHER
14. Maiden Name Malicia Webster
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 3 - 1942 COMMISSIONER OF

18 (a) Funeral director
(b) Address

19 DEC 3 1942 (Date) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18 1942, at 6:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 9 1942 to Nov. 18 1942 and that I last saw h[im] alive on Nov. 18 1942

	Duration
Immediate cause of death: Pulmonary tuberculosis	2 mos?
Due to:	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A.J. Hartz
Address Balto City Hosp. Date signed 11/30/42

VS 150

9614

F 98233 (2) F 98238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1147

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 6
(e) Length of stay in Baltimore (yrs., mos., or days) 21 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Okla. (b) County
(c) City or town Oklahoma City (If outside city or town limits, write RURAL and give town)
(d) Street No. 220 N.W. 22 nd St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Le Roy Hartley

3 (b) If veteran, name war: 1st World War
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Mrs. Le Roy Hartley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15, 1890

8. AGE: Years	Months	Days	If less than one day
52	9	18	hr. min.

9. Birthplace Omaha, Nebraska (Town, county, and state)
10. Usual Occupation Confessor
11. Industry or business Internal Revenue

FATHER
12. Name Lee Bruce Hartley
13. Birthplace New York City

MOTHER
14. Maiden Name Betsy Paisley
15. Birthplace Scotland

16 (a) Informant Mrs. Lucy D. Hartley
(b) Address 2014 Eye St NW, Washington D.C.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-3-42 (month) (day) (year)
(c) Cemetery or crematory Laurel D.C.
Location

18 (a) Funeral director Joseph Gawler Sons
(b) Address 720 Pennsylvania ave Laurel Md.

19 (a) DEC 9 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to Dec 3 1942, and that I last saw h[illegible] alive on Dec 3 1942

Immediate cause of death	Duration
Empyema	1 yr
Bronchopleural fistula	
Due to Lung abscess left	11 mos
Due to Pneumonia, left (Fever)	10 wks
Other Conditions Secondary anemia	

(Include pregnancy within 3 months of death)
Date of operation 12-3-42
Major findings of operation: Ad lesions Bronchopleural fistula
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home + Infirmary Date signed 12-7-42

F 98239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

F 98239 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1413 Hanover St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1413 Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Tibby

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
	None	Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) ? - ? - 1862

8. AGE: Years	Months	Days	If less than one day
80	?	?	hr. min.

9. Birthplace Charlottesville, Va. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER 12. Name	Don't Know
FATHER 13. Birthplace	
MOTHER 14. Maiden Name	Don't Know
MOTHER 15. Birthplace	

16 (a) Informant Miss Elizabeth Tibby (Niece)
(b) Address 1413 Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4, 1942 (month) (day) (year)
(c) Cemetery or crematory Melville M. E. Church Cem.
Location Elkridge, Howard Co., Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400 E. Chase St.

19 (a) DEC 3 - 1942 (Date rec'd by registrar) (b) Registered

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1, 1942, at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 19, 1942, to Dec. 1, 1942 and that I last saw h[illegible] alive on Nov. 28, 1942.

Immediate cause of death	Duration
Cardiac thrombosis	2 days
Due to Senile myocarditis	6 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1 E. Randall St. Date signed 12-3-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to answer all questions correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

F 98240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98240 Registered No. 942

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Light & Baltimore Sts.
(c) Hospital or institution:
Mercy Hospital W
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 Clarkson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GRACE E GRAHAM

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-09-4084

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Charles E. Graham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1892

8. AGE: Years	Months	Days	If less than one day
50	9	29	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife at Home
11. Industry or business —

FATHER
12. Name John Arnold
13. Birthplace Md.

MOTHER
14. Maiden Name Laura Halbert
15. Birthplace Md.

16 (a) Informant Charles E. Graham
(b) Address 1514 Hanover St.

17 (a) Burial (b) Date thereof Dec. 5-1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director O. Howard Evans
(b) Address 1400 St. Charles St.

19 (a) 1942 (b) [illegible]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1st 1942 at 11 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an examination thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-2-42

PLEASE WRITE PLAINLY, with unfading ink. Punctuate and correct age is especially important. Physicians: please write the causes of death clearly and fully.

VS 6

F 98241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

F 98241 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 436 E. Biddle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE CITY (If outside city or town limits, write RURAL and give town)
(d) Street No. 436 E. BIDDLE ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lee Levi Porte

3 (b) If veteran, name war

3 (c) Social Security Account No. 716-07-5204

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Josephine Porte
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1881

8. AGE: Years	Months	Days	If less than one day
60	11	19 11	hr. min.

9. Birthplace Philipsburg, Penna. (Town, county, and state)
10. Usual Occupation Retired Storehouse Attendant
11. Industry or business Railroad

FATHER
12. Name Clarence E. Porte
13. Birthplace Penna

MOTHER
14. Maiden Name Charolette Blair
15. Birthplace Penna

16 (a) Informant Clarence M. Porte
(b) Address 1125 Brentwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-42 (month) (day) (year)
(c) Cemetery or crematory [redacted]
Location [redacted] TYRONE, PA

18 (a) Funeral director Le Vernon Lemmon
(b) Address 4611 Park Heights Ave.

19 (a) DEC 3 - 1942 (Date rec'd by registrar) [illegible] (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 2 1942, at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1942 to Dec. 2 1942, and that I last saw h alive on Dec. 1 1942

Immediate cause of death	Duration
Coronary thrombosis	7 hrs
Due to arteriosclerosis	?
Due to	
Other Conditions Pneumonia, Hypostatic. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Lilienfeld M. D.
Address 714 E. PRESTON ST. Date signed

VS 2

Physicians: please write the causes of death clearly and correct age is especially important.

F 98242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

F 98242 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33RD & CALVERT
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town CURTIS BAY (If outside city or town limits, write RURAL and give town)
(d) Street No. 4908 CURTIS AVE MD (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country (Birth F-58215)

3 (a) FULL NAME ROBERT EDWARD SHIFFLET (SHIFFLETT.)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	SINGLE

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) SEPT. 18, 1942

8. AGE: Years	Months	Days	If less than one day
0	2	14	hr. min.

9. Birthplace BALTIMORE MARYLAND (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name MR CLAUDIE E SHIFFLETT
13. Birthplace VIRGINIA

MOTHER
14. Maiden Name PAULINE McGLOCKLIN
15. Birthplace VIRGINIA

16 (a) Informant PAULINE McGLOCKLIN SHIFFLET
(b) Address 4908 CURTIS AVE, CURTIS BAY MD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6-42 (month) (day) (year)
(c) Cemetery or crematory Symorna Va Cem.
Location Waynesboro, Va.

18 (a) Funeral director Milton Schilling
(b) Address 3914 S. Hanover St. Balto. Md.

19 (a) Dec 3 — 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 2 1942 at 7:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-27 1942 to 12-2 1942 and that I last saw him alive on 12-2 1942

Immediate cause of death	Duration
Cardio-respiratory failure	
Due to Diarrhea	
Due to	
Other Conditions PREMATURITY, MALNUTRITION (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Helen Bassie M. D.
Address Union Memorial Hospital Date signed Dec 3 '42

VS 150

E 98243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. E 98243

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp. 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D. 4 H.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 Balt St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel B. Busick

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-10-0498

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife ANNA BUSICK.

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) APRIL-29-1904

8. AGE: Years	Months	Days	If less than one day
38	7	4	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Motorman

11. Industry or business Balt Transit Co

FATHER
12. Name GEO L BUSICK
13. Birthplace NOT KNOWN

MOTHER
14. Maiden Name MARY ELLIOTT.
15. Birthplace NOT KNOWN

16 (a) Informant ANNA HUDNUT
(b) Address 1733 Belt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7. 42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Md Co.

18 (a) Funeral director Bernard C Hart
(b) Address 121 E. 22nd St

19 DEC 4 - 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3rd 1942 at 4:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest found that said deceased came to his death on the day stated above.

Immediate cause of death	Coronary thrombosis	Duration
Due to		
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec 3 1942.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct as age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 98244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124B Registered No. F 98244

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2841 N. Calvert
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2841 N. Calvert St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME J. Inloes Atkinson

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	married

6 (b) Name of husband or wife Sally Darrell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29 1858

8. AGE: Years	Months	Days	If less than one day
84	5	4	hr. min.

9. Birthplace Retired (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph Townsend Atkinson
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary Conant
15. Birthplace Mass.

16 (a) Informant Mr. J. Inloes Atkinson
(b) Address 2841 N. Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 5 42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry M. Rukert Sons
(b) Address N. Calvert & Richardson

19 (a) Date rec'd by registrar DEC 10 1942 (b) Registrar Peter Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1942, at 4:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from September 1938 to Dec 3 1942 and that I last saw h alive on December 3 1942.

Immediate cause of death: uraemia — Duration 3 weeks

Due to: benign prostatic hypertrophy — 2½ years

Due to:

Other Conditions: arteriosclerosis — 3 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Randall R. Smith, Jr.
Address 914 St Paul St. Date signed 12-7-42

98245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 H

Registered No. E 98245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct as age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 741 W Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES BOLLINGER.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Vennatta Armstrong

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Bollinger
13. Birthplace Huntington Co Pa.

MOTHER
14. Maiden Name Rachel Yeagingling
15. Birthplace Pa.

16 (a) Informant R. E. Huff
(b) Address Pa.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 4 42 (month) (day) (year)
(c) Cemetery or crematory Broad Top
Location Broad Top Pa.

18 (a) Funeral director A. Reiley Slade
(b) Address 4907 York Rd

19 (a) DEC 4 - 1942 (Date rec'd by registrar) Hunter Wm Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1st 1942, at 5P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Carbon monoxide poisoning

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental (Probably)
(b) Date of occurrence Nov 29th, 1942 at M.
(c) Where did injury occur? Home address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury Gas heater

23. Signature H. G. Wallenmeyer M.D. Medical Examiner

Date signed 12-2-42

VS 6

F 98246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 98246 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 2521 Brookfield Ave. (If rural give location)
(e) Citizen of foreign country? Md. (Yes or No)
If yes, name country

3 (a) FULL NAME EMANUEL H. GOLDSTONE

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Carolyn F. Goldstone

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1895

8. AGE: Years	Months	Days	If less than one day
47	8	21	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Chemical Engineer

11. Industry or business Own Business

FATHER
12. Name Abraham Goldstein
13. Birthplace Poland

MOTHER
14. Maiden Name Fanny Topal
15. Birthplace Poland

16 (a) Informant Mrs. Carolyn Goldstone
(b) Address 2521 Brookfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/42 (month) (day) (year)
(c) Cemetery or crematory Har Sinai
Location Balto. Md.

18 (a) Funeral director Harris Sonnenberg & Son
(b) Address 902 Eutaw Place.

19 (a) DEC 4 – 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/3 1942 at 5:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/2 1942 to 12/3 1942.
I last saw him alive on 12/3 1942.

Immediate cause of death Respiratory Failure

Due to Embolism to brain

Due to Myocardial Infarction & Mural Thrombus formation

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David J. Fisher M. D.
Address Sinai Hosp. Date signed 12/3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 8

F 98217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 98217 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CALVERT & 33RD STS.
(c) Hospital or institution: UNION MEMORIAL HOSPITAL BALTIMORE, MD.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town 2626 SHIRLEY AVE. (If outside city or town limits, write RURAL and give town)
(d) Street No. BALTIMORE, MD. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. MINNIE E. GREEN

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex: FEMALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife MR. ERNEST GREEN
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) NOV 26, 1871

8. AGE: Years 71 | Months 10 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name FRANK OTTO SINGER
13. Birthplace Berlin-Germany

MOTHER 14. Maiden Name LOUISA BROWNS
15. Birthplace France

16 (a) Informant HOSPITAL ADMISSION SHEET
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 5 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville - Md.

18 (a) Funeral director Wm. Tushner & Sons
(b) Address Druid Hill & Pa Ave

19 (a) DEC 4 - 1942 (Date rec'd by registrar) Wm. H. Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH DECEMBER 3 1942, at 6.35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from NOV. 28 1942 to DEC. 3 1942 and that I last saw her alive on DEC. 2 1942.

Immediate cause of death: RESPIRATORY FAILURE — Duration: —

Due to: CEREBRO-VASCULAR APOPLEXY — Duration: 6 DA.

Due to:

Other Conditions: DIABETES MELLITUS — Duration: 4-6 MOS

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James N. McCook M. D.
Address Union Memorial Hosp. Date signed 12-3-42

F 98248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. F 98248

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 806 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 806 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FANNIE CELESTE DAWS

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 4, 1863

8. AGE: Years 79 | Months 5 | Days 27 | If less than one day hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name: Henry Daws
13. Birthplace: Pa.

MOTHER
14. Maiden Name: Harriett S. Bright
15. Birthplace: England

16 (a) Informant: Mrs. Viola Wallace
(b) Address: 816 N. Brice St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) DEC 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/1/42 19 .. at 10:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 14 1942 to Dec 1 - 1942 and that I last saw h alive on 12 - 1 1942

Immediate cause of death: Cardiac fa - ure following

Due to: Pneumonia

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration: 1 day; 17 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Marion Ed Sharb M. D.
Address: 816 N Fulton Ave Date signed Dec 4 1942

98249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 Registered No. F 98219

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Sts.
(c) Hospital or institution: South Balto. Gen Hosp. 23-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 W West St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jean Ellen WIGHT (Birth F-44843)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM.	WHITE	SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) FEB-23-1942

8. AGE: Years	Months	Days	If less than one day
	9	10	x hr. min.

9. Birthplace BALTO MD (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name JOSEPH E WIGHT
13. Birthplace BALTO MD

MOTHER
14. Maiden Name VERA M. FITZHUGH
15. Birthplace BALTO MD

16 (a) Informant JOS. E WIGHT.
(b) Address 16 W WEST ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-7-42 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location A.A. Co.

18 (a) Funeral director Bernard C. Hurley
(b) Address 121 E West St

19 (a) (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3, 1942, at 8:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23, 1942 to Dec. 3 1942 and that I last saw her alive on Dec. 3, 1942.

Immediate cause of death	Duration
Pyelitis diarrhea	
Secondary anemia	
Due to Malnutrition	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Andrew Todd M. D.
Address 1213 Light St. Date signed 12/4/42

VS 150

F 98250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98250 Registered No. 1108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2333 N. Calvert
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-4
(e) Length of stay in Baltimore (yrs., mos., or days) About 80 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2333 N. Calvert
(If rural give location)
(e) If foreign born, how long in U. S. A.? ------ years

3 (a) FULL NAME Fanny B. Rhodes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widow

6 (b) Name of husband or wife Robert C. Rhodes
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) --------- 1862

8. AGE: Years	Months	Days	If less than one day
About 80	---	---	-- hr. --- min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Andrew Jackson George
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Bond
15. Birthplace Maryland

16 (a) Informant Katharine R. Moulton
(b) Address 2333 N. Calvert Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/4/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director H. C. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) DEC 4 - 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 3, 1942, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 29 1942 to Dec. 3 1942, and that I last saw her alive on Dec. 2 1942.

Immediate cause of death — Duration

Lobar Pneumonia,

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frederick D. Owen M. D.
Address 825 Park Ave. Date signed

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the cause of death clearly and correct age is especially important.

VS 8

F 98251

F 98251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ undertaker. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2523 Loyola S. Hwy
(c) Hospital or institution: L
(d) Length of stay in hospital or inst. (yrs., mos., or days) L
(e) Length of stay in Baltimore (yrs., mos., or days) 32

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2523 Loyola S. Hwy (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME Mollie Singer

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Widow

6 (b) Name of husband or wife Max Singer

6 (c) If alive, give age L years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home

11. Industry or business Wife

FATHER 12. Name Saib Leitman

13. Birthplace Russia

MOTHER 14. Maiden Name Rachel Leitman

15. Birthplace Russia

16 (a) Informant Simon L. Isaacson

(b) Address 2523 Loyola S. Hwy

17 Burial (Burial, cremation, or removal) (b) Date thereof 12-4-42 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Agudas Achim

Location Rosehill

18 (a) Funeral director Jack Lowin Inc

(b) Address 1439 E. Balt St

19 (a) DEC 4 - 1942 (Date rec'd by registrar) Huntington Woodlawn, M.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-4 1942, at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1942 to Dec 4 1942, and that I last saw her alive on Dec 4 1942.

Immediate cause of death	Duration
Pulmonary edema.	2 days
Due to myocardial insufficiency	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Simon Isaacson M. D.

Address 1720 Eutaw Pl Date signed 12/4/42

F 98252 BALTIMORE CITY HEALTH DEPARTMENT F 98252

CERTIFICATE OF DEATH 93a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1021 N. Wolfe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 N. Wolfe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Grant Harris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 25, 1885

8. AGE: Years: 56 | Months: 11 | Days: 8 | If less than one day: hr. min.

9. Birthplace: N. Carolina (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: David Harris
13. Birthplace: N. Carolina

MOTHER
14. Maiden Name: Laura Harris
15. Birthplace: N. Carolina

16 (a) Informant: Mertie Williams
(b) Address: 1021 N. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 6 1942 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary Cemetery
Location: A. A. County Md.

18 (a) Funeral director: Mrs. Robt. A. Elliott & Dgt.
(b) Address: 1129 N. Caroline St.

19 (a) (Date received by Registrar) DEC 4 1942 (b) Huntingtown, Williamsport Md.

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 · 3 1942 at 1:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12 · 2 1942 to 12 · 3 1942 and that I last saw her alive on 12 · 3 1942

Immediate cause of death: Pulmonary edema — Duration: 1 d
Due to: Acute myocarditis — 1 d
Due to: Cerebral apoplexy — 2 d

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Williams to Roy Berry M. D.
Address 1420 E. Chase Date signed 12-4-42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

F 98253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

44 B

Registered No. F 98253

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1805 N. Smallwood

(c) Hospital or institution: University Hospital 15

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) 40 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore 3

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1805 N. Smallwood

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME John William Griffin

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-4848

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 19-1887

8. AGE: Years	Months	Days	If less than one day
55	2	14	hr. min.

9. Birthplace Cresswell - Harford Co: Md:

(Town, county, and state)

10. Usual Occupation Automobile Salesman

11. Industry or business

FATHER

12. Name John William Griffin

13. Birthplace Harford County Md

MOTHER

14. Maiden Name Kate A. Miller

15. Birthplace Baltimore Md:

16 (a) Informant Katharine Miller Bishop

(b) Address 1805 N. Smallwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 5-42 (month) (day) (year)

(c) Cemetery or crematory Loyola Cemetery

Location Perryman Md:

18 (a) Funeral director Monroe Cooke Sayler

(b) Address 1600 W. North Ave.

19 (a) Date received by registrar 1942 Huntington Williams Registrar

DEC 1942

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-3 1942, at 8:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-1 1942 to 12-3 1942, and that I last saw him alive on 12-3 1942.

Immediate cause of death Acute Hodgkins Disease — Duration 2

Due to —

Due to —

Other Conditions alcoholism

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide None

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. G. Bird M. D.

Address University Hosp Date signed 12-3-42

F 98254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98254 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 237 N. Schroeder St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John T. Lee

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-8863

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1903

8. AGE: Years 39 yrs | Months 4 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Lee
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Johnson
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

19 (a) DEC 4 1942 (Date received by registrar) (b) Registrar

Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-30 1942; at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-30 1942 to 11-30 1942 and that I last saw h alive on 11-30 1942

	Duration
Immediate cause of death: Uremia	1 week
Due to: Glomerulonephritis	?
Due to:	
Other Conditions: (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy: Am Alone	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Rathburn M. D.
Address Balto City Hosp Date signed 12-4-42

F 98255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 a

Registered No. F 98255

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Fill in all items. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1007 E Preston St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1007 E. Preston (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John - Joseph Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-9210

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary A Kearney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/29/85

8. AGE: Years	Months	Days	If less than one day
57	7	3	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Steel Worker

11. Industry or business

FATHER

12. Name Michael Kelly

13. Birthplace Ireland

MOTHER

14. Maiden Name Bridget Donnelly

15. Birthplace Ireland

16 (a) Informant Mrs. Mary A. Kelly

(b) Address 1007 E Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Old Frederick Rd.

18 (a) Funeral director John J. Fahey & Son

(b) Address 1218 Light St.

19 (a) DEC 4 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-2 1942 at 6 H M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942 to Dec 2 1942; and that I last saw h alive on Dec 1 1942.

Immediate cause of death Coronary Thrombosis — Duration Sudden

Due to Cardio-vascular renal disease — ?

Due to

Other Conditions Arteriosclerosis — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?

(e) Means of injury

23. Signature Joseph S. Blum M.D.

Address 206 E. Preston St. Date signed 12/3/42

VS 3

Spec.—8-14-42—E.R.S. CERTIFICATE OF DEA

F 98256 2. USUAL RES. BALTIMORE F 98256

CERTIFICATE OF DEATH

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John Young

(a) RESIDENCE NO. 1519 N. Carey ST. WARD (Butt F-63584)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	—

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 30- 42

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) 1519 N. Carey

PARENTS

10 NAME OF FATHER Donald K. Young

11 BIRTHPLACE OF FATHER (city or town) Morgantown (State or country) W. Va

12 MAIDEN NAME OF MOTHER Lucinda C. Catto

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

14 Informant Lucinda Amita Young (Address) 1519 N. Carey

15 Filed DEC 1 - 1942 19 Hunterton Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1-1942

17 I HEREBY CERTIFY, That I attended deceased from Nov 30 1942 to Dec 1 1942

that I last saw him alive on Dec 1 1942

and that death occurred, on the date stated above, at 2:15 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity 3 4 wks. Foetus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Fall of mother during pregnancy

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical-

(Signed) Wm. H. Wright M. D.

Dec 4 1942 (Address) 1209 Preston

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Auburn cem	Dec 4 1942
20 UNDERTAKER George M. Nelson.	ADDRESS 1203 Preston St

mation should be carefully supplied. Any omission or inaccuracy will delay the issuance of the burial permit. The CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is important. See instructions on back of certificate.

F 98257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

85

F 98257
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1037 W Baltimore
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1037 W. Baltimore (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Esther L. Donster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Raymond Donster

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5 1896

8. AGE: Years 46 | Months 7 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Household Work

11. Industry or business

FATHER
12. Name William E. Morgan
13. Birthplace Annapolis Md.

MOTHER
14. Maiden Name Dorothea Dittmar
15. Birthplace Baltimore, Md

16 (a) Informant Dorothea Morgan
(b) Address 76 S. Carrollton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-3-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto, Md

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W. Lombard St.

19 (a) Dec 4 1942 (Date received by Registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2nd 1942, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1937 to Dec 1942 and that I last saw h[er] alive on Dec 1, 1942.

Immediate cause of death: Status epilepticus

Due to Status epilepticus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton Lionnet M. D.
Address 1429 W. Fayette Date signed 12/3/42

F 98258 Gus Hewlett

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 98258 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-0-0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1641 E. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gus Hewlett

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	W

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace Ashland Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Gus Hewlett.
13. Birthplace Va.

MOTHER
14. Maiden Name Sally Jackson
15. Birthplace Va

16 (a) Informant Major Hewlett
(b) Address 11 N. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Natl Cem Location Richmond Va

18 (a) Funeral director Eddy Walker & Lord Brantley
(b) Address

19 (a) DEC 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-3- 1942; at 12 30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Arteriosclerotic Cardiovascular Disease
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madeira M.D. Medical Examiner.
Date signed 12-3-42

PLEASE WRITE PLAINLY WITH UNFADING INK. Entries must be complete and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 98259

CERTIFICATE OF DEATH

50 F 98259

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 W. Fayette St., Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. 1 mos. 16 ds. Born in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Blanche Andrews

If U. S. Veteran specify WAR _____

(a) Residence: No. 921 W Fayette St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Benjamin Andrews

6. DATE OF BIRTH (month, day, year): Oct 16 1900

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
42	1	16 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year) _____ | 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country): Wilmington N.C.

FATHER

13. NAME: Richard Weston

14. BIRTHPLACE (city or town) (State or country): N.C.

MOTHER

15. MAIDEN NAME: Clara Telfairson

16. BIRTHPLACE (city or town) (State or country): N.C.

17. INFORMANT (Address): Frank Weston 1442 Maine St.

18. BURIAL, CREMATION, OR REMOVAL: Place Wilmington N.C. Date 12/4/ , 19 4

19. UNDERTAKER (Address): Elroy Wilson 1000 Brentalen

20. FILED DEC 4 1942 H. Livingston Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 1, 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1942 to Dec 1, 1942

I last saw her alive on Nov 25, 1942 Death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	

Other contributory causes of importance: Carcinoma of Stomach January Glaucoma

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

M.D. (Signed) W. F. Farrell M. D.

(Address) 16 W. Lexington St.

Information desired by Census Bureau, Washington, D. C., so that it may be properly classified. CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 9

F 98260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98260 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as far as possible. Underline the correct age in especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1124 N. Stricker St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 N. Stricker (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Taft Meekins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Grace

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10 1908

8. AGE: Years	Months	Days	If less than one day
34	6	24	hr. min.

9. Birthplace Hamlet, N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Phil Meekins
13. Birthplace N. C.

MOTHER
14. Maiden Name Josie Crook
15. Birthplace N. C.

16 (a) Informant Miss Angie Meekins
(b) Address 1124 N. Stricker St.

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 12-5-42 (month) (day) (year)
(c) Cemetery or crematory Dunbarton N. C.
Location Dunbarton N. C.

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsylvania

19 (a) Dec 4 1942 (Date received by Registrar) (b) Huntington Williams, M.D. (Registrar)

VE 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1942 at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 16, 1942 to Dec 4, 1942 and that I last saw him alive on Dec 3 1942.

Immediate cause of death: Cardiac Dilatation — Duration 3 da.
Due to: myocardial degeneration
Due to: Gastritis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1135 Gelston Date signed 12/4/42

F 98261

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1597H

Registered No. F 98261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Sparks
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Roy Allan Klunis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Infant

6 (b) Name of husband or wife Infant

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1940

8. AGE: Years	Months	Days	If less than one day
2			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Roy Daniel Klunis
13. Birthplace Maryland

MOTHER
14. Maiden Name Vera R. Simms
15. Birthplace Maryland

16 (a) Informant Father
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6, 1942 (month) (day) (year)
(c) Cemetery or crematory Jessup's Cem.
Location Baltimore

18 (a) Funeral director Clemmett Woodward
(b) Address 3615-17 Chestnut Ave Hunting for Williams

19 (a) DEC 4 - 1942 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4, 1942, at 4:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1, 1942, to Dec. 4, 1942, and that I last saw him alive on Dec. 4, 1942.

Immediate cause of death Uremia — Duration 2 days

Due to Post Op. Kidney Shutdown — 2 days

Due to Operation Ureter ligated Angelomyia — 2 days

Other Conditions Extrophy Bladder — 2 years

(Include pregnancy within 3 months of death)

Date of operation Dec. 2, 1942

Major findings of operation: Extrophy of Bladder

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Robert A. Barthel Jr

Address University Hospital Date signed 12/4/42 (M D)

F 98262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. F 98262

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Use "None" or "Unknown" where applicable. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2819 Riggs Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2819 Riggs Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH FREY

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife: Louis H. Frey
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Nov. 3. 1858

8. AGE: Years	Months	Days	If less than one day
84	0	29	hr. min.

9. Birthplace: Baltimore Md.
(Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Charles Dersinger
13. Birthplace: Germany

MOTHER
14. Maiden Name: Not Known
15. Birthplace: Germany

16 (a) Informant: Mr. Charles Frey (son)
(b) Address: 2819 Riggs Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 5. 1942 (month) (day) (year)
(c) Cemetery or crematory: Mt. Carmel Cem.
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway.

19 (a) DEC 4 — 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2nd 1942, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1st 1940, to Dec. 2nd 1942, and that I last saw her alive on Dec. 2nd 1942.

Immediate cause of death: Uraemic coma — Duration: 24 hrs.
Due to: Chr. nephritis — 2½ yrs.
Due to: Arteriosclerosis
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: M. Jno. C. Dorsett, M.D.
Address 1136 Poplar Grove St Date signed 12/3/42

VS 2

F 98263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98263 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Give correct age in years, months, days. Occupation is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 714 German Hill Road (Usual residence)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME RALPH WHITE

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	not known

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	divorced

6 (b) Name of husband or wife Hulda
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Mar. 23. 1894

8. AGE: Years	Months	Days	If less than one day
48	8	11 ?	hr. min.

9. Birthplace Ashtabula Ohio
(Town, county, and state)
10. Usual Occupation Steam Fitter
11. Industry or business Ship Yards ?

FATHER
12. Name Matt White
13. Birthplace Finland

MOTHER
14. Maiden Name Josephine Weste
15. Birthplace Finland

16 (a) Informant Mrs. Mary Kangas (sister)
(b) Address Brooklandville Md.

17 (a) Burial (b) Date thereof Dec. 5. 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Baltimore Md.
18 (a) Funeral director HENRY SANDER & SONS. INC
(b) Address North Ave. & Broadway.
19 (a) DEC 4 - 1942 (b) Huntington Hill Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-30- 1942, at 11 ☐ P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Fractured Skull	
Due to	
Due to	
Other Conditions Ruptured liver, fractured ribs, lacerations of both lungs	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 11-30-42 at 10 ☐ P. M
(c) Where did injury occur? Dundalk Junction
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? no
(Specify type of place)
(e) Means of injury Pedestrian, struck by street car

23. Signature Howard J. Sheldon M.D.
Medical Examiner.
Date signed 12-1-42

VS 6

F 98264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 98264

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Where none, or not applicable, write none. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 Decatur St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Nelson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1882

8. AGE: Years	Months	Days	If less than one day
60	5	6	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business City

FATHER
12. Name Charles Nelson
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Suty
15. Birthplace Balto. Md.

16 (a) Informant Catherine Nelson, wife
(b) Address 1307 Decatur Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7 42 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Balto, Md.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St.

19 (a) DEC 8 1942 (Date rec'd by registrar) (b) [illegible] Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-4- 1942; at 10 45 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Malpass M.D. Medical Examiner.

Date signed 12-4-42

F 98265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98265 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Where none, or not known, so state. Do not use ditto marks. Be sure to give correct age in years, months, days, hours, or minutes. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [illegible]
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 Light Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ernest Airey

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-12-8915

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) June 16, 1882

8. AGE: Years	Months	Days	If less than one day
60	10	20	hr. min.

9. Birthplace Cambridge, Md. (Town, county, and state)

10. Usual Occupation Rigger

11. Industry or business Bethelem Steel Co.

FATHER
12. Name Frank Airey
13. Birthplace Cambridge, Md.

MOTHER
14. Maiden Name Sophia Kemmer
15. Birthplace Cambridge, Md.

16 (a) Informant Mrs. Cole (Sister)
(b) Address 1644 E. Fort Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cemetery
Location A. A. Co., Md.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light Street

19 (a) DEC 4 1942 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-4- 1942, at 5:20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Arteriosclerotic Cardio-Vascular

Due to

Other Conditions Arcus Senilis, Edema of Legs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.

Date signed 12-4-42

H. Hunter Williams M.D.

98266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98266

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 726 N. Bruce St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Warren Theodore B. Lewis

3 (b) If veteran, name war: 1. Worlds War.

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years 48 | Months | Days | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business Light Labor Work

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Carrie Taylor.
(b) Address 726 N. Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. F. Co. Md.

18 (a) Funeral director Chas H. Aletcher
(b) Address 927 N. Mount St

19 (a) Dec'd rec'd by U.S.E. (b) Interior Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 28 1942, at 2.50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage from mouth — Duration

Due to Chronic pulm. tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Nov. 29 1942

(OVER)

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and

F 98267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

F 98267 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 723 Mura St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 723 Mura St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Charles M.T.Buckless

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1,1882

8. AGE: Years	Months	Days	If less than one day
60	5	2	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation House Painter

11. Industry or business

FATHER
12. Name Thomas E.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary J.Greeley
15. Birthplace Baltimore Md.

16 (a) Informant Miss.Marie V.Buckless
(b) Address 723 Mura St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Harford Rd.

18 (a) Funeral director Clarence F.Hoffmann
(b) Address 1639 N.Broadway.

19 (a) DEC 4-1942 (Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3 1942, at 9:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 1942, to Nov 3 1942, and that I last saw him alive on Nov 3 1942

Immediate cause of death Carcinoma Liver. — Duration: years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Date signed 12/5/42

F 98268

F 98268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1248

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item on this certificate should be answered carefully and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1517 Light St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24-4
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 Light St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Herbert F. Bricker

3 (b) If veteran, name war NC

3 (c) Social Security Account No. 203-01-2808

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lillian W. Bricker
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) June 30, 1877

8. AGE: Years	Months	Days	If less than one day
65	5	3	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Paint Painer
11. Industry or business

FATHER 12. Name	— Bricker
FATHER 13. Birthplace	Pa.
MOTHER 14. Maiden Name	Dont know.
MOTHER 15. Birthplace	Pa.

16 (a) Informant Lillian W. Bricker
(b) Address 1517 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7/1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Balto City

18 (a) Funeral director A. Bryant Evans
(b) Address 1400 S. Carey St

19 (a) 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3, 1942, at 2 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/20/ 1942 to 12/3/ 1942 and that I last saw him alive on 12/3/ 1942.

	Duration
Immediate cause of death Chronic hypertrophic cirrhosis of the liver.	About 3 mos.
Due to	
Due to	
Other Conditions Chronic myocarditis. (Include pregnancy within 3 months of death)	?

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Deller
Address 1226 Hanover St. Date signed 12/3/42

VS 3

F 98269

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98269 Registered No. 1061

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use additional sheet if necessary. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 646 W. Fayette Street,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 838 W. Fayette Street, (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John C. Emmel

3 (b) If veteran, name war ------

3 (c) Social Security Account No. 212-20-5957

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Cecelia Emmel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Know ?

8. AGE: Years	Months	Days	If less than one day
About 52			hr. min.

9. Birthplace Philadelphia, Penna. (Town, county, and state)
10. Usual Occupation Waitress
11. Industry or business

FATHER
12. Name August Emmel
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine ?
15. Birthplace Germany

16 (a) Informant Mrs. Cecelia Emmel
(b) Address 838 W. Fayette Street,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 5, 1942 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Taylor Avenue,

18 (a) Funeral director John A. Gethiancka, Jr
(b) Address 423 S. Paca St.

19 (a) DEC 4 - 1942 (Date rec'd by registrar) (b) Quality for Williams Hill (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1942, at 10.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 19 42 to Dec 2 1942 and that I last saw h[illegible] alive on Dec 2 1942.

Immediate cause of death: Bronchopneumonia
Bilateral Chronic

Duration 1 day 4 years

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Latimer
Address 230 [illegible] Ave Date signed 12/2/42

F 98270

425946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98270 Registered No. 51B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince George
(c) City or town Seat Pleasant (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Stanhope Henry

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna Louise Brown
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) 5-4-63

8. AGE: Years	Months	Days	If less than one day
79	7	-	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Thomas S. Henry
FATHER 13. Birthplace Va.

MOTHER 14. Maiden Name Mary Gaines
MOTHER 15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/5/42 (month) (day) (year)
(c) Cemetery or crematory Washington, D.C.
Location

18 (a) Funeral director Mayfield W. Queen
(b) Address 1300 N. St. N.W. Washington D.C.

19 DEC 4 1942 (Registered by registrar) Huntington Williamsport Md.

VS 150

MEDICAL CERTIFICATION 15

28. DATE OF DEATH December 4 1942 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/29 1942 to 12/4 1942 and that I last saw him alive on 12/4 1942.

Immediate cause of death Pulmonary Embolus — Duration

Due to Thrombus in pelvic vein — post-operative.

Other Conditions Carcinoma of the Prostate (Include pregnancy within 3 months of death)

Date of operation 11/30/42

Major findings of operations Carcinoma of the prostate.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hosp. Date signed 12/4/42

98271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

F 98271 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph's Hospital
(c) Hospital or institution: Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 43-
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Gridon Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Smith

3 (b) If veteran, name war W
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Sabina Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 17th 1863

8. AGE: Years	Months	Days	If less than one day
79	8	17	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Charles M. Doelle
(b) Address 1159 Gorsuch Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/42 (month) (day) (year)
(c) Cemetery Parkwood
Location Parkville Md.

18 (a) Funeral director Williams Bork Inc
(b) Address 127 St. Paul St

19 (a) DEC 5 - 1942 (Date filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 23 19 to Dec 4 1942, and that I last saw h[illegible] alive on Dec 3 19 42.

Immediate cause of death Decompensated Arteriosclerotic Cardio-Vascular Disease — Duration

Due to — Duration

Due to — Duration

Other Conditions Bronzing Cirrhosis of Liver — Duration
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J Smith M. D.
Address St Joseph Hosp Date signed 12/4/42

PLEASE WRITE PLAINLY, WITH INK AND AGREE WITH ENTRIES ON BACK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 2

98272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. I 98272

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5007 Roland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-13
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 5007 Roland Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ALEXANDER MacLENNAN

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-07-8755

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 23, 1869

8. AGE: Years	Months	Days	If less than one day
73	3	11	hr. min.

9. Birthplace Brockville, Ontario (Town, county, and state)
10. Usual Occupation Telegrapher
11. Industry or business Baker Watts Company

FATHER
12. Name John MacLennan
13. Birthplace Scotland

MOTHER
14. Maiden Name Ann Ross
15. Birthplace Scotland

16 (a) Informant Robert MacLennan
(b) Address 5007 Roland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7, 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Baltimore, Maryland

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 Stl Paul Street

19 (a) DEC 5 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4, 1942 19 , at 1:45AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5 1942 to 12/4/ 1942 and that I last saw him alive on 12/4 1942.

Immediate cause of death	Duration
Coronary Thrombosis	Unknown
Due to	
Due to	
Other Conditions Chronic Nephritis	Unknown

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. R. Goodbody M. D.
Address 2923 St Paul St Date signed 12/4/42

VS 150

98273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 98273

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2005 E. Federal St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 T
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2005 E. Federal St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louise Flanigan

3 (b) If veteran, name war W

3 (c) Social Security Account No. NW

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Robert Flanigan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30th 1868

8. AGE: Years	Months	Days	If less than one day
74	6	3	hr. min.

9. Birthplace Balto. Md.
(Town, county and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Louis Grebe
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Walters
15. Birthplace "

16 (a) Informant Theresa Schneyer
(b) Address 1320 N. Kenwood Ave

17 (a) Burial (b) Date thereof 12/7/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) DEC 5 - 1942 (b) Hamilton Williamsburg
(Date rec'd by local registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3rd 1942 7.05 P.M

21. I certify that death occurred on the date above stated, that I attended deceased from June 10 1937 to Dec 3 1942 and that I last saw her alive on Dec 3 1942.

Immediate cause of death	Duration
(a) Dialectic Mellitus	5 yrs
Chronic Interstitial Nephritis	
(b) Coronal Arteriosclerosis	
Due to	
Other conditions Cardiac Dilatation and Uraemia	2 Days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert M. Campbell
Address 325 E. 34th St. Date signed 12/5/42

F 98274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 98274

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4810 Crenshaw Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 - 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4810 Crenshaw Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME PATRICIA E. ALEXANDER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	Female	White	Infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 25, 1941

8. AGE: Years	Months	Days	If less than one day
1	2	9	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Lawrence L. Alexander
13. Birthplace Virginia

MOTHER
14. Maiden Name Amalia E. Kendall
15. Birthplace Baltimore

16 (a) Informant Lawrence L. Alexander
(b) Address 4810 Crenshaw Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 5, 1942 (month) (day) (year)
(c) Cemetery or crematory Schwartz Cemetery
Location Harford County, Maryland

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul Street

19 (a) Date rec'd by registrar DEC 5 1942 (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4, 1942 at 4:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 30, 1942, to Dec. 4, 1942 and that I last saw her alive on Dec. 4, 1942

Immediate cause of death	Duration
Broncho-Pneumonia (Virus)	5 days
Due to Acute Bronchitis	5 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip Antifonni
Address 2942 E. Fayette St. Date signed 12/4/42 (M) (D)

98275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. 98275

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2831 Manchester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2831 Manchester St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Falkner Hamuth (Namuth)

3 (b) If veteran, name war No
3 (c) Social Security Account No. None
4 Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Mary G. Hamuth
(If alive, give age years)
7. Birth date of deceased (mo., day, yr.) Apr. 2. 1866
8. AGE: Years 86 Months 8 Days 1 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business U.S. Post Office

FATHER
12. Name Fulton Hamuth
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary G. Dorsey
15. Birthplace Annapolis Md

16 (a) Informant Mrs. Mary G. Hamuth
(b) Address 2831 Manchester St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/5/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Fulton Cook Co.
(b) Address 1217 E. Pratt St

19 (a) (Delivered by registrar) (b) Huntington Williams M.D. Registrar

DEC 5 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1942, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-16 1938, to 12-3 1942, and that I last saw him alive on 12-3 1942.

Immediate cause of death: Arteriosclerotic Heart Disease & Congestive Failure — Duration: 7 yrs 2 mos

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leon Coleman M. D.
Address 1201 Eutaw Place St Date signed 12-5-42

F 98276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E

Registered No. F 98276

PLEASE WRITE PLAINLY, with ink. Use only standard abbreviations. Do not use ditto marks. Be sure that you answer each question. Please give the correct age in each case. Where the exact information is not known, approximate as nearly as possible. Data regarding parents are required, if known, even though deceased. The space for "Usual Occupation" should be filled in even though the deceased was a child or had retired from business. The "Cause of Death" must be filled in even though the attending physician was not present at the death. If the death was due to external causes, the certificate must state the accident, suicide, or homicide, and the means of injury, and must indicate whether the injury occurred in an industrial establishment or elsewhere. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 1817 Linden Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Owings (Birth F 63606)

3 (b) If veteran, name war N

3 (c) Social Security Account No. none

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 29, 1942

8. AGE: Years | Months | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harry Owings
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Schmidt
15. Birthplace Md

16 (a) Informant Harry Owings
(b) Address 1817 Linden Ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 12/6/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Lord Park
Location Baltimore Md

18 (a) Funeral director Mellom Bros
(b) Address 1210 Lord St

19 (d) DEC 5 1942 (Filed) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3, 1942, at 5:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 29, 1942 to Dec. 3, 1942 and that I last saw h.e.r alive on Dec. 3, 1942

Immediate cause of death Congenital Heart Disease — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 12/4/42 M. D.

VS 2

F 98277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. F 98277

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 913 Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 913 Harlem Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Beulah Peoples Williams

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Col	Married

6 (b) Name of husband or wife Lewis Williams
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years	Months	Days	If less than one day
32			hr. min.

9. Birthplace La C (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER	12. Name Neal Peoples
	13. Birthplace S. C
MOTHER	14. Maiden Name Margaret Harris
	15. Birthplace Lee C., S. C.

16 (a) Informant Lewis Williams
(b) Address 913 Harlem Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Bee
Location South Carolina
18 (a) Funeral director Mrs Katie R Williams
(b) Address 327 N Schroeder, Ste e
19 (a) DEC 5 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1942 at 10:40 M
21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to Dec 5 1942, and that I last saw h[illegible] alive on Dec 3 1942.

Immediate cause of death	Duration
Coronary Occlusion	1-2 hrs
Due to Hypertension Cardiac	
Due to Cerebral Renal Disease	6 months
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible] M. D.
Address 103 W Preston Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Any correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 98278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 98278 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4908 Ross Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 4908 Ross Rd. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CAROLINE BERTHA BECK

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Gustav L. Beck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 22, 1860

8. AGE: Years 82 | Months 7 | Days 11 | If less than one day: hr. min.

9. Birthplace Milwaukee, Wis. (Town, county, and state)
10. Usual Occupation --
11. Industry or business

FATHER
12. Name Christian Albrand
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Wieder
15. Birthplace Germany

16 (a) Informant Mrs. Amelia Wolf
(b) Address 4908 Ross Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 5 - 1942 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 11 1942 to Dec 3 1942 and that I last saw her alive on Dec 3 1942

Immediate cause of death: Uremia Myocarditis — Duration 2 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operations

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury none

23. Signature L. K. Grandy M.D.
Address 5106 Harford Rd Date signed 12-3-42

VS 250

F 98279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17 a

Registered No. F 98279.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. General Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1703 Bryson Falls Pkway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Anna Worden (ANNA GERTRUDE WORDEN)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife John W. Worden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1873

8. AGE: Years	Months	Days	If less than one day
69	4	20	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Henry C. Rau
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Hinkle
15. Birthplace Germany

16 (a) Informant Mr. Charles F. Worden
(b) Address Berwyn Heights, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 5 - 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-4 1942 at 12.45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy & Inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Compound fracture of Skull	
Due to	
Due to	
Other Conditions Compound fracture of nose. Fractured nose & Lacerations	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 38/4
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-3-42 at 9.34 P M
(c) Where did injury occur? Edmondson Ave & Charming Forest Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Parkway While at work? No (Specify type of place)
(e) Means of injury Pedestrian struck by Ford Car
23. Signature Howard J. Waldeck M.D. Medical Examiner.
Date signed 12-4-42

VS 6

F 98280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1248

F 98280 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age in years; if under one year, give months, days, or hours. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4202 Parkmount ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** John W. Frommeyer (FROMMEYER)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-07-2721

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ida Luella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3rd 1874

8. AGE: Years 68 | Months 3 | Days 0 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Francis Frommeyer
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Sarah Kime
15. Birthplace Pennsylvania

16 (a) Informant Mrs. John W. Frommeyer
(b) Address 4202 Parkmont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/42 (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Baltimore Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Road

19 (a) DEC 5 1942 (b) (Date rec'd by Registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. **DATE OF DEATH** 12-3- 1942, at 2 22 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Chronic gastric ulcers.	
Other Conditions Cirrhosis of Liver; Acute Gastro-enteritis.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 12-3-42

VS 6

F 98281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 98281 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2137 N. Balto. Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2137 N. Balto. Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Patrick Hogan

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-06-4205

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Minnie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 26 1884

8. AGE: Years	Months	Days	If less than one day
58		7	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Structural Steel Worker

11. Industry or business

FATHER 12. Name	Patrick Hogan
13. Birthplace	Ireland
MOTHER 14. Maiden Name	Mary Cavanaugh
15. Birthplace	Md

16 (a) Informant Mrs P A Hogan
(b) Address 2137 N Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director Jno A Farley
(b) Address Fulton & Fayette

19 (a) DEC 5 - 1942 (Date rec'd by registrar) Signature for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-3-1942 at 5 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection & Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Weaver M.D. Medical Examiner.
Date signed 12-4-42

VS 6

F 98282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

F 98282 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2001 Homewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2001 Homewood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Godfrey Kinder

3 (b) If veteran, write "Yes" Spanish War
3 (c) Social Security Account No. none

4 Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Matilda Kinder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 7, 1870

8. AGE: Years 72 | Months 10 | Days 20 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Wilhelm Kinder
13. Birthplace Germany

MOTHER
14. Maiden Name Henrietta Machinski
15. Birthplace Germany

16 (a) Informant Miss M. K. Kinder
(b) Address 2001 Homewood Ave

17 (a) Removal (b) Date thereof Dec 5/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Memorial Park
Location Newport News Va

18 (a) Funeral director Phillips Mercury Sons
(b) Address 2000 Eutaw St

19 (a) DEC 5 1942 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4th 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1942, to Dec 4 1942, and that I last saw him alive on Dec 4 1942.

Immediate cause of death Conflagration of age
Chronic Interstitial Nephritis
Due to Conflagration
Nephritis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

Date of operation
Major findings of operation:
of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. O. Carman M. D.
Address 1701 N. Caroline Date signed 12-5-42

VS 8

F 98283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

561

F 98283
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 Jackson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Anna SCHNEIDER.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. W.

6 (b) Name of husband or wife Frederick J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-1886

8. AGE: Years 55 | Months 11 | Days 09 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER 12. Name Frederick Bortman

13. Birthplace Ger

MOTHER 14. Maiden Name Bertha Bortman

15. Birthplace Ger.

16 (a) Informant Family

(b) Address 1611 Jackson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-42 (month) (day) (year)

(c) Cemetery or crematory Lodge Rest

Location Baltimore Highway

18 (a) Funeral director D. F. McDonnell

(b) Address 130 E. Fort Ave.

19 (a) DEC 5 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/4 1942, at 6.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/10 1942, to 12/4 1942, and that I last saw h.e.r alive on 12/4 1942.

Immediate cause of death

Carcinoma of thorax upper 1/3 of sternal cord

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11/13/42

Major findings of operation: ca abdomen

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Gudrun Zapffe M.D.

Address 1213 Light St. Date signed 12/1/42

F 98284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98284 ✓ 830 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 105 Warren Ave.
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4 3
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 Warren Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie G. Peters

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Wm. Thom Peters
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) March 30, 1888

8. AGE: Years	Months	Days	If less than one day
54	8	3	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm. Mays
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Maria O'Dea
15. Birthplace Ireland

16 (a) Informant Wm. Thom Peters
(b) Address 105 Warren Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7/42 (month) (day) (year)
(c) Cemetery or crematory Drummond Cem.
Location North Ave. & Drummond Ave.

18 (a) Funeral director Fred A. Reams & Son
(b) Address 1216 N. Charles St.

19 (a) DEC 5 - 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1942, at 8.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1942, to Dec 3 1942, and that I last saw ~~him~~ her alive on Dec 3 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	36 hr
Due to Essential Hypertension	13 yr
Due to Respiratory Failure	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Vincent M. Manna M. D.
Address 1703 S Charles St Date signed 12/5/42

98285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 B

F 98285 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 29-E-North Ave
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 12-3
(e) Length of stay in Baltimore (yrs., mos., or days) Abt 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 29-E-North Ave (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country —

3 (a) FULL NAME George Doebereiner

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 29 1861

8. AGE: Years 81 | Months 10 | Days 5 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Confectioner

11. Industry or business Confectionery.

FATHER 12. Name Christiana Doebereiner

13. Birthplace Germany

MOTHER 14. Maiden Name Johanna Pittroff

15. Birthplace Germany

16 (a) Informant Miss Betty Doebereiner Sister

(b) Address 29-E North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore

18 (a) Funeral director Sherwood-Maguire Co.

(b) Address 108 W North Ave

19 (a) DEC 5 — 1942 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1942 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1941 to Dec 4 1942, and that I last saw h[illegible] alive on Dec 4 1942.

Immediate cause of death

Due to Arterio-Sclerosis — Duration 2 yrs

Due to Mitral Regurg & Hypertrophy & Sclerosis of Coron Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation ✓

Major findings of operation: ✓

of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ✓

(b) Date of occurrence ✓ at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?

(e) Means of injury

23. Signature Chas J Blake M. D.

Address 20 E Preston Date signed Dec 5 42

VS 150

98286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98286 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 334 Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 18 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3429 Chesell Court Fairfield Hgts. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Barbara Ann Allen

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1942

8. AGE: Years	Months	Days	If less than one day
—	—	18	— hr. — min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name John Charles Allen
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Dorothy Whoy
15. Birthplace New Jersey

16 (a) Informant Mother
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7. 1942 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie, Md.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St.

19 (a) DEC 5 1942 (Date rec'd by reg.) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1942, at 5. P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1942 to Dec 4 1942 and that I last saw him alive on Dec. 4 1942

	Duration
Immediate cause of death Respiratory Failure	
Due to Respiration of Vomitus	2 min.
Due to Peritonitis	30 hrs.
Other Conditions Septicaemia — Impetigo gonorrhoea. (Include pregnancy within 3 months of death)	? 12 days

Date of operation Dec. 4, 1942 (1 hr.)
Major findings of operation: Peritonitis
Multiple lung abscesses
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Helen Boone, M. D.
Address Union Memorial Hospital Date signed 12-4-42.

F 98287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 00387 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 532 W. Biddle st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 532 W. Biddle st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Russell Boyer (Birth F 64170)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-22-42

8. AGE: Years	Months	Days	If less than one day
		13	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Charles Boyer
13. Birthplace Pa.

MOTHER
14. Maiden Name Gross/Fonseca
15. Birthplace Pa.

16 (a) Informant Charles Boyer
(b) Address 523 W. Biddle St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-5-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Helstead
(b) Address 918 Druid Hill ave.

19 (a) (Date rec'd by registrar) 12-5 (b) 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/4 1942 at 11P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/2 1942 to 12/4 1942 and that I last saw h[illegible] alive on 12/4 1942

Immediate cause of death

Bronchio-Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. J. Hateker M. D.
Address 1215 W Date signed

VS 3

F 98283 ✓ F 98283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2208 Etting St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 3
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2208 Etting St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	Sing.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name Peter Thomas

13. Birthplace Baltimore

MOTHER 14. Maiden Name Lacy

15. Birthplace Baltimore

16 (a) Informant Ernest Thomas

(b) Address 150 N Fulton Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-7-42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Adolphus Hall

(b) Address 2 E Eager Ave

19 (a) DEC 5 1942 (b) Hunter Williams Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2, 1942, at 6:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2, 1942 to 19 , and that I last saw h— alive on 12/2/42 19 .

Immediate cause of death: Acute Cardiac Dilatation — Duration 1 hr

Due to: Myocardial Heart Disease — Duration 4 yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

(f) Signature Nathan Higgins M. D.

Address 243 Madison Ave Date signed 12/5/42

F 98289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98284 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 1442
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Belair Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 115 Hayes Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Marcus Moore (Birth F 62744)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-16-42

8. AGE: Years | Months | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Marcus Moore

13. Birthplace Maryland

MOTHER

14. Maiden Name Daisy Mosley

15. Birthplace Balto. Md

16 (a) Informant Mr. Marcus Moore

(b) Address 115 Hayes St. Belair Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1942 (month) (day) (year)

(c) Cemetery or crematory Rebecca Mem. Park

Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George W. Holland

(b) Address 1631 Druid Hill Ave.

19 (a) DEC 5 - 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-3 1942 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-16 1942 to 12-3 1942 and that I last saw him alive on 12-3 1942.

Immediate cause of death Malnutrition — Duration 16 days

Due to Gastro-enteritis

Due to

Other Conditions: Acute Infection of Tonsils

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Chronic

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. B. Butler M. D.

Address 2233 Druid Hill Ave Date signed 12/4/42

VS 3

98290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a Registered No. F 98290

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. Ward 26
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4215 Strickel Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Richard Chester (Birth F 63153)

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 16, 1942
8. AGE: Years | Months | Days: 16 | If less than one day: hr. min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name: Joseph Chester
13. Birthplace: Md

MOTHER
14. Maiden Name: Catherine Hargl
15. Birthplace: Cincinnati Ohio

16 (a) Informant: Joseph Chester
(b) Address: 4215 Strickel Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/5/42 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cem
Location: Baltimore Co Md

18 (a) Funeral director: Tilburg Bros Inc
(b) Address: 1217 St Paul St

19 (a) DEC 5 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 16 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 29 1942 to Dec 1942 and that I last saw h[illegible] alive on Dec 1942

Immediate cause of death: Pneumonia Duration
Septicemia Vom. 7 Days

Due to

Due to

Other Conditions: Diarrhea
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: A Hardwick M
Address: University Hosp. Date signed 12/4/42

F 98291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 98291
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 511 Loudon Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 511 Loudon Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Grace Platt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife February 7 - 1877

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 7 1877

8. AGE: Years	Months	Days	If less than one day hr.	min.
64	9	26		

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Isidore Slyder
13. Birthplace E Maryland

MOTHER
14. Maiden Name Emma Knight
15. Birthplace E Maryland

16 (a) Informant Evelyn L. Platt
(b) Address 511 Loudon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Md
Location Westview Cemetery

18 (a) Funeral director J. Winfield Jones
(b) Address 316 Edmondson Ave

19 (a) DEC 6 - 1947 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5th, at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to Dec 3 1942, and that I last saw h alive on Dec 3 1942

Immediate cause of death Cardiac Insufficiency — Duration 2 days

Due to Decomposition of Liver & Lungs — Duration 3 months

Due to Carcinoma of Body Breast — Duration 6 months

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Marion Ll. Brooks M.D.
Address 626 N Fulton Ave Date signed 12-5-42

VS 8

F 98292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

Registered No. F 98292

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw & Williams
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Balmore Md (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Elizabeth Ensor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F		single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
1	1		hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wm N Ensor
13. Birthplace Md.

MOTHER
14. Maiden Name Emma Yeatman
15. Birthplace Md.

16 (a) Informant Wm N Ensor
(b) Address Bel Air Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 6/42 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Near Bel Air Md

18 (a) Funeral director Deaver Foster
(b) Address Bel Air Md

19 (a) DEC 6 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-5 1942 at 10:25 M

21. I certify that death occurred on the date above-stated; that I attended deceased from Nov. 21 1942 to Dec 5 1942 and that I last saw h[illegible] alive on Dec 5 1942

Immediate cause of death Gastroenteritis — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C Arthur Rowberg M.D.

Address St Agnes Hosp. Date signed 12/5/42

VS 3

F 98293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

F 98293 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 59 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Hill St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herbert Hughes 77237

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	widowed

6 (b) Name of husband or wife Virginia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1887

8. AGE: Years	Months	Days	If less than one day
55	10	17	hr. min.

9. Birthplace D.C.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Roy Hughes
13. Birthplace D.C.

MOTHER
14. Maiden Name Mary Smith
15. Birthplace D.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial Washington D.C. (b) Date thereof 12-5-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Washington D.C.

18 (a) Funeral director Mrs Esther Williams
(b) Address 22 N. Eckerder St

19 (a) DEC 6-1942 (b) Washington Williams Registrar
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5 1942 at 7:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 7 1942, to Dec. 5 1942, and that I last saw him alive on Dec. 5 1942.

Immediate cause of death

Pulmonary tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
2 yrs?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. L. Stark M. D.
Address Balto City Hosp Date signed 12/6/42

F 98294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130 F 98294 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1517 Millman st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RAL and give town)
(d) Street No. 1517 Millman st
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Nathaniel Thomas

3 (b) If veteran, name war W. W -

3 (c) Social Security Account No. 216-05-4309

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sep. 12, 1893

8. AGE: Years 49 | Months 2 | Days 17 | If less than one day hr. min.

9. Birthplace Mt Wellonte Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Chemical Plant

FATHER 12. Name Robert Thomas

13. Birthplace Va

MOTHER 14. Maiden Name Norah — ?

15. Birthplace Va

16 (a) Informant Betty Tankard

(b) Address 1517 Millman st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/42 (month) (day) (year)

(c) Cemetery or crematory

Location Wellville, Va.

18 (a) Funeral director Elroy Wilson

(b) Address Upper Brandywine

19 (a) DEC 5 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1942 at 2:10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 18 1942 to Nov 30 1942 and that I last saw him alive on Nov 23 1942

Immediate cause of death Pulmonary tuberculosis | Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Adams M. D.

Address 1322 E. Baltimore Date signed 12-2-42

VS 180

F 98295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98295

Registered No. 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1603 N Pulaski St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 28 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 N Pulaski St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rachel Freedman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Rubin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
69	-		hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name
13. Birthplace Russia

MOTHER
14. Maiden Name
15. Birthplace Russia

16 (a) Informant Lillian Friedlander
(b) Address 1603 N Pulaski St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Blvd
Location Lansdowne Md

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) DEC 6 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5, 1942 at 12.25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1942 to Dec 5 1942 and that I last saw her alive on Dec 5 1942

Immediate cause of death Hypostatic pneumonia Staphylococcus

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. Eckhaus M.D.

Address 1437 E Fayette Date signed 12/9/42

Physicians: please write the causes of death clearly and legibly. Information as to correct age is especially important.

VS 180

F 98296 ✓ F 98296

Dr. Hornstein

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2013 BAKER ST
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2013 BAKER ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BELLE COHEN

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife HARRY
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace MEMPHIS TENN.
(Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name MOSES
13. Birthplace RUSSIA

MOTHER
14. Maiden Name SARAH
15. Birthplace RUSSIA

16 (a) Informant BEN COHEN - SON
(b) Address 2013 BAKER ST.

17 (a) BURIAL (b) Date thereof 12-6-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HERRING RUN
Location Thru Rd. to BOWLEYS LANE

18 (a) Funeral director Jack Lewis Inc
(b) Address 1432 E. Balto St

19 DEC 6 - 1942 Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-5-42 19 , at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from NOV 18 1942 to 12/4 1942 and that I last saw her alive on 12/4 1942.

Immediate cause of death	Duration
Acute Coronary Thrombosis	4
Due to Ch Hypertension	
Ch Diabetes	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature A. A. Hornstein M. D.
Address 33 Arquette St Date signed 12/6/1942

FILL IN WITH PENCIL, WRITE DISTINCTLY AND PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 98297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 98297 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address MONUMENT ST
(c) Hospital or institution Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 18
(e) Length of stay in Baltimore (yrs., mos., or days) 60 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3504 GARRISON AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rena Clusten

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife Sigo C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name NATHAN GOLDBERG
13. Birthplace RUSSIA

MOTHER
14. Maiden Name ESTHER
15. Birthplace RUSSIA

16 (a) Informant HUSBAND
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-6-42 (month) (day) (year)
(c) Cemetery or crematory ROSEDALE
Location Belair Rd. & Hamilton Ave

18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Baltimore St.

19 (a) DEC 6 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1942, at 10:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 22 1942, to Dec 4 1942, and that I last saw h[er] alive on Dec 4 1942.

Immediate cause of death	Duration
Respiratory Failure	1 day
Due to Arteriosclerotic H.T. Disease	10 years
Due to	
Other Conditions Diabetes Mell. Diabetic gangrene (Include pregnancy within 3 months of death)	3 mo 2 weeks

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur Katz M. D.
Address Sinai Hosp. Balto. Date signed 12-4-42

Elon
3215 Eastern ave
98293

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 98298
CERTIFICATE OF DEATH 46B
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6720 German Hill Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6720 German Hill Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William M. Summer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife anna
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 4-24-1874

8. AGE: Years	Months	Days	If less than one day
68	7	9	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Cemetery
11. Industry or business Supt.

FATHER
12. Name Wm H. Summer
13. Birthplace Balto Md

MOTHER
14. Maiden Name Margaret Saunders
15. Birthplace Balto Md

16 (a) Informant anna E. Summer
(b) Address 6720 German Hill Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-42 (month) (day) (year)
(c) Cemetery Oak Lawn
Location Balto Co. Md

18 (a) Funeral director Jos. Louis Jos
(b) Address 4439 E. Balto st

19 (a) 12-6-1942 (Date rec'd by Registrar) (b) Thelma V. Williams M.D. Registrar

MEDICAL CERTIFICATION
5564

20. DATE OF DEATH 12-3-1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/22 1942 to 19 , and that I last saw h. alive on 11/22 1942

Immediate cause of death	Duration
Carcinoma of stomach	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles R Elson M.D.
Address 3215 Eastern Ave Date signed 12/3/42

VS 180

PRESS WHITE PANEL WITH DAGGING INK. Every item of information should be complete and correct as far as known. Physicians: please write the causes of death clearly and legibly.

F 98299 ✓ F 98299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3516 Springdale Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Moses Patz

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
W	M	married

6 (b) Name of husband or wife Dora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER

12. Name Not Known

13. Birthplace Russia

14. Maiden Name Not Known

15. Birthplace Russia

16 (a) Informant Hosp Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-42 (month) (day) (year)

(c) Cemetery or crematory Beth Hebrew Cem

Location Baltimore Md

18 (a) Funeral director Jack Levy Inc

(b) Address 1439 E. Baltimore St

19 (a) 12-6-1942 (Date rec'd by registrar) (b) Huntington Hill Registrar M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1942, at 7:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from October 1 1942, to Dec. 4 1942, and that I last saw h. alive on December 4 1942.

Immediate cause of death	Duration
Cardiac Decompensation	4 months
Due to Hypertensive Cardio-Vascular Disease	10 years ?
Due to	
Other Conditions Inguinal Hernia - Rt. (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation: —

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. V. Palmer M. D.

Address University Hospital Date signed 12/4/42

F 98300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 98300 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospt
(c) Hospital or institution: Monument St. 5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (~~yrs., mos., or~~ days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 N. Bentalou st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Leinberg

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Morris Leinberg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years 80 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business None

FATHER
12. Name Abraham
13. Birthplace Russia

MOTHER
14. Maiden Name Chaia
15. Birthplace Russia

16 (a) Informant Nathan Dubrick
(b) Address 1621 N. Bentalou st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-42 (month) (day) (year)
(c) Cemetery ~~Baltimore~~ Suburban Memorial
Location Bonaire Depot

18 (a) Funeral director Jack Levin Jr
(b) Address 1439 E. Balto st

DEC 6 - 1942 (Date rec'd by registrar) (By) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 1942, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1942 to Dec 5 1942 and that I last saw h~~er~~ alive on Dec 5 1942.

Immediate cause of death	Duration
Respiratory Failure	30 min.
Due to Arteriosclerotic Hrt Dis.	10 years
Due to	
Other Conditions Carcinoma of Breast Anasarca - Cong. Failure	2 years

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur Katz M. D.
Address Sinai Hosp, Balto, Md Date signed 12-5-42

VS 3

correct ago is especially important. Physicians: please write the causes of death clearly and legibly

F 98301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 98301 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied as fully as correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1218 N. Luzerne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1218 N. Luzerne Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John G. Echl

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6th 1863

8. AGE: Years	Months	Days	If less than one day
80	6	28	hr. min.

9. Birthplace Bavaria Germany (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name George Echl
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Fleischman
15. Birthplace Germany

16 (a) Informant Mrs. Margaret Langhurt
(b) Address 1218 N. Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8th 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo Gallagher
(b) Address 1701-03 N. Patterson Park Ave

19 DEC 6 - 1942 (Date rec'd by registrar) (b) Hundred ten Willis Bureau

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4, 1942; at 9 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1, 1940 to Dec. 4, 1942; and that I last saw him alive on Dec. 3, 1942.

Immediate cause of death: Myocarditis (chronic) — Duration: 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
Signature Eugene L. Levering M. D.
Address 1 E. Drury Lane Date signed 12/4/42

F 98302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. F 98302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2.04
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 121 W. Barre St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John T. Webb

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years 39 | Months | Days | If less than one day hr. min.

9. Birthplace Tabatha Va. (Town, county, and state)

10. Usual Occupation Welder

11. Industry or business

FATHER
12. Name Wm. E. Webb
13. Birthplace Va.

MOTHER
14. Maiden Name Ursolia Edwards
15. Birthplace Va.

16 (a) Informant A Deline Downing
(b) Address 121 W. Barre St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Talbitha
Location Talbitha Va.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St.

19 (a) DEC 6 – 1942 (Date rec'd by registrar) (b) Hunting for Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5 1942, at 2 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec 6 1942

F 98303 ✓ BALTIMORE CITY HEALTH DEPARTMENT ✓ F 98304

CERTIFICATE OF DEATH

Registered No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct ... is especially important. Physicians: please write the causes of death clearly and briefly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town ~~County~~ Rosedale
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 [redacted] Chelsea Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Allen Kurtz

3 (b) If veteran, name war /

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22 1940

8. AGE: Years	Months	Days	If less than one day
2	10	14	hr. min.

9. Birthplace Lewiston Pa.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Chas. E. Kurtz
13. Birthplace Pa

MOTHER
14. Maiden Name Eva Spigelmyer
15. Birthplace Pa

16 (a) Informant Chas. Kurtz
(b) Address 1105 Chelsea Ave

17 (a) Burial (b) Date thereof 12 8 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Lewiston Pa

18 (a) Funeral director John O Mitchell Sons
(b) Address 1900 Eutaw St.

19 (a) DEC 6 1942 (b) Huntington Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 1942, at 3-45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

	Duration
Immediate cause of death 2nd and 3rd degree burns	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 5 1942 at 6 ~~P~~ M
(c) Where did injury occur? 1105 Chelsea Ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no
(Specify type of place)
(e) Means of injury stove ignited clothes

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec 6 1942

VS 6

F 98304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 98304 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct ago is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 724 N. 34th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 724 N. 34th Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George H. Little

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-3852

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elsie M. Little
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12-1880

8. AGE: Years 62 | Months 4 | Days 21 | If less than one day hr. min.

9. Birthplace Carroll Co. Maryland (Town, county, and state)

10. Usual Occupation Operator
11. Industry or business Baltimore Transit Co.

FATHER
12. Name Robert E. Little
13. Birthplace Maryland

MOTHER
14. Maiden Name Rachael Smith
15. Birthplace Maryland

16 (a) Informant Mrs. Elsie M. Little
(b) Address 724 N. 34th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 8 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director Horace F. Burgee
(b) Address 9631 Falls Road

19 (a) Dec 6 1942 (Date received by registrar) Wilhelmina Williams, Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3 1942 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to Dec. 3 1942 and that I last saw him alive on Dec. 3 1942

Immediate cause of death Coronary Thrombosis — Duration

Due to Arteriosclerotic Cardiovascular Disease — Several years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Krauger
Address 1402 Fawcett St. Date signed Dec. 3 1942

F 98305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 98305

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1417 N. 36th Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 N. 36th Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Russell Smith Riley

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-03-2950

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Margaret Riley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20-1910

8. AGE: Years	Months	Days	If less than one day
32	3	14	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Filling Station Attendant
11. Industry or business

FATHER
12. Name Robert Riley
13. Birthplace Baltimore Co. Md.

MOTHER
14. Maiden Name Mary Poiser
15. Birthplace Baltimore Co. Md.

16 (a) Informant Mrs. Mary M. Riley
(b) Address 1417 N. 36th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7-1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) DEC 6 1942 (Date rec'd by registrar) (b) Registrar Hunting to Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7- 1942, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1942 to Dec 4 1942 and that I last saw h. i. m alive on Dec 4 1942

Immediate cause of death Cerebral Hemorrhage — Duration 4 hrs

Due to Hypertensive Cardiovascular Disease — Jan 10 to Dec 4

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lawrence J. Shumaker M.D.
Address 3711 Falls Rd Date signed 12-5-42

F 33306

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 88306

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4210 Springdale St. 6 Ward)

Registered No. 1310

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia (Mollie) Teichman

If U.S. Veteran specify WAR

(a) Residence: No. 4210 Springdale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel J. Teichman

6. DATE OF BIRTH (month, day, year): Oct-8-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Anna Teichman

(Address) 4210 Springdale

18. BURIAL, CREMATION, OR REMOVAL

Place: Nether Mt. Carmel Date: 12-6-42

19. UNDERTAKER: Jack Lewis Inc.

(Address) 1429 E. Baltimore St

FILED DEC 5 1942 19.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec-5, 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov-16, 1942 to Dec-5, 1942

I last saw her alive on Dec 4, 1942. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	
Cerebral Hemorrhage (3 months)	
Hypertension negative	

Other contributory causes of importance:

over

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) David Frankel M. D.

(Address) 1212 Eutaw Pl.

OCCUPATIONS MUST BE REPORTED. See instructions on back of certificate.

F 98307

2314 W. North Ave
or Nearest

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 98307
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2034 Ruxton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2034 Ruxton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARTHA VICTOR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Fritz Moses
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Herman Wolff
13. Birthplace Germany

MOTHER
14. Maiden Name Ida
15. Birthplace Germany

16 (a) Informant Fritz Moses Victor
(b) Address

17 (a) Burial (b) Date thereof 12-6-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Pt Breeze
Location Philpot Rd & Hamilton Ave

18 (a) Funeral director Jack Levy's Inc
(b) Address 1439 E. Balto St

19 (a) DEC 6 1942 (b) Registrar
(Date received by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-5- 1942, at 7.35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1941, to Dec. 5 1942, and that I last saw h[illegible] alive on Dec. 1 1942.

Immediate cause of death	Duration
Uremia	
Carcinoma Cervix	1 yr
Due to Carcinoma of the genital metastatic.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Nov. 1941.
Major findings of operation: Carcinoma Cervix
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. C. Needles MD
Address 2314 W. North Ave Date signed 12/7/42 M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

98308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 98308

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Marine Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Mos
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo 3 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Pittsburg P
(If outside city or town limits, write RURAL and give town)
(d) Street No. 114 Seaville
(If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Willie Whitney

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Herbert Whitney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 23yr 10 mo 18 da

8. AGE: Years	Months	Days	If less than one day
53	10	18	hr. min.

9. Birthplace Paducah Ky.
(Town, county and state)
10. Usual Occupation Cook.
11. Industry or business

FATHER
12. Name Jack Hite
13. Birthplace Paducah Ky

MOTHER
14. Maiden Name Ethel Rutledge
15. Birthplace Kentucky

16 (a) Informant From Hosp Chart
(b) Address —

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/9/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Tuttletown Pa

18 (a) Funeral director Philpott & Son
(b) Address 1217 E Fort Ave

19 (a) DEC 7 — 1942 (Date rec'd by registrar) Burlington Williamsport Pa.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/5 1942 at 11:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 12 1942 to Dec 5 1942, and that I last saw him alive on 12/5 1942.

Immediate cause of death Carcinoma of Sigmoid with metastasis to ileum & perforation into pelvis — Duration 1 yr

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 9/28/42
Major findings of operation Large tumor in Sigmoid colon
of autopsy Sigmoid ca

PHYSICIAN
Underline the name to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lindy Wilson M.D.
Address Marine Hosp Date signed 12/6/42

VS 180

98309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. F 98309

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3034 Fleetwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3034 Fleetwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harrison Clay Marshall

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Emma F. Marshall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1868

8. AGE: Years	Months	Days	If less than one day
74	2	16	hr. min.

9. Birthplace Penna. (Town, county, and state)
10. Usual Occupation Conductor
11. Industry or business P. R. R.

FATHER
12. Name William Marshall
13. Birthplace England

MOTHER
14. Maiden Name Nancy Fouge
15. Birthplace Penn.

16 (a) Informant Mrs Harrison Marshall
(b) Address 3034 Fleetwood Ave. Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 9, 1942 (month) (day) (year)
(c) Cemetery or crematory Springfield Cemetery
Location Sykesville, Md.

18 (a) Funeral director C. Harry Weaver
(b) Address Sykesville, Md.

19 DEC 7 — 1942 (Date rec'd by registrar) Huntingtown Hillsboro Md. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5 1942, at 5:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1939 to Dec 5 1942 and that I last saw h him alive on Dec 5 1942.

Immediate cause of death	Duration
Chronic myocardial heart disease	2 yrs
Arteriosclerosis	2 yrs
Due to	
Due to	
Other Conditions Pulmonary edema	1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alfred Gutheil M. D.
Address 4116 N. Charles Balto Date signed 12/6/42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

98310

MPR 58687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

Registered No. E 98310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 2 3 7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1429 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard Knox

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13, 1861

8. AGE: Years 81 | Months 3 | Days 21 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Knox (d)
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Rockley (d)
15. Birthplace Ireland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (b) Date thereof 12/7/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St.

19 (d) DEC 7 - 1942 Hampton Williams, M.D. Registrar
(Date rec'd by registrar)

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-4 1942 at 7 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16 1942 to 12-4 1942 and that I last saw h[illegible] alive on 12-4 1942.

	Duration
Immediate cause of death: Cardiac failure	?
Due to: Arteriosclerotic heart disease	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 12-5-42

Please fill in all items. Information is required by law. Physicians: please write the causes of death clearly and legibly. Omission of important facts or entry of incorrect age is especially important.

98311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

Registered No. F 98311

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1506 Pentridge Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1506 Pentridge Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MARY K. WEED

3 (b) If veteran, name war: No

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Married

6 (b) Name of husband or wife: William B

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) April 29, 1879

8. AGE: Years	Months	Days	If less than one day
63	7	5	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own Home

FATHER
12. Name John Cross
13. Birthplace Maryland

MOTHER
14. Maiden Name Jane Nicoll
15. Birthplace Maryland

16 (a) Informant William B. Weed
(b) Address 1506 Pentridge Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7, 1942 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Maryland

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul Street

19 (a) DEC 7 - 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4, 1942 at 12:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939 to Dec. 4 1942. and that I last saw alive on Dec 3 1942

Immediate cause of death: Myocarditis, Chronic & Decompensation

Duration: 10 Yrs

Due to: Hypertension

Due to: Arteriosclerosis

Other Conditions: Nephritis

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Address [illegible] Date signed 12/5/42

VS 150

98312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 104

F 98312 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Any error or omission should be promptly supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st Street
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4112 Newbern Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY LICH

3 (b) If veteran, name war	3 (c) Social Security Account No.
SAM	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1866

8. AGE: Years	Months	Days	If less than one day
76	10	11	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Cafe Keeper
11. Industry or business

FATHER
12. Name Matthew Lich
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Nahrgang
15. Birthplace Germany

16 (a) Informant Records
(b) Address U.S. Marine Hosp., Balto., Md.

17 (a) Burial (b) Date thereof Dec 8th 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location

18 (a) Funeral director Charles P Fowell
(b) Address 2427 Edmondson Ave.

19 (a) DEC 7 - 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4, 1942 at 10:55 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 14, 1942 to Dec. 4, 1942 and that I last saw him alive on Dec. 4, 1942

Immediate cause of death	Duration
Right lower lobar pneumonia	16 hrs.
Due to Hypertrophy of prostate with urinary retention	6 months
Due to Arterial sclerotic heart disease	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. S. Bier M. D.
Address U.S. Marine Hosp. Balto. Date signed 12/5/42

F 98313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98313 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as correct and complete as possible. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1516 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MARY EMMA HARRISON

3 (b) If veteran, name war: --
3 (c) Social Security Account No.: --

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife James O. Harrison
6 (c) If alive, give age ~~1876~~ years

7. Birth date of deceased (mo., day, yr.) Mar. 29, ~~1876~~

8. AGE: Years 66 | Months 8 | Days 5 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation --none

11. Industry or business

FATHER
12. Name James Culley
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Shriver
15. Birthplace Md.

16 (a) Informant Mr. George H. Tittar
(b) Address 1605 Bolton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/42 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge Cem.
Location Wash. Blvd. & Dorsey Rd.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 7 - 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4, 1942, at 7.38 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1940 to Dec 4 1942 and that I last saw her alive on Dec 4 1942

Immediate cause of death: Carcinoma of Ovary Left (Adenocarcinoma - Left Ovary) — Duration: 2 Yrs 3 Mos.
Due to:
Due to:
Other Conditions: Metastatic Carcinoma of Colon + Bladder
(Include pregnancy within 3 months of death)
Date of operation Dec 16 - 1940
Major findings of operations: Adenocarcinoma of Left Ovary
of autopsy: no autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence None at M
(c) Where did injury occur? no accident
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work? No
(e) Means of injury None

23. Signature Edward P. Smith M.D.
Address 920 St Paul St Date signed 12-5-42

VS 250

(over)

F 98314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 926 F 98314

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1826 N. Fulton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1826 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELIZABETH YOE LUCKE

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Frank J. Lucke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/18/1866

8. AGE: Years	Months	Days	If less than one day
76	2	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name George Yoe
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Elizabeth Weyforth
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Preston E. Gardner
(b) Address 1826 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 7 (Date rec'd by registrar) (b) 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 26 1942 to Dec 4 1942 and that I last saw her alive on Dec 4 1942.

Immediate cause of death Myocardial + Mitral Insufficiency — Duration

Due to Arteriosclerosis

Due to

Other Conditions Cerebral Embolism

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hiram Freed M.D.
Address 716 Med. Arts Bldg Date signed Dec 3/42

VS 250

FORM OF CERTIFICATE, WITH CAPTIONS, ETC., EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED AND correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8315

(over)

W. 55-80 Ef 306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54

F 98315

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1057 N. Front
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby boy McCray (Butte F 63773)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days: 1 | If less than one day: hr. min.

9. Birthplace: Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Samuel McCray
13. Birthplace: N.C.

MOTHER
14. Maiden Name: Pauline Stewart
15. Birthplace: N.C.

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location: JOHN HOPKINS MEDICAL SCHOOL DEC 7 - 1942

18 (a) Funeral director: Commissioner of Health
(b) Address

19 DEC 7 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1942, at 6.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-3 1942, to 12-3 1942, and that I last saw h.e.m. alive on 12-3 1942

Immediate cause of death: premature

Due to

Due to

Other Conditions: respiratory failure & terminal hemorrhage
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Keller, M.D.

Address Johns Hopkins Hosp. Date signed 12/3/42

9620

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8316 425885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 F 98316 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. Co.
(c) City or town Baltimore - Parkville (If outside city or town limits, write RURAL and give town)
(d) Street No. 2716 Maple Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Carrey (Birth F 65565)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-23-42

8. AGE: Years | Months | Days: 3 | If less than one day: hr. min.

9. Birthplace: Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Carey
13. Birthplace Pa

MOTHER
14. Maiden Name Esther Weyer
15. Birthplace Md

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL DEC 7 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) DEC 7 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1942, at 12.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1942, to Nov 26 1942, and that I last saw her alive on Nov 26 1942.

Immediate cause of death Hemorrhage — Duration 10 Hrs.

Due to

Due to

Other Conditions Prematurity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Kibbe
Address Johns Hopkins Date signed 11/30/42 M. D.

VS 150

9619

F 98317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 d

F 98317 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 34 W. West Street
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 34 W. West St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Priscilla Wesley Thomas

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife Charles Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Wesley
13. Birthplace Baltimore

MOTHER
14. Maiden Name Rebecca Rayner
15. Birthplace Baltimore

16 (a) Informant Robert J. Wesley
(b) Address 110 S. Stockton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location a.g. Co. Md.

18 (a) Funeral director James A. Hayes
(b) Address 1700 W. Fayette St.

19 (a) DEC 7 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3rd 1942, at 11 4 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an in query & inspection thereon and from the evidence (Autopsy or Inquiry)
obtained by said in query & inspection and that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
arteriosclerotic Cardiac vascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed 12-8-42
By - H. J. Lacerte, M.D.

VS 6

F 98318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98318 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address U.S.Marine Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3314 Barrington Rd. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Leo Zon

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Mrs. Fannie Kass
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1906

8. AGE: Years	Months	Days	If less than one day
36	10	26	hr. min.

9. Birthplace Washington, D.C. (Town, county, and state)
10. Usual Occupation Commissioned Officer
11. Industry or business U.S.Public Health Service

FATHER
12. Name Raphael Zon
13. Birthplace Russia

MOTHER
14. Maiden Name Anna ??
15. Birthplace Russia

16 (a) Informant Records, U.S.Marine Hospital
(b) Address Wyman Park Drive

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof Dec 7-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto

18 (a) Funeral director A. Reiber Sons
(b) Address 4907 York Road

19 (a) (Signature of local registrar) (b) Huntington Williams M.D.
DEC 7 1942
VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5 1942, at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2 1942, to Dec. 5 1942, and that I last saw him alive on Dec. 5 1942.

Immediate cause of death — Duration
Meningococcic Septicemia — 4 days
Cerebrospinal Meningitis — 4 days
Due to
Due to
Other Conditions
Pneumonia Lobular
(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Carlton M.D.
Address U.S.Marine Hospital Date signed 12/7

F 98319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93V F 98319 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4833 Belair Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4833 Belair Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adolph Von Bussenius

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Emma R. Bussenius
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25 1857

8. AGE: Years	Months	Days	If less than one day
85	1	9	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Men + Ladies Tailor

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs. A. V. Bussenius
(b) Address 4833 Belair Rd

17 (a) Burial (b) Date thereof 12 7 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto. Comm.
Location Balto City Md.

18 (a) Funeral director Leopold Emanuel Home
(b) Address 7401 Belair Rd.

19 (a) DEC 7 - 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4th 1942 at 2 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 to Dec 4 1942, and that I last saw him alive on Dec 1 1942

Immediate cause of death — Duration

Ch. Myocarditis — 1 2 years

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. S. Harding
Address 4840 Belair Rd Date signed 12/5/42 M. D.

Howard L. Nelson M.D.

98320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161a F 98320 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard - Greene Sts.
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city enter name of county, and also give town)
(d) Street No. [illegible] (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Michaelis (Birth F 64014)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1942

8. AGE: Years	Months	Days	If less than one day
—	—	—	3 hr. 8 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation infant

11. Industry or business —

FATHER
12. Name Charles Henry Schleter
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Naomi Louise Michaelis
15. Birthplace Baltimore, Md.

16 (a) Informant Mother
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 7 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) DEC 9 1942 Registrar for Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1942, at 7:16 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/2 1942, to 12/2 1942, and that I last saw h[illegible] alive on 12/2 1942.

Immediate cause of death Fetal atelectasis — Duration since birth

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Jorgman M. D.
Address Univ. Hosp. Date signed 12/2/42

VS 2

9624

F 98321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 F 98321 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 701 E 30th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH C. NICHOLS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. DIVORCED

6 (b) Name of husband or wife BERTRUDE NICHOLS.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 20, 1900

8. AGE: Years 42 | Months 0 | Days 15 | If less than one day hr. min.

9. Birthplace MD.
(Town, county, and state)

10. Usual Occupation LATHER.

11. Industry or business

FATHER
12. Name SAMUEL T. NICHOLS.
13. Birthplace MD.

MOTHER
14. Maiden Name LAURA V. HAUSE.
15. Birthplace MD

16 (a) Informant VIRGINIA M. HANSEN.
(b) Address 880 W. BALTIMORE ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7/42 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden.

18 (a) Funeral director Ebenezer Sonneborn
(b) Address 3615-17 Chestnut Ave.

19 (a) DEC 7 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1942 at 12:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular	
Bilateral, streptococcic	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. 2 W. Williams M.D.
Medical Examiner.

Date signed 12-5-42

VS 6

F 98322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 11 69

F 98322

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3320 Colvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3days
(e) Length of stay in Baltimore (yrs., mos., or days) 7yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3726 Parkdale Ave. City
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Wilbert Randolph Mallonee X MARGARET MALLONEE.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W, d or W

6 (b) Name of husband or wife Mr. Wilbert Randolph Mallonee
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6/23/65

8. AGE: Years	Months	Days	If less than one day
77	6	12	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Mr. Andrew Davis
13. Birthplace Virginia

MOTHER
14. Maiden Name Sarah Bohanan
15. Birthplace Virginia

16 (a) Informant —
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 8/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Chenoweth & Donaldson
(b) Address 3615-17 Clayton St Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 7 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5 1942, at 1:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/22 1942 to 12/5 1942; and that I last saw h[er] alive on 12/5 1942.

Immediate cause of death Cardio-Respiratory Failure — Duration

Due to Carcinoma of head of pancreas

Due to

Other Conditions Hepatic Metastases
Chronic Lymphocytic Lymphatic Leukemia
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

Autopsy Carcinoma of head of pancreas

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Neal Jr. M. D.
Address Union Memorial Hosp. Date signed 12-5-42

correct age is especially important. Physicians: please write cause of death clearly and legibly.

F 98323

F 98323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 821 W 36th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 821 W 36th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harriet R. Young.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow.

6 (b) Name of husband or wife Clarence P. Young.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 30, 1872

8. AGE: Years	Months	Days	If less than one day
70	1	6	hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation Housework.

11. Industry or business

FATHER
12. Name Charles A. Peacock.
13. Birthplace ?

MOTHER
14. Maiden Name Eleanor Laughlety?
15. Birthplace ? " "

16 (a) Informant Mrs. Nicholas Hiser.
(b) Address 821 W 36th St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Dec 9, 1942 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden.

18 (a) Funeral director Edmondson & Donovan.
(b) Address 3615-17 Eastern Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams

DEC 7 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6, 1942, at 8 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1942, to Dec 6 1942, and that I last saw h[illegible] alive on Dec 5 1942

Immediate cause of death Acute Cardiac decompensation

Due to Carbon-monoxide absorption

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
[illegible]
8 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 826 W 36th St. Date signed 12/7/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98324 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 633 W. Barre St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 633 W. Barre St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALONZA ALLAN HARTER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years 40 | Months | Days | If less than one day hr. min.

9. Birthplace Carteret, N. Carolina (Town, county, and state)

10. Usual Occupation Lesman

11. Industry or business

FATHER 12. Name James Harter

13. Birthplace N Carolina

MOTHER 14. Maiden Name Hattie Sims

15. Birthplace N Carolina

16 (a) Informant Marie Whitehead

(b) Address 633 W Barre St

17 (a) removal (Burial, cremation, or removal) (b) Date thereof 12/7/42 (month) (day) (year)

(c) Cemetery or crematory Gastonia

Location North Carolina

18 (a) Funeral director Isaiah C Brown Sons

(b) Address 2 E Monument Montgomery St

19 (a) DEC 7 1942 (Date rec'd by registrar) (b) Huntington Maryland Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1942 at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said I find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

	Duration
Immediate cause of death Hypertensive Cardiovascular Disease	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed 12-5-42

VS 6

F 98325

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 98325

CERTIFICATE OF DEATH

107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 715 S. Charles St., Ward 4)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Mitchell

If U.S. Veteran specify WAR .....

(a) Residence: No. 715 S. Charles St., Ward 4

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) — 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME William Mitchell

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Nancy —

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Rena Burial

(Address) 715 S. Charles

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 12-7-42

19. UNDERTAKER David L. Burns & Son

(Address) 1 of W. Montgomery St

20. FILED DEC 7 — 1942 Hunting for Williams

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec - 1, 1942 to Dec 3, 1942

I last saw h... alive on Dec 3, 1942 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Bronchitis	
Pneumonia	
Primary 10 days	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Paul Swaim M. D.

(Address) 1111 Lee

2604 Harmon Blvd
Dr Harmon

E 93326

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 95C

E 93326
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3034 Edmondson
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3034 Edmondson
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William R. Sheckells.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife late Carrie E.

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Apr. 22-1870

8. AGE: Years 72 | Months 7 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Retired Painter & Brake

11. Industry or business R.R. Co.

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant M. Gladys Sheckells
(b) Address 3034 Edmondson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 8 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem
Location Balto. Md

18 (a) Funeral director Geo. L. Beyer Jr
(b) Address 1512 Hollins St

19 DEC 7 - 1942 (Date received by registrar) Interment for Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1942 at 12:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941 to Dec 5 1942, and that I last saw him alive on Dec 4 1942

Immediate cause of death: Acute Cardiac Dilatation. — Duration: 3 hours
Due to: Arterio Sclerosis
Due to: Hypertension
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature Howard F. Warren M. D.
Address 2604 Harmon Blvd Date signed 12-7-42

VS 150

98327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 91

Registered No. E 98327

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bellona Ave.
(c) Hospital or institution:
Mercy Villa.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Nelmar Apts. (If rural give location)
2401 Brentwood Ave
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AMELIA ROSENOUR MYERS.

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Joseph H. Myers.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1861.

8. AGE: Years	Months	Days	If less than one day
81	1	29	hr. min.

9. Birthplace Frederick, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Bernhard Rosenour,
13. Birthplace Germany.

MOTHER
14. Maiden Name Sarah Seifenseder,
15. Birthplace Germany.

16 (a) Informant Mr. A. Myers,
(b) Address New York.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/42. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Baltimore, Md.

18 (a) Funeral director Harris Funeral Home
(b) Address 1902 Eutaw Place.

19 (a) 12-7-1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

OF 8

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6th. 1942 at 2:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1930, to Dec 6, 1942. and that I last saw her alive on Dec. 4, 1942

Immediate cause of death Generalized arteriosclerosis — Duration 7 yrs.
Due to ?
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 1041 St. Paul St. Date signed 12-7-42 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct as required by law. Items of information are especially important. Physicians: please write the causes of death clearly and legibly.

F 98328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98328

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correctly and fully. Underlining or capitalizing surnames is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 412 N. Regester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 412 N. Regester St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Annie Cerny.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Clyde Cerny.

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 12/25/1870

8. AGE: Years 71 | Months 11 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Md. A. A. County
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unk Eliza Smith
15. Birthplace Md.

16 (a) Informant Mary Williams
(b) Address 526 N. Dallas St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 8-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A. A. Co. Md.

18 (a) Funeral director Peter E. Walsh
(b) Address 615 N. Eden St.

19 (a) 7161 — 1238 (Registered by Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12th 4 1942 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1941, to Dec 1942, and that I last saw her alive on 12/1 1942.

Immediate cause of death Chr. Myo. Carditis — Duration 2yrs.

Due to .....

Due to .....

Other Conditions Chr. Nephritis — ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? .....
(e) Means of injury —

23. Signature Calvin B. Le Compte

Address 1113 N. Caroline St Date signed 12/6/42

VS 8

F 98329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 134

Registered No. F 98329

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1008 W Fayette
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 W Fayette (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dalore May Tasco Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem	Col	Mar

6 (b) Name of husband or wife Wells Coleman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10, 1914

8. AGE: Years	Months	Days	If less than one day
28	2	23	hr. min.

9. Birthplace Balto md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business do

FATHER
12. Name Jos Tasco
13. Birthplace Balto

MOTHER
14. Maiden Name Flora Powell
15. Birthplace Balto Md

16 (a) Informant Flora Tasco
(b) Address 1005 Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N Schroeder St

19 (a) DEC 7 - 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 19 42, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 19 42, to Dec 3 19 42, and that I last saw h alive on Dec 3 19 42.

Immediate cause of death Pulmonary Tuberculosis — Duration 9 mos

Due to Infection

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature
Address 939 Fayette St Date signed Dec 7 1942 M. D.

VS 8

F 98330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1932 Registered No. F 98330

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 904 South Ann
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 South Ann (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Guy Elder Queen
3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Lottie Queen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1890

8. AGE: Years	Months	Days	If less than one day
52	8	9	hr. min.

9. Birthplace Anne Arundel Co. Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Thos Queen
13. Birthplace Anne Arundel Co Md

MOTHER
14. Maiden Name Rose
15. Birthplace Anne Arundel Co Md

16 (a) Informant Lottie Queen
(b) Address 904 South Ann St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7, 1932 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) DEC 7 - 1932 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1932, at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 25 1932 to Dec 3 1932 and that I last saw h alive on Dec 3 1932

Immediate cause of death Myocarditis — Duration 6 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible]

VS 8

F 98331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1480

F 98331 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Evelyn Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Walter Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1903

8. AGE: Years	Months	Days	If less than one day
39	1	29	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation H W

11. Industry or business

FATHER
12. Name John Wilson
13. Birthplace Eastern Shore Md.

MOTHER
14. Maiden Name Alice Hopkins
15. Birthplace Eastern Shore Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Dec 7 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St.

19 (a) DEC 7 - 1942 (b) Huntington Williams
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1942 at 3 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death Carcinoma of Cervix & Hemorrhage — Duration 1 yr.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Roger B. Scott M. D.
Address Johns Hopkins Hosp Date signed 12-3-42

VS 284

F 98332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 98332

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison
(c) Hospital or institution: Maryland Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2764 Trinity Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country no

3 (a) FULL NAME MARGARET MILLER

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife - - -
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Apr. 21, 1881

8. AGE: Years	Months	Days	If less than one day
61	7	13	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Margaretha Leonhard
15. Birthplace Germany

16 (a) Informant Mrs. Catherine Sauer (sister)
(b) Address 1413 Bank St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 7. 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Baltimore Md.
HENRY SANDER & SONS, INC.

18 (a) Funeral director
(b) Address North Ave. & Broadway.

19 (a) DEC 7 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4 1942, at 8:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 23 1942, to Dec. 4 1942, and that I last saw her alive on Dec. 4 1942.

Immediate cause of death Cerebro vascular accident

Due to Hypertension C.V.D.

Due to Arteriosclerosis

Other Conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. T. M. Bourgeois M. D.
Address Md. Gen. Hosp. Date signed 12/4/42

VS 3

F 98333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1932

F 98333 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 Carswell St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. William E. Unverzagt

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-9201

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17, 1912

8. AGE: Years	Months	Days	If less than one day
30	10	18	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Linotypist

11. Industry or business Western Electric

FATHER 12. Name Geo F Unverzagt

13. Birthplace Baltimore

MOTHER 14. Maiden Name Margaret A Brooks

15. Birthplace Baltimore

16 (a) Informant Margaret Unverzagt

(b) Address 1709 Carswell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 8 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Rural

18 (a) Funeral director Ulrich Funeral Home

(b) Address 2008 E Oliver

19 (a) DEC 7 — 1932 (Date received by registrar) Hampton Wilkinson, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5 1932, at 1.40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 27 1932 to Dec. 5 1932, and that I last saw him alive on Dec 5 1932.

Immediate cause of death	Duration
Congestive Heart Failure	4 weeks
Due to Rheumatic C-V Disease	?
Due to	
Other Conditions Pulmonary Infarcts	?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Same

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fusting M. D.

Address St. Joseph's Hosp. Date signed 12-5-32

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98334 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 414 N Collington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 414 N Collington
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Hann
3 (b) If veteran, name war
3 (c) Social Security Account No. unemployed

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Margaret Hann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24-1865

8. AGE: Years	Months	Days	If less than one day
77	2	11	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business retired

FATHER
12. Name Christian Hann
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Becker
15. Birthplace Germany

16 (a) Informant Catherine E. Bush
(b) Address 414 N Collington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 8. (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Rural

18 (a) Funeral director Ullrich Bennett Home
(b) Address 2940 W. Fayette

19 (a) DEC 7 1942 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5 1942 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1942 to Dec 5 1942, and that I last saw him alive on Dec 4 1942

Immediate cause of death	Duration
chronic myocarditis	
Due to	
Due to	
Other Conditions Coronary, Sublingual	unknown

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Ramon M.D.
Address 206 S. Gilmor St Date signed 12-6-42

VS 8

Huntington Williams, M.D.

F 98335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 F 98335 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 311 E. 22nd St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 67

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 311 E. 22nd St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Tillman

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 67 | Months — | Days — | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER
12. Name Nicholas Tillman
13. Birthplace Germany

MOTHER
14. Maiden Name M. Stark
15. Birthplace Baltimore Md

16 (a) Informant Mrs Coen
(b) Address 43 — Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location —

18 (a) Funeral director Mary M. Medford
(b) Address 38 E 22nd St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1942 at 3:— M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1942 to Dec 3 1942 and that I last saw h[illegible] alive on Dec [illegible] 1942

Immediate cause of death Stomach Nephritis — Duration

Due to Uremia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Hurley, M.D.
Address 110 E. Northern Date signed 12-5-42

correct age is especially important. Physicians: please write the causes of death clearly a[illegible]

F 98336
P1-Kurch

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98336
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3602 Oakmont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3602 Oakmont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME NETTIE KAUFMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Solomon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name David
13. Birthplace Russia

MOTHER
14. Maiden Name Molly
15. Birthplace Russia

16 (a) Informant Solomon Kaufman
(b) Address 3602 Oakmont Ave

17 (a) Burial (b) Date thereof 12-7-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Baltimore County Md

18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Balto St

19 (a) DEC 7 - 1942 Huntington Williams M.D.
(Date rec'd by registrar) (Signature of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6 1942 at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 19 to 12/5 1942 and that I last saw h alive on 12/5 1942

Immediate cause of death Carcinoma of stomach — Duration 6 mos

Due to

Due to

Other Conditions Diabetes mellitus
Generalized Coronary Sclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ernestine Kirsch
Address 704 Reisterstown Rd Date signed 12/9/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

F 98337

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 98337 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere Ave
(c) Hospital or institution:
Hebrew Home for the Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs. 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 30 yrs. years

3 (a) FULL NAME Leah Polansky

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	Widow

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day
82 yrs			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Sig Feinblatt
(b) Address Greenspring - Glenedyn

17 (a) Burial (b) Date thereof 12-7-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Agudas Acheem Cong
Location Washington Rd.

18 (a) Funeral director Jack Lewis INC
(b) Address 1439 E. Baltimore St

19 (a) (b) Registrar
(Date filed by registrar) DEC 7 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 19 , at 10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1932 to December 1942, and that I last saw her alive on 12-5 1942

Immediate cause of death	Duration
Cbs. card vascular disease	
Hypertension	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Edmund Lewis M. D.
Address Lwndale Date signed 12/6/42

F 98338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 M

F 98338 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½ hours
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 103 N. Castle St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Anna Plsek

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John Plsek (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 14, 1870

8. AGE: Years 72 | Months 7 | Days 20 21 | If less than one day: hr. min.

9. Birthplace: Bohemia (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business

FATHER
12. Name: Joseph Starousek
13. Birthplace: Bohemia

MOTHER
14. Maiden Name: Barbar Batoun
15. Birthplace: Bohemia

16 (a) Informant: Mary Lupton
(b) Address: 103 N. Castle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-42 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Balto. Md

18 (a) Funeral director: Frank Brachvogel Son
(b) Address: 900 N. Chester St

19 (a) DEC 7 - 1942 (Date filed by registrar) (b) Huntingtown Anne Arundel Co. Md (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5 1942 at 2 20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4 1942, to Dec. 5 1942, and that I last saw her alive on Dec. 5 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertensive C.V Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William H. Fuesting M.D.
Address: St. Joseph's Hosp. Date signed 12-6-42

VS 8

Correct age is especially important. Physicians: please write the causes of death plainly and legibly.

F 98339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95C

F 98339 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Athol Ave.
(c) Hospital or institution:
General German Aged Peoples Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Athol Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Reisenweber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1857.

8. AGE: Years	Months	Days	If less than one day
85	9	15	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. J. George Walz,
(b) Address 22 S. Athol Ave.

17 (a) Burial (b) Date thereof Dec. 8/42.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Lutzke
(b) Address 4101 Edmondson Ave.

19 (a) Dec 7 1942 (b) Huntington Willis Registrar
(Date received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4/42. 19 at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 29/42 to Dec. 4/42. 19
and that I last saw her alive on Dec. 3/42. 19

Immediate cause of death — Duration

Cardiac Hypertrophy Unknown.

Due to

Arterio Sclerosis. Unknown.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry Walter Stein M.D.

Address 933 Fredericr. Date Dec 7/42

JL -78315 5'
F 98340

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 M F 98340 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 427 S. Furrow St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Schwallenberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1868 ?

8. AGE: Years	Months	Days	If less than one day
? 74	0	19	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Frank Everett Schwallenberg
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Hittel
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director Harry H. Mitchell
(b) Address 4901 Edmondson Ave

19 (a) 12-7-1942 (Date rec'd by registrar) (b) Huntington Hillegeist M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6 1942 at 4:22 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-1 1942 to 12-6 1942 and that I last saw h[illegible] alive on 12-6 1942

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to Arteriosclerotic heart disease	7 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Pattison M. D.
Address Balto. City Hosp. Date signed 12-6-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

F 98341

Wilbur F

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 b

F 98341 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1154 Carroll St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1154 Carroll St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wilbur F Schillenberg

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-4557

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Catherine E. Schillenberg
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1901

8. AGE: Years	Months	Days	If less than one day
41	10	4	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Pipe Fitter
11. Industry or business Gas & Electric Co.

FATHER
12. Name Elmer C. Schillenberg
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Katie Darr
15. Birthplace Baltimore, Md

16 (a) Informant Mrs Catherine E. Schillenberg
(b) Address 1154 Carroll St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director John J Lonsdale Son
(b) Address 20 Hollins St.

19 (a) DEC 7 - 1942 (Date rec'd by registrar) (b) Burial or Removal Permit No. 11427

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6th 1942, at 12.05 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 19 42 to Dec 6 19 42
and that I last saw h m alive on Dec 6 19 42

Immediate cause of death: Pulmonary Tuberculosis — Duration: 5 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas J Sloan M. D.
Address 476 Wash Blvd Date signed

correct age is especially important. Physician, please

VS 8

12-7-42

F 98342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1830

Registered No. F 98342

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Williams + Caton
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 S. Mount St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward B. Bunting

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Susie G. Bunting
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) March 3, 1864

8. AGE: Years	Months	Days	If less than one day
78	9	2	hr. min.

9. Birthplace Portsmouth, Va. (Town, county, and state)
10. Usual Occupation Retired - Machinist
11. Industry or business B & O RR

FATHER
12. Name Robert Bunting
13. Birthplace Ireland

MOTHER
14. Maiden Name Martha Wilkerson
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Susie G. Bunting
(b) Address 26 S. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Olivet Cemetery
Location Baltimore, Md.

18 (a) Funeral director Miller & Amoroso
(b) Address 1005 W. Baltimore St.

19 (a) Dec 7 1942 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5 1942 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 5 1942 to Dec 5 1942, and that I last saw him alive on Dec. 5 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 9 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Arthur Rosenberg
Address St. Agnes Hosp. Date signed 12/8/42

VS 184

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43N

Registered No. [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3026 Wayne Ave
(c) Hospital or institution: (Leland Park)
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3026 Wayne Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Margaret Rolf (nee Fuchs)

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Mr. Louis F. Rolf
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Dec 11th 1882

8. AGE: Years	Months	Days	If less than one day
59	11	24	hr. min.

9. Birthplace Balto, Md.
(Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name William Fuchs
13. Birthplace Germany

MOTHER
14. Maiden Name Matilda Hetzler
15. Birthplace Balto, Md.

16 (a) Informant Mrs. Louis F. Rolf
(b) Address 3026 Wayne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto, Md.

18 (a) Funeral director Geo. Weber & Son
(b) Address 2503 Edmondson Ave

19 (a) DEC 7-1942 (Registered by registrar) Administrator Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5th 1942, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1942 to Dec 5 1942 and that I last saw h~~er~~ alive on Dec 5 1942

Immediate cause of death Coronary Thrombosis — Duration 1 wk.
Due to Hypertension Cardio Vasc Disease — 20 yr
Due to [illegible]
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 450 S Libert Hopkins Date signed 12-6-42

correct age if especially important; if guessed, say so

VS 2

F 98344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98344

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 N. Monroe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 704 N. Monroe St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Christian Muhly

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 215-01-2732

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Nellie Elizabeth Muhly (nee Bowen) (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Feb 20 - 1885

8. AGE: Years	Months	Days	If less than one day
57	9	17	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Shirt Cutter
11. Industry or business

FATHER
12. Name Herman Muhly
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Elizabeth Bowen
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Nellie E. Muhly
(b) Address 704 N. Monroe St.

17 (a) Burial (b) Date thereof 12 | 9 | 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Md.

18 (a) Funeral director H. O. Wisbert Son
(b) Address 2503 Edmondson Ave

19 (a) DEC 7 - 1942 (b) Huntington Ind. Registrar
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7th 1942, at 1.10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 31 1942 to Dec 7 1942 and that I last saw him alive on Dec 6 1942.

Immediate cause of death	Duration
Carcinoma of Stomach	1 yr.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas A. Todd, M.D.
Address 735 N. Fulton Ave Date signed 12/7/42

F 53623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600

F 98345

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Route 1, Box 45, Cockeysville (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Bosley

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7-42

8. AGE: Years	Months	Days	If less than one day
			1½ hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and State)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert W. Bosley
13. Birthplace Baltimore County Md

MOTHER
14. Maiden Name Ina May Taylor
15. Birthplace Baltimore County

16 (a) Informant Robert W. Bosley
(b) Address Cockeysville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-42 (month) (day) (year)
(c) Cemetery or crematory Bosley's Cemetery
Location Balto. Co.

18 (a) Funeral director J. F. Ellen's Sons
(b) Address Reisterstown Md.

19 (a) DEC 7 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/7 1942 at 2:45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to ~~my~~ death on the day stated above.

Immediate cause of death: Intracranial Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph B. McNally M.D. Medical Examiner.
Date signed 12/7/42.

F 98346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98346 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3407 Barclay St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3407 Barclay St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret R. Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 6, 1869

8. AGE: Years	Months	Days	If less than one day
73	8	—	hr. min.

9. Birthplace Calvert Co. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Clean H. Gray
13. Birthplace Md

MOTHER
14. Maiden Name Eliza J. Machel
15. Birthplace Md.

16 (a) Informant Mrs Cora Lloyd
(b) Address 3407 Barclay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-42 (month) (day) (year)
(c) Cemetery or crematory Brook's Chapel
Location Mutual, Calvert Co. Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) DEC 7 1942 (Date received by Registrar) Huntingtor Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6, 1942 19 at 1:27 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 7 19 42 to Dec. 6 19 42 and that I last saw h alive on Dec 6 19 42

Immediate cause of death — Duration

Cerebral Hemorrhage — 7

Due to

Due to Arteria Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations:

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward J. Wheatley M. D.
Address 1230 Saint Paul Place Date signed 12/7/42

VS 3

F 98347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1830

F 98347 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 565 Laurens St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 565 Laurens St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Nichols

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 21, 1872

8. AGE: Years	Months	Days	If less than one day
70	8	15	hr. min.

9. Birthplace A. A. Co., Md.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Benjamin Hall
13. Birthplace Md.

MOTHER
14. Maiden Name Adeline Chews
15. Birthplace Md.

16 (a) Informant Mrs Mary E. Burton
(b) Address 565 Laurens St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) DEC 7 - 1942 (Date received by registrar) Registrar, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6, 1942 19 , at 4:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 7 1942 to Dec 6 1942
and that I last saw h alive on 19 .

Immediate cause of death — Duration

Cerebral Hemorrhage

Due to

Due to Arteriosclerosis ? 1

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward J. Wheatley M. D.
Address 1230 Druid Hill Ave. Date signed Dec 7/42

Huntington Hospital

F 98348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1a

Registered No. F 98348

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division st.

(c) Hospital or institution: Provident Hospital.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days.

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 110 W. 34th st. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isaac Bond.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C	W.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Hartford Co. Md. (Town, county, and state)

10. Usual Occupation Butler.

11. Industry or business

FATHER

12. Name —

13. Birthplace

MOTHER

14. Maiden Name —

15. Birthplace

16 (a) Informant Mr. John C. Legg, Jr.

(b) Address 110 W. 34th st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-42 (month) (day), (year)

(c) Cemetery or crematory Mt. Zion

Location Mountain, Hartford Co. Md.

18 (a) Funeral director Mrs. Frances A. Hemsley

(b) Address 578 W. Biddle st.

19 (a) DEC 7 1942 (Date received by registrar) Hunter for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-4- 1942, at 10:44 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15 1939, to Dec. 4 1942 and that I last saw him alive on Dec. 4 1942

Immediate cause of death	Duration
Cardiac Failure	
Due to Hypertension	6 yrs.
Due to Nephritis.	
Other Conditions Uraemia.	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Fred G. Parmer M. D.

Address 2340 Madison Ave. Date signed 12-5-42

VS 3

F 93349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93349 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 304 S. Oldham St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 304 S. Oldham St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Ward.

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-14-4398

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Clara

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2 1874

8. AGE: Years	Months	Days	If less than one day
68 77	6	1	hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business

FATHER 12. Name Fred Ward

13. Birthplace England

MOTHER 14. Maiden Name Susan Wright

15. Birthplace England

16 (a) Informant Mrs Walter Stevenson

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-42 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Ave

18 (a) Funeral director William McMarick

(b) Address 715 Linden Ave.

19 (a) DEC 7 1942 (Date filed by Registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3 1942 at 9:55 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to natural death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic, Cardio - vascular disease	
Due to	
Due to	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. Mackall M.D. Medical Examiner.
Date signed 12/4/42.

F 98350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98350

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light Street

(c) Hospital or institution: South Baltimore Gen. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3 E Wheeling St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Lena Keim

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Geo M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5 1870

8. AGE: Years	Months	Days	If less than one day
72	10	29	hr. min.

9. Birthplace Baltimore

(Town, county, and state)

10. Usual Occupation H W

11. Industry or business

FATHER

12. Name Daniel Ricketts

13. Birthplace Germany

MOTHER

14. Maiden Name Elizabeth Reblein

15. Birthplace Md

16 (a) Informant Mrs Julius D. Keim

(b) Address 3 E. Wheeling St

17 (a) Burial (b) Date thereof 12-9-42

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Cross Cemetery

Location Brooklyn Md

18 (a) Funeral director William M Mareck

(b) Address 715 Light St

19 (a) 1942 (b) Hilton for Williamson M.D. Registrar

(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 4 1942, at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28 1942 to Dec 4 1942 and that I last saw h[illegible] alive on Dec. 4 1942.

Immediate cause of death

Due to (a) Terminal Bronchopneumonia

Due to (b) (But of Pontine)

Due to (c) Diabetic Gangrene of Left foot

Other Conditions Diabetes Mellitus

	Duration

(Include pregnancy within 3 months of death)

Date of operation Dec. 2, 1942

Major findings of operation: Gangrene of left foot - Amputation through left leg

Date of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature C. Andrew Riffle M. D.

Address 1213 Light St Date signed 12/4/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

F 98351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 98351 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 Webster St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Brayton Leroy Bull

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-05-5396

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Mar

6 (b) Name of husband or wife Pauline Schuster

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 14, 1886

8. AGE: Years 56 | Months 7 | Days 21 | If less than one day hr. min.

9. Birthplace Freeland, Md. (Town, county, and state)

10. Usual Occupation Fireman - B.O.

11. Industry or business

FATHER 12. Name —

13. Birthplace —

MOTHER 14. Maiden Name —

15. Birthplace —

16 (a) Informant Mrs. Bull

(b) Address 1512 Webster St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 - 8 - 42 (month) (day) (year)

(c) Cemetery or crematory Ludor Mem.

Location Reisterstown Highway

18 (a) Funeral director J. Fred McCauley

(b) Address 500 E. Fort Ave.

DEC 7 - 1942 (Date rec'd by Registrar) Hunter for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5 1942 at 7:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from December 5 1942 to December 5 1942 and that I last saw him alive on December 5 1942

Immediate cause of death Coronary Thrombosis — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. T. Rabey M. D.

Address University Hospital Date signed December 5, 1942

VS 180

98352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. F 98352

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 206 N. Wolfe St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 206 N. Wolfe St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie (Anna) Muddendorf

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband or wife Anthony Muddendorf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17 1870

8. AGE: Years	Months	Days	If less than one day
72	5	18	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Ferdinand Rowekamp
13. Birthplace Germany

MOTHER
14. Maiden Name Mary E. K[illegible]
15. Birthplace Ohio

16 (a) Informant Mrs. Kathryn Spann
(b) Address 2403 Alameda Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director J. Roland Herr
(b) Address 2242 Kentucky Ave.

19 (a) DEC 8 - 1942 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 1942, at 1 PM 45

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Fratzer M.D. Medical Examiner.
Date signed Dec. 6 1942

VS 6

F 98353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

831

Registered No. F 98353

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 31 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2604 Quantico Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca Greenberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Kalman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business House Wife

FATHER
12. Name Louis Piven
13. Birthplace Russia

MOTHER
14. Maiden Name Merle ?
15. Birthplace Russia

16 (a) Informant Joseph Pertnoy
(b) Address 3213 Piedmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cemetery
Location E Fayette St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1126 W North Ave

19 (a) DEC 8 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1942 at 9:57 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1942 to Dec 7 1942 and that I last saw h er alive on Dec. 7 1942.

Immediate cause of death	Duration
Cerebral Thrombosis	
Due to Cerebral atherosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J R Lantz, M.D.
Address Sinai Hosp Date signed Dec 7 '42

VS 3

98354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98354

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED: City – Dormitory #4 Fairfield
(a) State Ky (b) County
(c) City or town Corbin (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edgar Balthis

3 (b) If veteran, name war —
3 (c) Social Security Account No. 226-24-14-57

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 14th 1921

8. AGE: Years	Months	Days	If less than one day
21	5	120	hr. min.

9. Birthplace White House Ky (Town, county, and state)
10. Usual Occupation Shop Fitter
11. Industry or business Bethlehem-Fairfield

FATHER
12. Name John R. Balthis
13. Birthplace White Va.

MOTHER
14. Maiden Name Della McCray
15. Birthplace Back House Ky

16 (a) Informant J. A. Faust
(b) Address 1410 N. Patterson Pk Ave

17 (a) Removal (Burial, ~~cremation or removal~~) (b) Date thereof 12/8/42 (month) (day) (year)
(c) Cemetery ~~crematory~~ Nortons
Location Va.

18 (a) Funeral director Williams Cook Inc
(b) Address 127 St. Paul St

DEC 8 – 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 – 4 – 1942 at 1:40 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Sub-arachnoid Hemorrhage traumatic.	
Due to	
Due to	
Other Conditions Fractured right Tibia & fibula. multiple lacerations, abrasions & bruises.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-2-42 at 10:15 P.M.
(c) Where did injury occur? Chesapeake Ave & Shell Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? Yes (Specify type of place)
(e) Means of injury Pedestrian struck by automobile

23. Signature Howard J. Whitehead M.D. Medical Examiner.
Date signed 12-4-42

VS 6

98355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98355

170C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 E. 20th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James B. Dooley

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 217-09-4445

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 30 1883

8. AGE: Years	Months	Days	If less than one day
59 54	10	6	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Ramoner Agent

11. Industry or business

FATHER 12. Name James Dooley

13. Birthplace Ireland

MOTHER 14. Maiden Name Ellen C Kinnick

15. Birthplace Ireland

16 (a) Informant Eileen M Watts

(b) Address 2101 Gordon St

17 Final (Burial, cremation, or removal) (b) Date thereof 12/9/42 (month) (day) (year)

(c) Cemetery or crematory Mount Calvary

Location Baltimore Md

18 (a) Funeral director Wilhelm Cook Inc

(b) Address 1219 E Fort Ave

DEC 8 1942 (Date received by Registrar) (b) Timothy J. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 1942, at 5 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said inquiry (Autopsy or Inquiry) and from information received from that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of neck

Duration

Due to Compound comminuted fracture of both bones leg

Due to accident

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec. 6 1942 at 2 50 P M
(c) Where did injury occur? York & Harwood Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? no (Specify type of place)
(e) Means of injury Struck by auto

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed Dec. 6 1942.

VS 6

98356 ✓ F 98356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92d

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5906 Smith Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5906 Smith Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY RIGGIN BRANNAN

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: William H. Brannan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 12, 1863

8. AGE: Years	Months	Days	If less than one day
79	4	24	hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Joseph Riggin
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Rebecca Easton
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mary B. Williams
(b) Address: 5906 Smith Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/42 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Baltimore, Md.

18 (a) Funeral director: 1217 St. Paul St.
(b) Address: 1217 St Paul St

19 (a) [illegible] (b) Hunting for Williams Hwy, Md

DEC 8 1942

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 1942, at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1942 to Dec 6 1942, and that I last saw her alive on Dec 6 1942

Immediate cause of death: Chr. Endocarditis — Duration: 6 yrs
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Howard L. Dodd
Address: 735 N. Fulton Ave. Date signed: 12/9/42

98357 ✓ F 98357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106 B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 16 W. Preston St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16 W. Preston St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Catherine East

3 (b) If veteran, name war W
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed,~~ or divorced
Female	White	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr) April 5th 1879

8. AGE: Years	Months	Days	If less than one day
63	8	1	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Dr. H. L. Sticker
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Catherine Schaaf
15. Birthplace Balto. Md.

16 (a) Informant Francis Edward Oliver
(b) Address 2807 Baker St.

17 (a) Burial (Burial, ~~cremation, removal~~) (b) Date thereof 12/9/42
(month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St.

19 (a) Dec 8 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

DEC 8 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6th 1942 at 2.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-20 1942 to Dec 6 1942, and that I last saw h[illegible] alive on Dec 4 1942

Immediate cause of death Cardiac dilatation — Duration 16 days.

Due to Emphysema, chronic bronchitis —

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry A. McCarty M. D.
Address 37 W. Preston Date signed 12-6-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

98358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 98358 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 732 N. Monroe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 732 N. Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MAGNOLIA LEE CROCKETT

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov. 20, 1865

8. AGE: Years	Months	Days	If less than one day
77	0	16	hr. min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Morris Jones
13. Birthplace: Va

MOTHER
14. Maiden Name: Eliza (Unknown)
15. Birthplace: Va

16 (a) Informant: Mrs Henry Litz
(b) Address: 732 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/9/42 (month) (day) (year)
(c) Cemetery or crematory: Meadow Ridge Cemetery
Location: Dorsey, Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 1217 St. Paul St.

DEC 8 1942 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 6 1942, at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-4- 1942 to 12-6- 1942 and that I last saw h.lv. alive on 12-5- 1942

Immediate cause of death: Cerebral Hemmorhage — Duration: 12 da.
Due to: Hypertension — Duration: unknown
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Chester Richmond, M.D.
Address: 2532 Edmondson Ave. Date signed: 12-7-42

98359 Eugene Horace Reaugh F 98359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eldwood + Green
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 505 W Pratt St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edgard Horace Reaugh (Birth F-57313)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Single

6 (b) Name of husband or wife Horace Reaugh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12-1942

8. AGE: Years	Months	Days	If less than one day
	2	24	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Horace Reaugh
13. Birthplace Denver

MOTHER
14. Maiden Name Alberta Reaugh
15. Birthplace Denver

16 (a) Informant Horace Reaugh
(b) Address 505 W Pratt St

17 (a) Burial (b) Date thereof Dec 9 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Blair Rd

18 (a) Funeral director Joseph Kaumeyer
(b) Address 607 Baltimore Blvd

19 DEC 8 - 1942 (Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 1942, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from December 1 1942 to December 6 1942 and that I last saw him alive on December 6 1942

Immediate cause of death Malnutrition in Upper Respiratory Infection.

Duration

Due to (b)

Due to (c)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Raley M. D.
Address University Hospital Date signed December 6 1942

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 250

F 98260 ✓ F 98360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 So Collington Ave
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 219 So Collington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Magdalena Rybarczyk

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband Ignacy Rybarczyk
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) 1870 ?

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Ignacy Rybarczyk
(b) Address 219 So. Collington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-42. (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore Md

18 (a) Funeral director George A. Weber
(b) Address 6951 [illegible] 905 So. Gaiza street Huntingtown Williams, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7th 1942, at 8 45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1942 to Dec 7 1942 and that I last saw h[illegible] alive on Dec 7 1942

Immediate cause of death: Cerebral hemorrhage — Duration: acute
Due to: Cerebral arteriosclerosis ?
Due to: Chr. Hypertension
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible]
Address [illegible] Date signed 12-14-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

98361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. F 98361

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 508 S. Green St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 S. Green (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country

3 (a) FULL NAME Baby Ridges (Birth F 63722)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	col.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/6/42

8. AGE: Years	Months	Days	If less than one day
			3 hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name John Ridges
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Ella Lee Dykes.
15. Birthplace Manning S.C.

16 (a) Informant Ella F. Ridges
(b) Address 508 S. Green

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL DEC 7- 1942 Commissioner of Health

18 (a) Funeral director
(b) Address

19 DEC 7 1942 (Date rec'd by registrar) (c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/6/42 19 , at 5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 1942 to Dec 6 1942 and that I last saw her alive on Dec 6 1942.

Immediate cause of death	Duration
Prematurity	
Due to Unknown	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John W. Haines M. D.
Address 605 W. Barre St. Date signed 12/7/42

VS 8

9626

F 98362 ✓ F 98362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHN HOPKINS HOSP. 8-14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 N. COLLINGTON AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HOWARD W. TUDOR

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife: MARY R. TUDOR
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): MAY 29 1878

8. AGE: Years	Months	Days	If less than one day
64	6	6	hr. min.

9. Birthplace: BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation: RETIRED RAIL ROAD
11. Industry or business

FATHER
12. Name: JOSEPH TUDOR
13. Birthplace: BALTO. MD.

MOTHER
14. Maiden Name: UNKNOWN
15. Birthplace: BALTO. MD.

16 (a) Informant: MARY R. TUDOR (WIFE)
(b) Address: 1117 N. COLLINGTON AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 9/42 (month) (day) (year)
(c) Cemetery or crematory: BALTIMORE
Location: END OF EAST NORTH AVE.

18 (a) Funeral director: Lilly & Zeiler Inc.
(b) Address: 403 S. WOLFE ST.

19 (a) DEC 8 1942 (Date rec'd by Registrar) Huntington Williams, Registrar

VS

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH: DEC. 5 1942 at 2/40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1942 to Dec 5 1942, and that I last saw h alive on 19

Immediate cause of death: Coronary Occlusion — Duration: 5 minutes

Due to: Influenzal Bronchopneumonia — Duration: 3 days

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: Joseph Pokorny M.D.
Address: 2260 E. Madison St. Date signed: 12/7/42

Approved: Robert Lee Graham M.D.

F 98363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a ✓ Registered No. F 98363

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton Ave & Wilkins Ave
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) V

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 232 South Monastery Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary C. Koetzle

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/23/1895

8. AGE: Years 47 | Months 0 | Days 18 | If less than one day: X hr. X min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER 12. Name John M. Koetzle

13. Birthplace Germany

MOTHER 14. Maiden Name Catherine Bohner

15. Birthplace Germany

16 (a) Informant John A. Koetzle

(b) Address 332 N. Allendale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore, Maryland

18 (a) Funeral director George J. Puth Inc

(b) Address 1234 Pennsylvania Ave

19 (a) DEC 8 - 1942 (Date rec'd by registrar) (b) Huntington Hitchcock Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6, 1942, at 5:55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death Cerebral hemorrhage, spontaneous — Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec. 2 1942

VS 6

F 98364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

Registered No. F 98364

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 32 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2926 Edmondson Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ~~[redacted]~~ Ray Whitelock

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Myrtle (Schwarz)
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) 1/27/1892

8. AGE: Years	Months	Days	If less than one day
50	10	9	____ hr. ____ min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation machinist
11. Industry or business U. S. Navy Yd - Washington D.C.

FATHER
12. Name James Whitelock
13. Birthplace Md.

MOTHER
14. Maiden Name Thomas (?)
15. Birthplace Md.

16 (a) Informant Mrs. Myrtle Whitelock
(b) Address 2926 Edmondson Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Edmondson Ave
18 (a) Funeral director Geo. D. Ruth Sons
(b) Address 38 E. Hamburg Ave
19 (a) ____ (Date rec'd by Registrar) (b) ____ Registrar

DEC 8 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 1942 at 9:39 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-5 1942 to 12-6 1942
and that I last saw h.. alive on 12-6 1942

Immediate cause of death	Duration
Cardiac decompensation	
Due to hemorrhagic anemia	
Due to hemorrhagic nephritis	
Other Conditions none	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: none
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature W. H. Trunkey Jr. M. D.
Address University Hospital Date signed 12-6-42

Huntington Indiana

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 98365 ✓ F 98365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 S Sharp St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) FULL NAME Ryorce Victoria Williams ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	Bl.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11, 1942

8. AGE: Years	Months	Days	If less than one day
0	6	24	hr. min.

9. Birthplace S. Carolina (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Eugene Williams
13. Birthplace Summerville S C

MOTHER
14. Maiden Name Hattie Singleton
15. Birthplace Tennessee

16 (a) Informant Hattie Mae Williams
(b) Address 1022 S Sharp street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof December 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Zion
Location Baltimore County

18 (a) Funeral director Joseph A. Bisky
(b) Address 1019 Mount Street

19 (a) DEC 8 - 1942 (Date rec'd by registrar) (b)

Registrar

Huntington Hilligan, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/4/1942 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1/1942 to 12/4/1942 and that I last saw h&r alive on 12/4/1942

Immediate cause of death Pneumonia - (due)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Fournier M. D.

Address University Hosp Date signed 12-4-42

F 98366

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98366 Registered No. 13b

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 303 S. SMALLWOOD ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 303 S. SMALLWOOD ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARIE A. PANZER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife HENRY F. PANZER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 12 1914

8. AGE: Years	Months	Days	If less than one day
28	6	26	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name ROBERT KIRBY
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name CATHERINE SPORWEIN
15. Birthplace BALTO. MD.

16 (a) Informant INF. HENRY F. PANZER (HUS.)
(b) Address 303 S. SMALLWOOD ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 9/42 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Zeller Inc.
(b) Address 403 S. WOLFE ST.

19 (a) DEC 8 - 1942 (Date rec'd by registrar) by Walter J. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 7 1942, at 1/05 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1941, to Dec. 2 1942, and that I last saw h[illegible] alive on Dec. 2 1942.

Immediate cause of death	Duration
Pulmonary Tuberculosis	3 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. W. Jacobson M. D.
Address 1600 N. Charles St. Date signed 12-7-42

VS 8

F 98367 BALTIMORE CITY HEALTH DEPARTMENT F 98367

CERTIFICATE OF DEATH 1930 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5204 Tilbury Way
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5204 Tilbury Way (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Carrie Still Painter

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4 Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Harold C. Painter
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec-18-1859

8. AGE: Years 82 | Months 11 | Days 18 | If less than one day — hr. — min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Daniel Shines Still
13. Birthplace North Carolina

MOTHER
14. Maiden Name Susan Irwin Poole
15. Birthplace North Carolina

16 (a) Informant Mr. Henry D. Smyock Son in Law
(b) Address 5204 Tilbury Way.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-8-42 (month) (day) (year)
(c) Cemetery or crematory G. W. Thomas
Location Garrison Forest

18 (a) Funeral director Steward Memorial Co.
(b) Address 108 W. Monument St.

19 (a) [illegible] (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 1942, at 5 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 30 1942, to Dec. 6 1942, and that I last saw h[illegible] alive on Dec. 5 1942

Immediate cause of death Myocarditis — Duration 2 yrs

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. J. Abercrombie M. D.
Address 3524 Greenmount Ave. Date signed 12/7/42

VS 3

Morgue F 98368 BALTIMORE CITY HEALTH DEPARTMENT F 98[illegible]

CERTIFICATE OF DEATH

170 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given fully. Applicant must correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Fayette
(c) Hospital or institution: Mercy Hospital
Maryland Gen't Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 312 Park Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Quon Sin Yip. (Yip Quon Sin)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Chinese	married

6 (b) Name of husband or wife unknown
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) abt 1877

8. AGE: Years	Months	Days	If less than one day
65	—	—	hr. min.

9. Birthplace China
(Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Don't know
13. Birthplace China

MOTHER
14. Maiden Name Don't know
15. Birthplace China

16 (a) Informant Jue. Wu (Friend)
(b) Address 406 Park Av

17 (a) Lorraine (b) Date thereof Dec-9-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn

18 (a) Funeral director Steward Mortuary
(b) Address 108 W Mount Av.

19 (a) DEC 8 - 1942 (b) Huntington Wit
(Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 1942, at 3:15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Shock	
Due to Compound comminuted fracture left Lower leg	
Due to Comminuted fracture right Lower leg	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec. 5th 1942 at 11 P.M.
(c) Where did injury occur? Hull Berry & Tyson Sts
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? no
(Specify type of place)
(e) Means of injury Struck by auto
23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec 6 1942

VS 6

F 98369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

171

F 98369 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2
(c) Hospital or institution: Maryland Gen'l Hosp. 598
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Windsor Court Apts. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Franz Siegel

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 213-03-2418

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1878

8. AGE: Years	Months	Days	If less than one day
64	11	4	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Artist

11. Industry or business Balto. Sun

FATHER
12. Name Franz J. Siegel
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Eckhardt
15. Birthplace Md.

16 (a) Informant Miss Pauline Siegel
(b) Address Windsor Court Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/8/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 8 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5, 1942 19..., at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/22/42 19 42 to 12/5 19 42. and that I last saw h[illegible] alive on Dec 5 19 42.

Immediate cause of death: Intestinal obstruction - Paralytic ileus

Due to: Peritonitis

Due to: Ruptured appendix

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 10/22/42

Major findings of operation: Ruptured acute appendix Peritonitis

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. D. Jones M. D.
Address Md. Gen. Hosp. Date signed 12/5/42

F 98[illegible]3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E F 98370 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2423 E. Oliver St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2423 E. Oliver Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph A. Chaillou

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Alice G. Chaillou

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Oct 24 1866

8. AGE: Years	Months	Days	If less than one day
66	1	12	hr. min.

9. Birthplace Balto. Md (Town, county, and state).

10. Usual Occupation Laborer retired

11. Industry or business

FATHER 12. Name August Chaillou

13. Birthplace France

MOTHER 14. Maiden Name [illegible] Chaillou

15. Birthplace 24[illegible] Oliver St.

16 (a) Informant Mrs Alice G. Chaillou

(b) Address 2423 E. Oliver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10-42 (month) (day) (year)

(c) Cemetery or crematory Balto. National

Location Baltimore Md.

18 (a) Funeral director John C. Tilley Inc.

(b) Address 2[illegible]25 E. Oliver St.

DEC 8 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6- 1942 at 6[illegible]55 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said decedent came to his death on the day stated above.

(Autopsy or Inquiry)

Immediate cause of death	Duration
Acute Coronary Occlusion Failure	
Due to Uremia & Bronchopneumonia	
Due to	
Other Conditions Uremia & Pneumonia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mealey M.D. Medical Examiner.

Date signed 12-7-42

VS 6

F 98371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 98371 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5728 Bel Air Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5728 Bel Air Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 yrs years

3 (a) FULL NAME Maria Fredericka Augusta Schratke

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Fe
5. Color or race: Wh
6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John Henry Christian Schratke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1854

8. AGE: Years 88 | Months 5 | Days 14 | If less than one day hr. min.

9. Birthplace Passawach, Germany
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At home

FATHER
12. Name Wm. Bausch
13. Birthplace Hanover, Germany

MOTHER
14. Maiden Name Maria Seifert
15. Birthplace Schlesing, Germany

16 (a) Informant Martha Schratke
(b) Address 5728 Bel Air Rd.

17 (a) Burial (b) Date thereof 12/9/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Jerusalem Lutheran
Location Baltimore, Md.

18 (a) Funeral director Jerusalem Funeral Home
(b) Address 7401 Belair Road, Md.

19 (a) DEC 8 - 1942 H. Hunter for Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6th 1942, at 4 a. m.

21. I certify that death occurred on the date above stated; that I attended deceased from July 22, 1942, to Dec 6th 1942, and that I last saw h er alive on Dec 5th 1942.

	Duration
Immediate cause of death: Myocardial insufficiency (sudden terminat ion)	
Due to: Chronic Myocarditis	Many yrs.
Due to: Rheumatoid arthritis	Many yrs.
Other Conditions: Arteriosclerosis	Many yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Wilkinson
A. L. Wilkinson, M. D.
Address 5713 Bel Air Rd. Date signed 12-6-42

correct age is especially important. Physicians: please write the cause of death plainly and legibly.

VS 8

F 98372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

944a

F 98372 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Harford Road
(c) Hospital or institution: Harford Convalescent Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4136 Mary Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florence Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-0066

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12th 1872

8. AGE: Years 70 | Months 10 | Days 24 | If less than one day hr. min.

9. Birthplace England (town, county, and state)

10. Usual Occupation Book Binding

11. Industry or business Printing

FATHER 12. Name Alfred E. Brown

13. Birthplace England

MOTHER 14. Maiden Name Sophia Parker

15. Birthplace England

16 (a) Informant Lafree A. Brown

(b) Address 4136 Mary Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/42 (month) (day) (year)

(c) Cemetery or crematory Parkwood Location Baltimore, Maryland

18 (a) Funeral director Lasagna Funeral Home

(b) Address 7401 Belair Road

19 (a) (Date rec'd by registrar) DEC 8 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6th 1942 at 5:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 28 1942 to Dec. 6 1942 and that I last saw h er alive on Dec 6 1942.

Immediate cause of death Coronary Thrombosis — Duration

Due to Arteriosclerosis — 15 yrs.

Due to Hypertension

Other Conditions Rt. hemiplegia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. V. Harbold M. D.

Address 4706 Harford Road Date signed 12/7/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 98373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98373

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Jerusalem, Penna Ave & Dolphin St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 832 Druid Hill Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Weatherspoon

3 (b) If veteran, name war —

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife Fred Weatherspoon
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Oct. 7 - 1906

8. AGE: Years	Months	Days	If less than one day
36	1	29	hr. min.

9. Birthplace Manning, S. C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James McCray
13. Birthplace S.C.

MOTHER
14. Maiden Name Rebecca Gibbons
15. Birthplace S.C.

16 (a) Informant Fred Weatherspoon
(b) Address 832 Druid Hill ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/42 (month) (day) (year)

(c) Cemetery or crematory
Location Sumter, South Carolina

18 (a) Funeral director Elroy Wilson
(b) Address 1100 Brentley ave

19 (a) DEC 8 1942 (Date rec'd by the Registrar) (b) Accepting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6-1942, at 1:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest~~ Autopsy thereon and from the evidence obtained by said ~~Inquest~~ Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Acute Myocardial degeneration — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Maclean M.D.
Medical Examiner.

Date signed 12-7-42

VS 6

Correct age is especially important

F 98374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98374 ✓ 83a Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Md.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1946 Herbert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GERTRUDE IRENE SUTHERLAND

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none
4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow
6 (b) Name of husband or wife: Joel B.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Jan. 2, 1869
8. AGE: Years 63 | Months 11 | Days 4 | If less than one day hr. min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: housewife
11. Industry or business

FATHER
12. Name: unknown Tindell
13. Birthplace: Md.

MOTHER
14. Maiden Name: Unknown
15. Birthplace:

16 (a) Informant: Mrs. Albion G. Sutherland
(b) Address: 1341 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/42 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) DEC 8 - 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6, 1942, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 19.. to Dec 6 1942, and that I last saw her alive on Dec 6 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days
Due to:
Due to:
Other Conditions: Chronic Colecystitis
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Louis T. Lavy, M.D.
Address: 1844 Linden Ave. Date signed: 12/9/42

F 98375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14

F 98375

Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Do not use abbreviations or symbols. Be sure to answer all questions, and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution:
Mercy Hospital (Ward)
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 607 Wilton Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Orville Peity

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1909

8. AGE: Years	Months	Days	If less than one day
33	2	1	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation newspaper work

11. Industry or business

FATHER
12. Name Henry J. Peity
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Quinn
15. Birthplace Maryland

16 (a) Informant Administrative History
(b) Address Mercy Hospital

17 (a) Burial (b) Date thereof Dec 9-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor. ave

18 (a) Funeral director John. A. Mahan
(b) Address 3002 E Baltimore St

19 (a) DEC 8 1942 Huntington Hillcrest, M.D.
(Date received by registrar)

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5 1942, at 1.36 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 24 1942 to Dec. 5 1942, and that I last saw him alive on Dec. 5 1942.

Immediate cause of death	Duration
Cardiorespiratory failure	
Due to Meningo-Encephalitis	
Due to Tuberculosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Tuberculous; encephalitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Peyton Rutchings M. D.
Address Mercy Hospital Date signed 12/5/42

JL - 9197 F 98376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

101

F 98376 Registered No.

PLEASE WRITE PLAINLY, preferably in ink. Spell out full name, street address, and city or town. Do not use abbreviations. Do not leave any blanks. If unknown or not applicable, write "unknown" or "N.A." Physicians: please write the causes of death clearly and legibly. Please answer all questions. Be sure that the cause of death is stated in such terms that a definite and unique interpretation can be made of it for classification and tabulation of mortality statistics. Indefinite or unsatisfactory terms, such as "old age," "senility," "exhaustion," "heart failure," "kidney trouble," "uremia," "septicemia," "pneumonia," "tuberculosis," "cancer," "stroke," "hemorrhage," "accident," "fracture," "injuries," "burns," "poisoning," "suicide," "homicide," should be clarified by supplementary statements of the conditions which gave rise to them, such as the primary disease or injury, the part of the body affected, and the nature of the accident or violence. Do not report the mode of dying, such as cardiac arrest, asphyxia, shock, or coma. Be sure that the age is correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7yrs 19d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2337 E. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Susan Emma Sapp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1858

8. AGE: Years	Months	Days	If less than one day
84	10	29	hr. min.

9. Birthplace Maryland - Baltimore. (Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business

FATHER
12. Name Josiah O. Sapp.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Baltimore Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 9-42. (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore - Md.

18 (a) Funeral director Charles J. Schwob.
(b) Address 505 N. Monroe St.

19 (a) (Data received by registrar) (b) Huntington Williams M.D. Registrar

DEC 8 - 1942

VS 15a

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6 1942 at 7 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1939 to 12-6 1942 and that I last saw h alive on 12-6 1942

Immediate cause of death Bronchopneumonia — Duration 4 days

Due to Sent. arteriosclerosis — ?

Due to

Other Conditions Atrophic arthritis — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. K. Rittaker M. D.
Address Balto. City Hosp. Date signed 12-7-42

F 98377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 124 F 98377 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2021 W. Lanvale St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 4
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2021 W. Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie E. Catterton.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed.

6 (b) Name of husband or wife Benj. F. Catterton.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4-1866

8. AGE: Years	Months	Days	If less than one day
76	1	23	hr. min.

9. Birthplace Calvert Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home.

FATHER
12. Name Wm. H. Talsympla.
13. Birthplace Calvert Co Md.

MOTHER
14. Maiden Name Eliza Ward.
15. Birthplace Calvert Co. Md.

16 (a) Informant Mrs. Etta O. Reid.
(b) Address 2021 W. Lanvale St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Dec. 10-1942. (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery.
Location Woodlawn-Md.

18 (a) Funeral director Charles J. Schwatka
(b) Address 505 N. Mondoe St.

19 (a) DEC 8 (b) 1942 Hunting for Williams, Registrar
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7- 1942, at 4.55 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1942 to Dec 7 1942 and that I last saw h alive on Dec 7 1942

Immediate cause of death — Duration

Cardiac Arthesia — 1 da

Due to Cardio Mesenteric Throm. — 5 yrs.

Due to Arterio Sclerosis. — 6 mo.

C. P. C. Kidneys & Lungs — 1 da.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. M. Thomsen M. D.
Address 806 N Fulton Ave Date signed Dec 7/1942

F 98378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48

F 98378 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 512 S. Lakewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 512 S. Lakewood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Veronika Feret

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-4994

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Anthony Feret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1 1900

8. AGE: Years	Months	Days	If less than one day
42	11	5	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Tailoring
11. Industry or business

FATHER
12. Name Anthony Wojcicki
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Malkinski
15. Birthplace Poland

16 (a) Informant Anthony Feret
(b) Address 512 S. Lakewood Ave.

17 (a) Burrial (Burial, cremation, or removal) (b) Date thereof Dec. 9/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross A.A.Co.
Location Baltimore

18 (a) Funeral director Fred W. Ozazewski
(b) Address 1930 Eastern Ave.

19 (a) DEC 8 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6" 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941 to Dec 6" 1942, and that I last saw h-r alive on Dec 5" 1942.

Immediate cause of death Malignant Cachexia — Duration Several months

Due to Carcinoma of the breast

Due to Carcinoma of the Uterus

Other Conditions Marked Jaundice and oedema — Local Work

(Include pregnancy within 3 months of death)

Date of operation March 1941

Major findings of operation: Carcinoma Uterus with metastasis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature G. F Rao M. D.
Address 24 S Bry Date signed Dec 7/42

F 98379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. F 98379

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. Every question must be answered. Please see that your certificate is complete and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4102 Belvieu Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4102 Belvieu Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Wesley Magill

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida R. Magill
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Oct 16 1871

8. AGE: Years	Months	Days	If less than one day
71	1	21	....hr. ....min.

9. Birthplace St. Marys Co. Md.
(Town, county, and state)
10. Usual Occupation Doorkeeper
11. Industry or business Bridge Theatre

FATHER
12. Name Charles Arthur Magill
13. Birthplace St. Marys Co. Md.

MOTHER
14. Maiden Name Lydia Jones
15. Birthplace St. Marys Co. Md.

16 (a) Informant Posey James Magill
(b) Address 4102 Belvieu Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 9 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Harry T. Umansek
(b) Address 4204 Ridgewood Ave.

19 (a) DEC 8 - 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7 1942 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/14 1941, to 12/7 1942 and that I last saw him alive on Dec 5 1942.

Immediate cause of death	Duration
Cerebro-Sclerosis	10 yrs
Myocardial degen	3 hrs
Due to Cardiac Dyspepsia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. G. Jones M. D.
Address 2818 St Paul Date signed 12/7/42

F 98380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30 2

F 98380
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address MONUMENT St.
(c) Hospital or institution: SINAI Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1644 THAMES St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE A. SCHIMPF

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-7964

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	WIDOWER

6 (b) Name of husband or wife MARGARET FRITCH
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 6. 1882

8. AGE: Years	Months	Days	If less than one day
60	4	1	hr. min.

9. Birthplace BALTIMORE MD (Town, county, and state)
10. Usual Occupation COPPERSMITH
11. Industry or business JOHN HUBERT Co.

FATHER
12. Name CHRISTIAN SCHIMPF
13. Birthplace GERMANY

MOTHER
14. Maiden Name AUGUSTA ZIMMERAM
15. Birthplace GERMANY

16 (a) Informant JOHN H. SCHIMPF
(b) Address 10 E WEST ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 10. 194 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location BALTIMORE MD

18 (a) Funeral director Maurice J. Flynn
(b) Address 1040 W Light St

19 (a) 12-8-1942 (Date rec'd by registrar) (b) Huntington Williamsport MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/7 1942, at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 5 1942 to Dec. 7 1942, and that I last saw him alive on Dec. 7 1942

Immediate cause of death	Duration
Rupture of Abdominal Aneurysm	
Due to Syphilis	
Due to Syphilitic Cardio Vascular Disease.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: Ruptured Abdominal Aneurysm
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at P.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. J. Gallstein M.D.
Address Sinai Sinai Date signed 12/8

VS 8

F 98381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157d

Registered No. F 98381

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct as nearly as possible. Physicians: please write the causes of death clearly and especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1528 Argyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1528 Argyle Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Dyson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1936

8. AGE: Years 6 | Months 4 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William Dyson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Charlesetta Richards
15. Birthplace Annapolis, Md.

16 (a) Informant Charlesetta Ribeto
(b) Address 1528 Argyle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George W. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) DEC 8 - 1942 (Date rec'd by Registrar) (b) Huntington Hilliard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1942, at 7 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death Convulsions	
Due to microcephaly	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed Dec 8 1942

VS 6

F 98382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1a Registered No. F 98382

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Use Hospital Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore City
(b) Street address 1608 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Druid Hill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Della Henson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 16 1902

8. AGE: Years 40 | Months 11 | Days 16 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Emanuel Henson
13. Birthplace Calvert Co, Md.

MOTHER
14. Maiden Name Annie Williams
15. Birthplace Baltimore, Md.

16 (a) Informant Emanuel Henson
(b) Address 1608 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore, Md.

18 (a) Funeral director Wm. George & Hyllan
(b) Address 1631 Druid Hill Ave

19 DEC 8 1942 (Date filed by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1942 at 12 P.M. 48

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1942 to Dec 7 1942 and that I last saw her alive on Dec 7 1942

Immediate cause of death	Duration
a Bobbley	12/5/42
Due to Chronic Nephritis	1942
Due to Arteriosclerosis	1942
Other Conditions Hypertension	1942

(Exclude pregnancy within 3 months of death)

Date of operation

Major findings of operation ✓

of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas P. Beauticé M.D.
Address 3013 St Paul St Date signed Dec 7/42

VS 3

F 98383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 98383

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. Be sure to correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 218 N. Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 Yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 218 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Philip Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-0316

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Gladys

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3, 1899

8. AGE: Years	Months	Days	If less than one day
43	9	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Presser

11. Industry or business

FATHER
12. Name Phillip Johnson
13. Birthplace Montgomery Co. Md.

MOTHER
14. Maiden Name Mary Lamon
15. Birthplace Baltimore, Md.

16 (a) Informant Gladys Johnson
(b) Address 218 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Georgia M. Holland
(b) Address 1631 Druid Hill Ave

19 (a) DEC 8 - 1942 (Date rec'd by registrar) (b) Huntington, West Virginia (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/7 1942 at 7:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to natural death on the day stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. Mackall M.D. Medical Examiner.
Date signed 12/7/42

V8 6

F 98384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42d

F 98384
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2719 Inglewood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2719 Inglewood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ERCELLE S. McGUIRE

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	213 - 10 - 7516	male	white	married

6 (b) Name of husband or wife Eulah Mae McGuire
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1903

8. AGE: Years	Months	Days	If less than one day
39	8	15	hr. min.

9. Birthplace Ohio
(Town, county, and state)
10. Usual Occupation Research work
11. Industry or business General Refractories Co.

FATHER
12. Name George McGuire
13. Birthplace Kentucky

MOTHER
14. Maiden Name -- Stergeal
15. Birthplace Ky.

16 (a) Informant Mrs. E. S. McGuire, wife
(b) Address 2719 Inglewood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/42 (month) (day) (year)
(c) Cemetery or crematory Fairview
Location Hitchins, Ky.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa., Balto., Md.

19 (a) DEC 8 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7, 1942 at 4-1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 10, 1942 to Dec. 7, 1942 and that I last saw h-- alive on Dec. 7, 1942.

Immediate cause of death: Carcinoma Lung, primary — Duration 6½ mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Oct. 8, 1942
Major findings of operation: Carcinoma Lung, Right
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Janney M.D.
Address 7101 Harford Rd. Date signed 12/9/42

correct age is especially important. Physicians, please answer every question.

VS 150

98385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16 a

Registered No. F 98385

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 257 N. Hoffman Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 257 N. Hoffman Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Hughes — Mother is Anna Hughes

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 27-1942

8. AGE: Years	Months	Days	If less than one day
		½	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Anna Hughes
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL DEC 8- 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (Date rec'd by registrar) DEC 8 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-30- 1942 at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, find that said deceased came to h death on the day stated above.

Immediate cause of death	Duration
Atelectasis Neonatorum	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Mendelsohn M.D. Medical Examiner

Date signed 12-1-42

F 9628

VS 6

98386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600 Registered No. F 98386

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Accuracy in the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 745 N. Luzerne
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 745 N. Luzerne
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Green (F 63971)

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced.

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years — Months — Days — If less than one day: — hr. 5 min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harold Green
13. Birthplace Baltimore

MOTHER
14. Maiden Name Rose Durken
15. Birthplace Baltimore

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL DEC 8 - 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 DEC 8 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/6 1942 at 1 a.m. p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/6 1942 to 12/6 1942; and that I last saw h[illegible] alive on 12/6 19[illegible]

Immediate cause of death

Fetus Cranial Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph H. Lawrence M. D.

Address 719 Washington Blvd Date signed 12/8/42

VS 8

8629

98387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

F 98387 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~202 Woodland Ave, Dundalk~~
(c) Hospital or institution: Spring Bella. Gen (Lying)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 7 4
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 202 Woodland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Sandra Jean Klein Birth F 63975

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-30-42

8. AGE: Years	Months	Days	If less than one day hr.	min.
		7		

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Walter C. Klein
13. Birthplace Troy, Md.

MOTHER
14. Maiden Name Virginia Mae Poe
15. Birthplace Seaford, Del.

16 (a) Informant Master - Virginia Klein
(b) Address 202 Woodland Ave., Dundalk.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/7/42 (month) (day) (year)
(c) Cemetery or crematory JOHN HOPKINS MEDICAL SCHOOL DEC 8 - 1942
Location

18 (a) Funeral director Commissioner of Health
(b) Address

19 Dec 8 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/7/42 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/29 1942 to 12/7 1942 and that I last saw her alive on 12/5 1942

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Jaundice, Pneumonia.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank T. Wyman M. D.
Address 7775 Eastern Ave. Date signed 12/7/42

VS 150

9630

AB-78092 F 98388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 93 33

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 625 W. Biddle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Henry -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22-1898

8. AGE: Years 44 | Months 2 | Days 13 12 | If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name ?
13. Birthplace Va.

MOTHER
14. Maiden Name Annie Piersie
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10-42 (month) (day) (year)
(c) Cemetery or crematory [illegible]
Location La Grange Va.

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St

19 (a) DEC 8 1942 Huntington Williams, M.D. Registrar
Date received by Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-4 1942, at 8 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-19 1942, to 12-4 1942, and that I last saw h[illegible] alive on 12-4 1942.

Immediate cause of death
Pneumonia — Duration 5 Days
Cardiac failure — ?
Due to Hypertensive C.V. disease — ?
Due to
Other Conditions Arteriosclerosis — ?
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. L. L. Rathbun M. D.
Address Balt. City Hosp. Date signed 12-6-42

VS 180

F 98389

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98389 Registered No. 700

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1339 Ward St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hubert Flest

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1937

8. AGE: Years	Months	Days	If less than one day
5	6		hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER 12. Name Vernon Flest
FATHER 13. Birthplace Md.
MOTHER 14. Maiden Name Lillian
MOTHER 15. Birthplace Md

16 (a) Informant Vernon Flest
(b) Address 1339 Ward St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 9-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) DEC 8 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION 06

20. DATE OF DEATH Dec. 6 1942, at 12 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquisition thereon and from the evidence obtained by said Autopsy & Inquisition find that said deceased came to his death on the day stated above.

Immediate cause of death Crushing injuries of face & head
Fracture of skull
Due to accident
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 5 1942 at 11 55 A M
(c) Where did injury occur? Ward & Bayard Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No (Specify type of place)
(e) Means of injury Struck by auto

23. Signature Robert Lee Gratz M.D. Medical Examiner.
Date signed Dec 6 1942.

V8 6

F 98390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 98390 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 312 S. Chapel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 312 S. Chapel Street (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Poland

3 (a) **FULL NAME** Margarett Sierek

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Jacob Sierek
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Chmaniec

13. Birthplace Poland

MOTHER 14. Maiden Name Katherine Hamerniak

15. Birthplace Poland

16 (a) Informant Mrs. Martha Donovan

(b) Address 312 S. Chapel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/42 (month) (day) (year)

(c) Cemetery or crematory St Stanislaus Cem

Location Baltimore City

18 (a) Funeral director John J. Weber

(b) Address 405 S. Chester Street

19 (a) DEC 8 - 1942 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1942, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to Dec 4 1942 and that I last saw h.e. alive on Jan 4 1942

Immediate cause of death: (a) M. Myocarditis — Duration: 1/1/42

Due to: Arterio Sclerosis — 1937

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Edmonds M.D.

Address 807 Keedwell Date signed 12/8/42

F 98391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. F 98391

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 Bond Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis Eppa Stewart Saunders
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	A. A.	Widower

6 (b) Name of husband or wife Charles W. Saunders
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5, 1882

8. AGE: Years	Months	Days	If less than one day
60	10	1	hr. min.

9. Birthplace Nelson County, Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ? Epps
13. Birthplace Virginia

MOTHER
14. Maiden Name Lucy Edmonds
15. Birthplace Virginia

16 (a) Informant Mrs. Pauline Booze (Daughter)
(b) Address 718 Bond Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Park
Location Baltimore Md

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 2358 N. Biddle St.

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 8 1942

Hunting to Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6 1942, at 2:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/28 1942, to 12/6 1942, and that I last saw h[illegible] alive on 12/6 1942

Immediate cause of death
Myocarditis.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 3 mos.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carson C. Johnson M. D.
Address 1801 Pennsylvania Ave Date signed 12/7/42

F 98392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

F 98392

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 141 W Camden Sheet
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Reed

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9 - 1937

8. AGE: Years	Months	Days	If less than one day
5	5	27	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Isaiah Reed
13. Birthplace Ky

MOTHER
14. Maiden Name Lavinia West
15. Birthplace Balto

16 (a) Informant Lavinia Reed
(b) Address 139 W Camden

17 (a) Burial (b) Date thereof 12 - 9 - 42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location Q & R & Md

18 (a) Funeral director Isaiah L. Bowman Sr
(b) Address 1342 Montgomery St

19 (a) DEC 8 1942 Clarence Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6, 1942, at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-29 1942, to 12-6-1942 and that I last saw h[illegible] alive on 12-6-1942.

Immediate cause of death	Duration
Pulmonary edema	
Due to Combining sequence	
Due to Novocaine reaction	
Other Conditions Running 1st & 2nd degree burns of back and [illegible] pregnancy within 3 months of death)	

Date of operation 12-2-42

Major findings of operation: as above

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-29-42 at M
(c) Where did injury occur? 141 W. Camden St. Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Playing with matches.

23. Signature Bernard Harris M. D.
Address 1202 N. Caroline St Date signed 12-7-42

Howard J. Andrews, M. D.

VS 3

F 98393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 B

✓ F 98393 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Rd.
(c) Hospital or institution:
Ashburton Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 305 Lyndhurst St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Brannon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Widow

6 (b) Name of husband or wife Late Bernard Brannon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1881

8. AGE: Years	Months	Days	If less than one day
61	4	12	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Daniel Streib
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Wilson
15. Birthplace Md.

16 (a) Informant Stanley C. Weber, (Son)
(b) Address 305 Lyndhurst St.

17 (a) Burial (b) Date thereof Dec. 9/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director Harry A. Wutzler
(b) Address 4101 Edmondson Ave.

DEC 8 - 1942 (b) [illegible] Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6/42. 19[illegible] at 6A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 16 1942 to Dec 6 1942, and that I last saw h[illegible] alive on Dec 5 1942

Immediate cause of death Hemorrhagic Carcinomatosis - Probably primary in intestines.

Duration 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter Brunner M.D.

Address 3603 Edmondson Ave. Date signed Dec. 7 1942

M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98394 ✓ F 98394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13/a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2426 REISTERSTOWN RD.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-24
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE. MD
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2426 REISTERSTOWN RD.
(If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HENRIETTA SPIELDOCK.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife: X

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 22nd 1855

8. AGE: Years 87 | Months 3 | Days 15 | If less than one day hr. min.

9. Birthplace Charleston -S.C. (Town, county, and state)

10. Usual Occupation None

11. Industry or business #

MOTHER / FATHER

12. Name Leopold Spieldock

13. Birthplace Germany.

14. Maiden Name Not Known.

15. Birthplace Germany

16 (a) Informant LOUIS HORN.
(b) Address 2426 REISTERSTOWN RD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 9th-42 (month) (day) (year)
(c) Cemetery or crematory HEBREW FRIENDSHIP CEM.
Location BALTO & CONKLIN STS.

18 (a) Funeral director J. AHRENS & CO, Funeral Directors
(b) Address 2432 REISTERSTOWN RD.

19 (a) DEC 8 - 1942 (Date rec'd by registrar) (b) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7th 1942, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 9th 1926, to Dec. 7 1942
and that I last saw h[illegible] alive on Dec. 7 1942

Immediate cause of death: Arterio-Sclerotic Heart Disease. — Duration: 1936

Due to: Chr. Nephritis — 1939

Due to: arterio Sclerosis

Other Conditions: Chr. Bronchitis — 1942

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. A. Michelson M. D.
Address 2220 Eutaw Pl. Date signed 12/8/42

F 98395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98395 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4109 Massachusetts ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md
(If outside city or town limits write RURAL and give town)
(d) Street No. 4109 Massachusetts ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bridget E. Law
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Edward
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 7, 1871
8. AGE: Years: 71 | Months: 10 | Days | If less than one day: hr. min.
9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Housework none
11. Industry or business

FATHER
12. Name Thomas Welsh
13. Birthplace Ireland

MOTHER
14. Maiden Name Foylan
15. Birthplace Ireland

16 (a) Informant Family Law
(b) Address 4109 Massachusetts ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 10-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md
18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St
19 (a) 8-1942 (Date rec'd by registrar) Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1942, at 8:15 AM
21. I certify that death occurred on the date above stated that I attended deceased from Dec 1936 to Dec 7 1942
and that I last saw h[illegible] alive on Dec 7 1942

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day
Due to: General Arterio-Sclerosis & Hypertension — 6 yrs
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Eliot W. Johnson
Address 3432 Druid Hill Ave Date signed 12/9/42 M D

VS 2

AdCo. 5-11-1942

F 98396

98396 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 46A 16

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3001 Westwood ave St., 15 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Newton Clyde Weast.

(a) Residence: No. 3001 Westwood ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sadie Weast.

6. DATE OF BIRTH (month, day, year) Apr. 26-1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md

FATHER

13. NAME Hiram J. Weast

14. BIRTHPLACE (city or town) (State or country) Fred Co. Md

MOTHER

15. MAIDEN NAME Eleanor Walter -

16. BIRTHPLACE (city or town) (State or country) Fred. Co. Md

17. INFORMANT (Address) Sadie Weast 3001 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Monrovia Md. Date 12/10 19 42

19. UNDERTAKER (Address) C. E. Cline & Son Frederick Md.

Filed DEC 8 1942 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 - 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec 4th, 1942 to Dec 8 -, 1942

I last saw him alive on Dec 8 -, 1942 death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Esophagus	6 mos.

Other contributory causes of importance:

Name of operation Placed tube in Stomach Date of Sept 11-42

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jesse C. Dickson M. D.

(Address) 3055 W. North ave.

F 98397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860 Registered No. F 98397

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2202 Ashton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2202 Ashton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John P Raminsky

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21-1874

8. AGE: Years	Months	Days	If less than one day
68	1	16	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business Sanitary Dairy Co.

FATHER
12. Name Edward Ramsbotsky
13. Birthplace Germany

MOTHER
14. Maiden Name Maria Hoffman
15. Birthplace Germany

16 (a) Informant Mrs. Margaret Schaffel
(b) Address 2202 Ashton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 9-1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director George L. Schwartz
(b) Address 2196 Frederick Ave Hillsdale, Md.

19 (a) DEC 9 - 1942 (Date rec'd by registrar) (b) Huntington Registrar

MEDICAL CERTIFICATION

28. DATE OF DEATH 12/7 1942 at 5 a M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940 to Dec 7 1942 and that I last saw h alive on Dec 7 1942.

Immediate cause of death Hypertensive cardio vascular disease — Duration 1 yrs.
Due to
Due to
Other Conditions Fractured skull — 2 hrs.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence 12/6/42
(c) Where did injury occur? Balto (City or town) (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell down stairs

23. Signature Benjamin Miller MD M. D.
Address 2930 Wilkens Ave Date signed 12/14/42

Approved: Robert Lee Graham M.D. Am. Med. Examiner

VS 2

Correct age is especially important for persons 65 years of age and over

98398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98398 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3508 Bank St.
(c) Hospital or institution: If not in hospital or institution, give name of owner. Sheltering Arms Nursery
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 32 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 S. East Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ANTHONY BRZECZKO

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 7-42

8. AGE: Years | Months: 1 | Days | If less than one day: 8 hr. — min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Adam Mathew Przeczko
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Angelica Josephine Cidrea
15. Birthplace Balt. Md.

16 (a) Informant Father
(b) Address 15 S. East Ave

17 (a) ✓ (Burial, cremation, or removal) (b) Date thereof 12-9-42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk Ave

18 (a) Funeral director John Zmuda
(b) Address 2829 Hudson St

19 (a) DEC 9 1942 (Date received by registrar) Hunter Stockton Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 1942 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7. 194x to Dec 8 194x and that I last saw him alive on Dec 8 1942

Immediate cause of death	Duration
Congenital atelectasis	32 hrs.
Due to	
Due to	
Other Conditions Convulsions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Morris J. Perkins M.D.
Address 3508 Bank St. Date signed Dec 8-42

F 98393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98399 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1001 St. Paul St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 52 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 St. Paul St (If rural give location)
(e) Citizen of foreign country? ----- (Yes or No)
If yes, name country -----

3 (a) FULL NAME Peter Mark Siewierski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Rebecca E. Oliver
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) April 25, 1890

8. AGE: Years	Months	Days	If less than one day
52	7	13	-- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Attorney-at-law
11. Industry or business -------

FATHER
12. Name Not obtainable
13. Birthplace Poland

MOTHER
14. Maiden Name Not obtainable
15. Birthplace Not obtainable

16 (a) Informant Mrs. Rebecca E. Siewierski
(b) Address 1001 St. Paul Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) DEC 9 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8 1942, at 4 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & inspection thereon and from the evidence obtained by said inquest & inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham, M.D. Medical Examiner.
Date signed Dec 8 1942

VS 6

F 98400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

(43)

F 98400

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 906 N. Kenwood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Will

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War	215-07-0074

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife May Will
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1898

8. AGE: Years	Months	Days	If less than one day
44	5	2	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Glen L. Martin Co.,
11. Industry or business

FATHER
12. Name Jacob Will
13. Birthplace Unknown

MOTHER
14. Maiden Name Wankmiller
15. Birthplace Unknown

16 (a) Informant Amelia Good (Sister)
(b) Address 3101 Mc Elderry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Nat Cem.,
Location Frederick Road,

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street.

DEC 9 - 1942
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7 19 42 at 4:10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 19 42 to Dec 7 19 42
and that I last saw h alive on Dec 6 19 42.

Immediate cause of death: Cerebral Thrombosis — Duration 6 days
Due to: Hypertension — 4 yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles E. Schimunek M.D.
Address 2603 E. Madison St. Date signed 12/7/42

VS 3

98401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 F 98401
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Every question must be answered. Where the exact information is not known, the best possible estimate should be given. Ditto marks must not be used. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Rutter
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Melvin Crawford (Birth F. 57706)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	cd	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-9-42

8. AGE: Years	Months	Days	If less than one day
—	3 2	2 5	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Melvin Garrett
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Roberta Crawford
15. Birthplace Balto, Md

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL DEC 8 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address 1942 Huntington Williams, M.D.

19 DEC 9 1942 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-4- 1942; at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-23-1942 to 12-4-1942 and that I last saw h alive on 19.

Immediate cause of death Marasmus

Due to Prematurity and diarrhoea

Due to

Other Conditions Generalized muscular rigidity
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. R. Campbell, M. D.
Address 718 Dolphin St. Date signed 12-7-42

VS 2

9633

98402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 N F 98402 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 Tiffany Ct.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Vines Jr. (Birth F 67747)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-17-42

8. AGE: Years	Months	Days	If less than one day
		19	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name William Vines
13. Birthplace Rocky Mt. N.C.

MOTHER
14. Maiden Name Jessie Blount
15. Birthplace Baltimore, Md.

16 (a) Informant Jessie Vines
(b) Address 1101 Tiffany Court

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL DEC 8 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address Huntington Williams, M.D.

19 DEC 8 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6 1942 at 2:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17 1942 to Dec 6 1942 and that I last saw h/m alive on Dec. 6 1942.

Immediate cause of death Toxemia — Duration

Due to Malnutrition

Due to Acute Gastro-Enteritis

Other Conditions Prematurity (36 mos)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.
Address Provident Hosp. Co Date signed 12-7-42

VS 3

9632

98403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 98403

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given; if unknown, supply best answer obtainable. Use only black ink. Physicians: please write the causes of death clearly and legibly. Underline the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1330 W. Fretman St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Infant Carter (F 64263)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-29-42

8. AGE: Years	Months	Days	If less than one day
		8	— hr. — min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Thomas Henry Carter
13. Birthplace Virginia

MOTHER
14. Maiden Name Addie Lucy
15. Birthplace S. C.

16 (a) Informant Addie Carter
(b) Address 1330 Fretman St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL DEC 8 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 DEC 8 1942 Huntington Williams, M.D.
Filed by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1942, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 29 1942 to Dec. 7 1942 and that I last saw h. l. alive on Dec. 7 1942

Immediate cause of death	Duration
Debility of the Newborn	8 days
Due to Prematurity.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. P. Campbell M. D.
Address Provident Hospital Date signed 12-8-42

VS 8

9631

No social security number

F 98404

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 98404

CERTIFICATE OF DEATH.

1-PLACE OF DEATH 4104 Reisterstown Rd 20 - 2 104 REGISTERED NO.

CITY OF BALTIMORE: (No. ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John J. Stocker - John Jacob Stocker

(a) RESIDENCE NO. 410 N Reisterstown ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Marie D. Stocker (Mary Pilling)

6 DATE OF BIRTH (month, day, and year) Nov 2 - 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipping Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) Retired

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York

PARENTS

10 NAME OF FATHER John J. Stocker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Minnie Suter

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N. Y.

14 Informant Mrs. Marie D. Stocker (Address) 410 N. Reisterstown St

15 Filed DEC 9 - 1942 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8th 1942

17 I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1942, to Dec 8th, 1942, that I last saw him alive on Dec 7th, 1942, and that death occurred, on the date stated above, at 4:10 A.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Visual

(Signed) H. D. Hammond, M. D.

Dec 8, 1942 (Address) 1726 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Western Cemetery — DATE OF BURIAL 12/10/42

20 UNDERTAKER [illegible] — ADDRESS 2513 Edmondson Ave

Information should be carefully supplied. AGE should be stated EXACTLY. The MEDICAL CERTIFICATE of CAUSE OF DEATH in plain terms, so that it may be properly classified. Every question of OCCUPATION is very important. See instructions on back of certificate.

F 98405 Pellstocker 1/61 F 98405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 234 S. Loudon Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (Margaret Pellstocker) MARGARETTE E. PELLSTORER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Geo. Pellstocker

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 25th 1872

8. AGE: Years	Months	Days	If less than one day
70	3	14	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Jacob Baumgartel

13. Birthplace Germany

MOTHER 14. Maiden Name Barbara Hartmann

15. Birthplace Germany

16 (a) Informant Geo. Pellstocker

(b) Address 234 S. Loudon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/42 (month) (day) (year)

(c) Cemetery or crematory Western

Location Baltimore, Md

18 (a) Funeral director F. B. WIPPERT SON

(b) Address 300 Eutaw Place

19 (a) DEC 9 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7 1942 at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 12-7 1942 and that I last saw her alive on 12-7 1942

Immediate cause of death	Duration
Cardiac decompensation	
Due to Hypertension with arteriosclerotic heart disease	
Due to	
Other Conditions Diabetes mellitus (Include pregnancy within 3 months of death)	

Date of operation none

Major findings of operation:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard Carey M.D.
M. D.
Address University Hospital Date signed 12-7

F 98406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98406

Registered No. 186a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2000 W. Fayette Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2000 W. Fayette Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna K. Kach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1869

8. AGE: Years 73 | Months 3 | Days 8 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Herman, Medeke
13. Birthplace Germany

MOTHER
14. Maiden Name —
15. Birthplace Germany

16 (a) Informant: Paul Kach
(b) Address 2000 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/42 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Maryland

18 (a) Funeral director F. B. Nippert & Son
(b) Address 1300 Eutaw Place

19 (a) Filed DEC 9 1942 (Date filed by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 6th. 1942, at 9 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 6 1942 to Dec. 6 1942, and that I last saw h[illegible] alive on 19; dead when I first saw her.

Immediate cause of death: Cerebral Embolism — Duration: 3 days

Due to: Fracture of surgical neck of the right humerus.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-3-42 at [illegible] M
(c) Where did injury occur? 2000 W. Fayette St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury Fall in home

23. Signature Lenard A Kripp, M.D.
Address 3030 Edmondson Avenue Date signed 12/7/42

VS 3

Approved: Robert Levi Graham M.D.

F 98407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 Registered No. F 98407

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1221 N Bradford

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 4

(e) Length of stay in Baltimore (yrs., mos., or days) 14

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1221 N Bradford
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Foben

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2/5-1928

8. AGE: Years	Months	Days	If less than one day
14	10	1	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business Oc Cook

FATHER
12. Name Wesley Foben
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mabel Kerr
15. Birthplace Baltimore

16 (a) Informant Wesley Foben
(b) Address 1221 N Bradford

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 9 (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Randallstown

18 (a) Funeral director Wilmer Funeral Home
(b) Address 2004-6 Calvert Ave Huntingdon Williams, Mgr

19 (a) (Date rec'd by Local Reg.) (b) Registrar
Dec 9 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 1942 at 7:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 8, 1941, to Dec 6 1942, and that I last saw him alive on July 6, 1942.

Immediate cause of death Heart Disease, Endocarditis, Myocarditis, Ascites. — Duration

Due to Pneumococci infection Endocarditis, Myocarditis

Due to Aortic Insufficiency; Mitral Insufficiency, Myocardial insuf.

Other Conditions Congestion of liver Liver enlarged.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M.

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Henry Owen Thuttle M. D.

Address 1229 Eutaw Pl Date signed Dec 7 42

F 98408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98408 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use typewriter if supplies are correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 9 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 237 S. Madeira St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Gresser

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Frank Massey
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Dec 25 1881

8. AGE: Years	Months	Days	If less than one day
60	11	29/3	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Geo Bucher
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Mrs James Castle
(b) Address 237 S Madeira

17 (a) X Burial (Burial, cremation, or removal) (b) Date thereof Dec 10 42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location City

18 (a) Funeral director Wilson Funeral Home
(b) Address 2004-8 Arcadia

19 (a) DEC 9 - 1942 (Date rec'd by registrar) (b) Huntington for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8 1942, at 9 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & inspection thereon and from the evidence (Autopsy or Inquiry) obtained by said inquest & inspection (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Acute pulmonary edema	
Due to Hypertensive cardio-vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Gretzler M.D. Medical Examiner.
Date signed Dec 8 1942

VS 6

F 98109

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

Registered No. F 98409

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Michael Ready

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Widowed

6 (b) Name of husband or wife Isabelle Quinn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Michael Ready
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen O. Hara
15. Birthplace Ireland

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Gorsuch and Ave

19 (a) DEC 9 - 1942 (Date rec'd by registrar) Ivy to Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8 1942, at 6 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1942 to Dec 8 1942 and that I last saw him alive on Dec 7 1942.

Immediate cause of death	Duration
Edema Lungs	1 day
Due to Chronic Myocarditis	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gull Hall M. D.
Address 1631 E North ave Date signed Dec 8 42

F 98410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132

F 98410 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2818 Guilford Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 D
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2818 Guilford Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert E. Lee Meyers

3 (b) If veteran, name war	3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ann M. Meyers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1868

8. AGE: Years	Months	Days	If less than one day
74	10	4	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Manager
11. Industry or business Balto. News Co.

FATHER
12. Name August Meyers
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Harriet F. Cruser
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Ann M. Meyers
(b) Address 2818 Guilford Ave.,

17 (a) Burial (b) Date thereof Dec. 10, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Ave.,

18 (a) Funeral director Howard Strong
(b) Address 3207 W. North Ave.,

19 (a) DEC 9 1942 (b)
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7, 1942, at 6.12 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 19 42 to Dec 7 19 42
and that I last saw h[illegible] alive on 12/7 19 42

Immediate cause of death Carcinomatosis

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Kyle W. Fooling M. D.
Address 3203 Harford Ave. Date signed 12/8/42

VS 3

F 98411

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 98411 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. O. A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 546 St. Mary's St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rachel Cooper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: C. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife John Cooper. 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Thomas Brown

13. Birthplace Md.

MOTHER 14. Maiden Name Jane Richardson

15. Birthplace Md

16 (a) Informant John Cooper

(b) Address 546 St Mary's St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 - 10 - 42 (month) (day) (year)

(c) Cemetery or crematory Arlington Park.

Location Baltimore Md

18 (a) Funeral director Mrs Frances A Hemsley

(b) Address 578 N Biddle St.

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1942 at 2.50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an investigating & inspecting (Autopsy or Inquiry) thereon and from the evidence obtained by said investigating & inspection (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Arteriosclerotic cardio vascular disease — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roland Lee Easton M.D. Medical Examiner.

Date signed Dec 8 1942

VS 6

1 transcript
98412

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 98412

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Baltimore Sts
(c) Hospital or institution:
St. Josephs
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 402 South Washington St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ~~Chlopicki~~ Walter Chlopicki

3 (b) If veteran, name war —

3 (c) Social Security Account No. No

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years 40 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Chlopicki
13. Birthplace Poland

MOTHER
14. Maiden Name Josephine Budney
15. Birthplace Poland

16 (a) Informant Frank Chlopicki
(b) Address 403 S. Washington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Odonnell St Ext

18 (a) Funeral director Wm. S. Finkowski
(b) Address 2007 Eastern

19 (a) _____ (b) Huntington Williams, M.D. Registrar
(Registered by registrar)

DEC 9 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8th 1942, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from December 23rd 1942 to December 8th 1942 and that I last saw him alive on Nov. 7th, 1942

Immediate cause of death Cardiac Failure — Duration

Due to Congestive heart Failure — Duration

Due to Myocarditis ? Arterial Sclerosis ? Toxemia — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Earl A. Dillinger, M. D.
Address St. Joseph's Hosp. Date signed Dec. 8, 1942

Baltimore, Md. DEC 8, 1942

Transcript
98413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 8 30

F 98413
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St & Calvert
(c) Hospital or institution: the Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo. 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Curtis Bay, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 46 1/2 Curtis Ave.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Sc

3 (a) FULL NAME CHARLES RIEGER Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife –

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible] Not known

8. AGE: Years	Months	Days	If less than one day
About 75	1	2	hr. min.

9. Birthplace Austria
(Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Paul Rieger
13. Birthplace Austria

MOTHER
14. Maiden Name Mary Youngel
15. Birthplace Austria

16 (a) Informant Son - Mr. Joseph Rieger
(b) Address 46 1/2 Curtis Ave. Curtis Bay Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10 42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A.R.C. Co.

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) DEC 9 – 1942 (Date Rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 1942, at 1:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 22 1942 to Dec 6 1942
and that I last saw h[illegible] alive on Dec 6 1942

Immediate cause of death Cardiac Rupture stasy failure — Duration

Due to Cerebral Hemorrhage — 10 days

Due to

Other Conditions Senile & Renal Insufficiency — 14 days
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Union Memorial Hosp Date signed 12-8-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

3 Transcripts
98414

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. E 98414

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2423 Fait Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2423 Fait Av
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Veronika Kowalski

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Jacob K.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15 1876

8. AGE: Years 66 | Months 3 | Days 22 | If less than one day hr. min.

9. Birthplace Poland, Poltrewice
(Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER 12. Name Anthony Tuchowski
13. Birthplace Poland.

MOTHER 14. Maiden Name Frances unknown
15. Birthplace Poland.

16 (a) Informant Mrs Tilly Bolewski
(b) Address 2423 Fait Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location O'Donnell St Ext

18 (a) Funeral director Wm. L. Fialkowski
(b) Address 2227 Fialkowski

DEC 9 1942 (Date rec'd by registrar)

19 (a) Hunting (b) Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1942, at 8:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1942 to Dec 7 1942 and that I last saw h. alive on Dec 7 1942.

Immediate cause of death

Duration

Chronic Myocarditis, cardiac
Due to arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank J. Sanno M. D.
Address 2431 Fait Av Date signed 12/8/42

VS 2

Correct age if apparently impossible. If unknown, write unknown. If under one year, write months; if under one month, write days.

1 manuscript

98415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98415

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1935 Fleet St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1935 Fleet St (If rural give location)
(e) If foreign born, how long in U. S. A.? 28 years

3 (a) FULL NAME Wladyslaw Akonom Sr.

3 (b) If veteran, name war:

3 (c) Social Security Account No. 215-05-3266

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Wladyslawa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 47 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Longshoreman

11. Industry or business

FATHER 12. Name Adowa Akonowa

FATHER 13. Birthplace Poland

MOTHER 14. Maiden Name — Marsiak

MOTHER 15. Birthplace Poland

16 (a) Informant Wladyslawa Akonom

(b) Address 1935 Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-42 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Odonnell St. Esk.

18 (a) Funeral director Wm. S. Fialkowska

(b) Address 2067 Eastern Ave

19 DEC 9-1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 25 1942 to Dec 7 1942 and that I last saw h[illegible] alive on Dec 7 1942

Immediate cause of death Bronchopneumonia — Duration 7 days

Due to asthma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo L. Kulacki M.D.

Address 26 S. Patterson Park Ave. Date signed Dec 7/42

VS 8

correct age is especially important. Physicians: please write the cause of death plainly and legibly.

F 98416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98416

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 68 N. Monastery Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 68 N. Monastery Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Pielert

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary Emma Pielert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 9, 1880

8. AGE: Years	Months	Days	If less than one day
62	3	28	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Pipe Fitter
11. Industry or business Baltimore & Ohio RR

FATHER
12. Name George Pielert
13. Birthplace Germany

MOTHER
14. Maiden Name Hannah Lachman
15. Birthplace Germany

16 (a) Informant Mr. Charles W. Pielert
(b) Address 68 N. Monastery Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Miller & Simmons
(b) Address 1003 W. Baltimore St.

19 (a) DEC 9 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7 1942 at 10.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to Dec 7 1942 and that I last saw him alive on Dec 7 1942

Immediate cause of death

Bronchogenic Carcinoma of both lungs — Duration 1½ yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John H. Cadaban M. D.
Address 24 N. Fulton Ave. Date signed 12/9/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 93 17

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 93417

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 W. Hilton St.
(c) Hospital or institution:
Ashburton Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3037 Arunah Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CAROLINE W. SELBY

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Joseph W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1872

8. AGE: Years	Months	Days	If less than one day
70	3	9	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Conrad Becker,
13. Birthplace Prussia, Germany

MOTHER
14. Maiden Name Katherine Frederick
15. Birthplace Bavaria, Germany

16 (a) Informant Mr. Edward Becker
(b) Address 502 Westgate Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 9 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8, 1942, at 3 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 4 1942, to Dec 8 1942 and that I last saw her alive on Dec 5 1942

Immediate cause of death
Chr myocarditis
& Parenchymatous
Due to Nephritis

Duration
5 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo A Strauss
Address 1800 N Charles St Date signed 12/8/42

VS 3

F 98113 F 98113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 93 M

Registered No.

1) PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Sq Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 S. Paca St (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Mattias Rawlins (Martin J. Rawlins)

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 213-14-2186-A

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife: Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/27.1862

8. AGE: Years	Months	Days	If less than one day
80	10	10	hr. min.

9. Birthplace: Lithuania (Town, county, and state)
10. Usual Occupation: Tailor - retired
11. Industry or business

FATHER
12. Name: John Rawlins
13. Birthplace: Lithuania

MOTHER
14. Maiden Name: Eva Sabaite
15. Birthplace:

16 (a) Informant: Mrs. Elizabeth Rawlins
(b) Address: 406 S. Paca St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/42 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cem.
Location: Balto., Md.

18 (a) Funeral director: W. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) DEC 9 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-7- 1942 at 7 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-18 19 4x to 12-7 1942 and that I last saw h[im] alive on 12-7 19 4x.

Immediate cause of death: Broncho Pneumonia — Duration: 2 da
Due to: Generalized Arteriosclerosis
Due to: Senility
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph G. Laukaitis M. D.
Address 6[illegible] Washington Blvd Signed 12/7/42

VS 8

F 98419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98419 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 720 Fulton Avenue (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore, Maryland. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EMMA LOUISE NEWBERRY

3 (b) If veteran, name war WW

3 (c) Social Security Account No.

4. Sex FEMALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife JERRY P. NEWBERRY

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) February 21, 1899

8. AGE: Years 43 | Months 9 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation VET. ADMIN. CLERK

11. Industry or business Vet. Administration

FATHER
12. Name Miles Copes
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Gallop
15. Birthplace Maryland

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) ____ (b) ____
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7, 1942, at 4:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 5, 1942 to Dec. 7, 1942, and that I last saw him alive on Dec. 7, 1942

Immediate cause of death: Pneumonia, Terminal, hypostatic congestion — Duration: Terminal

Due to: Myocardial degeneration with congestive failure; cardiac hypertrophy — Duration: Unk.

Due To: Hypertension, arterial — Duration: Unk.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. C. Ducker

Address US Marine Hospital, Baltimore, Maryland. Date signed 12/8/42

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JL -78414 F 98420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98420 Registered No. 1317

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2213 Eastern Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country no

1514

3 (a) FULL NAME ANNIE G. SCHMIDT
Anna Smith or Schmidt

3 (b) If veteran, name war NO

3 (c) Social Security Account No. none

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John Frederick Schmidt

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) ? 1872

8. AGE: Years 70 | Months ? | Days ? | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ? Owens
13. Birthplace Baltimore

MOTHER
14. Maiden Name Not Known
15. Birthplace Baltimore

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Dec. 9. 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) DEC 9 - 1942 (Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6th 1942, at 8:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-5 1942 to 12-6 1942 and that I last saw h[illegible] alive on 12/6 1942.

	Duration
Immediate cause of death: URAEMIA	1 week
Due to: GLOMERULONEPHRITIS	?
Due to:	over
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy: RENAL STENOSIS & CARDIAC HYPERTROPHY

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Holtzman M. D.

Address BALTIMORE CITY Date signed 12/8/42

HOSPITALS

F 98421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 10th of F 98421

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1116 Hanbert Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 Hanbert Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Albis Jr. (Birth F 5992)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Mulatto	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 11 - 1942

8. AGE: Years	Months	Days	If less than one day
	3	25	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name William Albis
13. Birthplace Va

MOTHER
14. Maiden Name Marguerite Clark
15. Birthplace Va Va

16 (a) Informant Mother -
(b) Address 1116 Hanbert Street

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 12/9/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem.
Location Balto. Co. Md.

18 (a) Funeral director Charles F. Dill
(b) Address 1501 E. Fort Ave.

19 (a) DEC 9 - 1942 (Date received by registrar) (b) Hamilton, Jos Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6- 1942, at 12:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence obtained by said Autopsy - Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Uffer Reformatory Injection	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Mesmer M.D.
Medical Examiner.
Date signed 12-7-42

F 98422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 98422 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 18 W Lexington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Sparkhawk

3 (b) If veteran, name war none
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Mabel E. Sparkhawk
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 13 1872

8. AGE: Years 70 | Months 9 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Machinist
11. Industry or business

FATHER 12. Name John J. Sparkhawk
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Laura Ackerman
15. Birthplace Baltimore Md

16 (a) Informant C. Gardner Sparkhawk
(b) Address 1225 Leeds Avenue Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Frederick A. Pope
(b) Address 1200 W. Lombard St

19 (a) 1000 (Date received by Registrar) (b) Hunting Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1942 at 1.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 1942 to Dec 7 1942
and that I last saw him alive on Dec 7 1942

Immediate cause of death Lobar Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Consent Refused

Duration of Illness

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J. McClafferty M.D.
Address Bon Secours Hosp. Date signed 12-7-42

VS 3

98423
426605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98423
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Falls Church
(If outside city or town limits, write RURAL and give town)
(d) Street No. 901 High St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie G. Corbett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife John M.
(c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) 12-3-05

8. AGE: Years	Months	Days	If less than one day
37	-	6	hr. min.

9. Birthplace Minn.
(Town, county, and state)
10. Usual Occupation Beauty Operator
11. Industry or business

FATHER
12. Name S. G. Stokke
13. Birthplace Norway.

MOTHER
14. Maiden Name Anna Soten
15. Birthplace Norway.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12, 42 (month) (day) (year)
(c) Cemetery or crematory Rosemont Cem. Co.
Location Williston, N. Dakota

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

DEC 9 - 1942
(Date rec'd by registrar) Huntington Willis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec - 9 1942 at 350 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec - 7 1942 to Dec - 9 1942, and that I last saw him alive on Dec - 9 1942.

Immediate cause of death	Duration
Brain Tumor - malignant	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 12 - 9 - 42
Major findings of operations: Increased intracranial pressure
of autopsy: Not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1-44-H. Date signed 12-9 M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 250

98424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

F 98424 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 15 A
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 Chelsea Terrace (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Nellie Preston DeKalb.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married.

6 (b) Name of husband William F. DeKalb.
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) 12-22-1878

8. AGE: Years	Months	Days	If less than one day
63	11	17	— hr. — min.

9. Birthplace Knoxville, Frederick Co. Maryland (Town, county and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name John W. Hitesheu.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Maggie E. Miller
15. Birthplace Maryland.

16 (a) Informant Husband, William F. DeKalb.
(b) Address 2110 Chelsea Terrace, Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 11/42 (month) (day) (year)
(c) Cemetery or Crematory Druid Ridge
Location Pikesville, Balto. Co. Md.

18 (a) Funeral director John H. Mitchell & Sons
(b) Address 1900 Eutaw Place

DEC 9 — 1942 (Date received by Registrar) (b) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-8 1942 at 10:11 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-8 1942 to 12-8 1942 and that I last saw h.e.v. alive on 12-8 1942

Immediate cause of death	Duration
by progression	
Due to Cerebro vascular accident	2-4 hrs.
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
(Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No.
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Douglas Lockard
Address Union Memorial Hosp. Date signed 12/8/42 M D

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

F 98425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 98425

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1108 Sargeant St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1108 Sargeant St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Emily Ellis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Robt Ellis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1855

8. AGE: Years	Months	Days	If less than one day
87	0	34	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business at Home

FATHER
12. Name Frank Brown
13. Birthplace St. Mary's Co. Md.

MOTHER
14. Maiden Name Susie Kenton
15. Birthplace St. Mary's Co. Md.

16 (a) Informant Mr Robt Ellis
(b) Address

17 (a) Burial (b) Date thereof 11/10/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Glen Haven Cem.
Location Glen Burnie, Md.

18 (a) Funeral director John F. Lowery & Son
(b) Address 90 Collins Ave Baltimore, Md.

19 (a) DEC 9 1942 (b) Huntingtown Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7th 1942, at 11:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5 1942 to Dec. 7 1942, and that I last saw her alive on 19

Immediate cause of death Dec. 7
Apoplexy - Cerebral

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry E. Nolan
Address 3 W. Biddle Date signed 12-8-42

VS 8

F 98426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

F 98426 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 814 Power St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MADELINE V - KNOPP

3 (b) If veteran, name war	3 (c) Social Security Account No. 236-30-4095

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Eugene
6 (c) If alive, give age 28 years
7. Birth date of deceased (mo., day, yr.) Jan 3, 1917

8. AGE: Years	Months	Days	If less than one day
25	11	5	hr. min.

9. Birthplace Clover, W. Va. (Town, county, and state)
10. Usual Occupation Teacher
11. Industry or business W. Va. Public School

FATHER
12. Name Brad Vineyard
13. Birthplace W. Va.

MOTHER
14. Maiden Name Alice Brookover
15. Birthplace W. Va.

16 (a) Informant Clay Vineyard
(b) Address Clover, W. Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-42 (month) (day) (year)
(c) Cemetery or crematory
Location Clover, W. Va.

18 (a) Funeral director Lee Elder
(b) Address 4644 York Road.

19 (a) DEC 9 1942 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8, 1942 at 9:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Subarachnoid hemorrhage	
Due to Congenital hypoplasia of vessels.	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. Z. Wallenmeyer M.D. Medical Examiner.
Date signed 12-9-42

VS 6

JL - 74305 98427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. F 98427

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6mo-10d

(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1852 E. Biddle St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mary Watkins

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Joseph E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1861

8. AGE: Years	Months	Days	If less than one day
81	5	27	hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name John Duffy

13. Birthplace Ireland

MOTHER

14. Maiden Name Mary ?

15. Birthplace New York

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cemetery

Location Baltimore, Maryland

18 (a) Funeral director William Cook, Inc.

(b) Address 1217 St. Paul St.

DEC 9 - 1942 (Date rec'd by registrar)

(b) Thomas Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 8 1942 at 2:35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-28 1942 to 12-8 1942, and that I last saw alive on 12-8 1942

Immediate cause of death Bronchopneumonia

Due to

Due to

Other Conditions Intestinal atony; fracture left femur

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence 5-28-42 at 5 M

(c) Where did injury occur? 1852 E. Biddle Street (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)

(e) Means of injury fell at home

23. Signature Henry Haase M. D.

Address Balt. City Hosp. Date signed 12-9-42

VS 180

Approved Robert Lee Graham M.D.

Correct age is especially important. Physicians: please write out cause of death plainly and legibly.

98428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No. E 98428

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison & Linden Ave.

(c) Hospital or institution: Md. General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23

(e) Length of stay in Baltimore (yrs., mos., or days) Life (71 yrs)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 505 Arlington Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillian M. Winchester

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 17, 1871

8. AGE: Years	Months	Days	If less than one day
71	1	21	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Charles Seager

13. Birthplace Maryland

MOTHER 14. Maiden Name Matilda Key

15. Birthplace Maryland.

16 (a) Informant Harvey M. Winchester

(b) Address 6011 York Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11, 1942 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Maryland

18 (a) Funeral director William Cook, Inc.

(b) Address 1217 St. Paul Street

19 (a) DEC 9 1942 (Date received by registrar) (b) Huntington Hillegeist

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 1942, at 2:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 24, 1942, to Dec. 8, 1942 and that I last saw her alive on Dec. 8 1942

Immediate cause of death Carcinoma of Cervix.

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Martin W. Kropp, Jr., M. D.

Address Maryland General Hosp. Date signed Dec 8/42

VS 2

98429
J1 - 78455

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 81a

F 98429 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 821 Washington Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Aloysius William Deutsch

3 (b) If veteran, name war W
3 (c) Social Security Account No. Yes

4. Sex M
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Mary (D)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 24, 1890
8. AGE: Years 52 | Months 11,10 | Days 14 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Deutsch
13. Birthplace Germany

MOTHER
14. Maiden Name Susana Hiterlang
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland
18 (a) Funeral director William Cook, Inc.
(b) Address 1817 St. Paul Street

DEC 9 - 1942 (Date rec'd by registrar)
(Signature) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-8 1942 at 8 19 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-7 1942 to 12-8 1942 and that I last saw h alive on 12-8 1942

Immediate cause of death: Pneumococcal meningitis — Duration ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Ca stone

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. F. Balthis M. D.
Address Balto. City Hosp Date signed 12-8-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS 150

F 98430

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98430 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days) 40 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore County
(c) City or town [illegible] (If outside city or town limits, write RURAL and give town)
(d) Street No. W. Joppa Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry M. Steele JR (Maynadier)

3 (b) If veteran, name war: World War I

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 23 1896

8. AGE: Years	Months	Days	If less than one day
46	10	14	hr. min.

9. Birthplace Asheville N.C. (Town, county, and state)

10. Usual Occupation Insurance

11. Industry or business

FATHER 12. Name Henry M. Steele

13. Birthplace Balto Md

MOTHER 14. Maiden Name Margaret H McKim

15. Birthplace Balto Md

16 (a) Informant Mrs Nathan S. Pendleton

(b) Address Joppa Rd Balto Co Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10 42 (month) (day) (year)

(c) Cemetery or crematory Green Mount

Location Balto Md

18 (a) Funeral director Henry W. Jenkins (Inc)

(b) Address McCulloh & Eutaw Sts.

19 (a) DEC 9 - 1942 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1942 at 11 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Lobar pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner

Date signed Dec. 8 1942

VS 6

98431

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 98431

CERTIFICATE OF DEATH

V V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 Casadel Ave. St. 5th Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. 42 mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME John F. Roderick Jr.

If U. S. Veteran specify WAR _____

(a) Residence: No. 1915 Casadel Ave. St., _____ Ward. (Usual place of abode)

(If non-resident give city or town and State) [Butte F-63757]

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 7, 1942

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
			1	19 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

FATHER

13. NAME John F. Roderick

14. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

MOTHER

15. MAIDEN NAME Emma M. Haines

16. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

17. INFORMANT Mrs. Emma M. Roderick

(Address) 1915 Casadel Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place JOHN HOPKINS MEDICAL SCHOOL DEC 9 - 1942 19

19. UNDERTAKER Commissioner of Health

(Address)

20. DATED DEC 9 1942 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1942 to Dec. 9, 1942

I last saw him alive on Dec. 8, 1942 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
6½ months	

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) R. E. Campbell M.D.

(Address) 1644 Hanover St.

OCCUPATION is very important. See instructions on back of certificate.

9634

F 98432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98432 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 419 N. Chapel
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 H
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 419 N. Chapel St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emmet Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	W

6 (b) Name of husband or wife Eliza
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1885

8. AGE: Years	Months	Days	If less than one day
57	6	25	hr. min.

9. Birthplace Farmville, Va (Town, county, and state)
10. Usual Occupation Plasterer
11. Industry or business

FATHER
12. Name Not known
13. Birthplace

MOTHER
14. Maiden Name Not known
15. Birthplace

16 (a) Informant Viola Jones
(b) Address 1434 E. Madison
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley
19 DEC 9 - 1942 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 5, 1942 at 10:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/27 1942 to 12/5 1942 and that I last saw him alive on 12/4 1942

Immediate cause of death Hypertensive cardio-vascular disease — Duration unknown
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rayner Browne M. D.
Address 1320 E. Madison St Date signed 12-7-42

Rayner Browne

F 98433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 98433

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 Eutaw Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWIN J. FARBER

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 212-18-5574

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Nellie Sneary Farber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name John H. Farber
13. Birthplace Bavaria, Germany

MOTHER
14. Maiden Name Ella M. Marian
15. Birthplace Baltimore, Md.

16 (a) Informant Joseph F. Farber
(b) Address 3702 Norfolk Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Wilson & Rhoe
(b) Address 1219 E. Fayette St.

19 (a) DEC 9 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1942 at 7:45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions hx	

(Include pregnancy within 3 months of death)
Date of operation hx
Major findings of operation:
of autopsy: hx

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 12-9-42

VS 6

420488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1041 5

Registered No. I 35134

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 N. Payson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Larry Keene (Birth F-46066)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/18/42

8. AGE: Years	Months	Days	If less than one day
	8	20	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edmond Keene
13. Birthplace N. Y.

MOTHER
14. Maiden Name Virginia Lautler
15. Birthplace Md

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Parkdale
Location Balto. Md

18 (a) Funeral director Charles J. Schwab
(b) Address 505 N. Monroe St.

19 (a) DEC 9 - 1942 (Date filed by local registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec - 8 - 1942 at 10.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec - 4 1942, to Dec - 8 1943, and that I last saw him alive on Dec - 8 1942.

Immediate cause of death Sinus Thrombosis — Duration 5 days
Due to Scurvy
Due to
Other Conditions Rickets
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation Sinus Thrombosis & Scurvy
of autopsy Rickets

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Kitz
Address Johns Hopkins Date signed 12/9/42

VS 250

F 98435 Hanover

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98435 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123 Bloomberg st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 Bloomberg st (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Nannie E. Chambers

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John H. Chambers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1856

8. AGE: Years	Months	Days	If less than one day
86	2	29	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John Hughes
13. Birthplace Virginia

MOTHER
14. Maiden Name Not known
15. Birthplace Virginia

16 (a) Informant Shirley Chambers
(b) Address 123 Bloomberg st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Ridge
Location

18 (a) Funeral director Frank Brockdon
(b) Address 900 N. Chester st

19 (a) (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1942, at 9.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 21, 1942, to Dec. 7 1942, and that I last saw her alive on Dec. 7 1942

Immediate cause of death Arteriosclerotic cardiovascular disease — Duration 2

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Weitel, M.D.
Address 226 Hanover St. Date signed 12/9/42

Correct age is especially important; requisites: please write the cause of death clearly and legibly.

F 98436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 98436
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 921 N. Madeira
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 921 N. Madeira St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Filipa

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Thomas Filipa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1866

8. AGE: Years 76 | Months 7 | Days 13?4 | If less than one day hr. min.

9. Birthplace Nelsovice Bohemia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Joseph Brony
13. Birthplace Bohemia

MOTHER
14. Maiden Name Anna Linda
15. Birthplace Bohemia

16 (a) Informant Thomas Filipa
(b) Address 921 N. Madeira St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Frank Leach & Son
(b) Address 900 N. Charles St

19 (a) (Date rec'd by registrar) (b) DEC 9 1942 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 7 1942 at 4.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1942 to DEC 7 1942; and that I last saw h alive on DEC 6 1942

Immediate cause of death

Due to Hypertension

Due to Cerebro Vascular Disease

Due to Thrombosis Cerebri

Other Conditions Arterio Sclerosis

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration: 2 yrs / 6 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Fred Ruzicka M. D.
Address 1304 Eutaw Pl Date signed DEC 7 1942

correct age is especially important. Physicians: please write the causes of death clearly and fully.

F 98437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98437 Registered No. 73a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23-7-15
(e) Length of stay in Baltimore (yrs., mos., or days) 23-7-15

2. USUAL RESIDENCE OF DECEASED:
(a) State N.H. (b) County
(c) City or town Manchester (If outside city or town limits, write RURAL and give town)
(d) Street No. Mount St. Mary's Convent (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sister M. Cecilia Lapreniere

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1877

8. AGE: Years 65 Months 10 Days 26 If less than one day hr. min.

9. Birthplace Providence, R.I. (Town, county, and state)

10. Usual Occupation Teacher

11. Industry or business

FATHER
12. Name Joseph Lapreniere
13. Birthplace Canada

MOTHER
14. Maiden Name Geraldine Gaudet
15. Birthplace Canada

16 (a) Informant Mount Hope Retreat
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-42 (month) (day) (year)
(c) Cemetery or crematory — ? —
Location Manchester, New Hampshire

18 (a) Funeral director Sullivan Mortuary Co.
(b) Address 108 Lincoln Ave. Manchester, N.H.

19 (a) (Date rec'd by registrar) (b) Hunter for Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1942, at 1:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934, to Dec. 9 1942, and that I last saw her alive on Dec. 9 1942.

Immediate cause of death	Duration
Pernicious Anemia	6 mos.
Due to	
Due to	
Other Conditions Bronchial Pneumonia	2 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel P. Hunter M. D.
Address 33 Frederick St. Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98438 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette St.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Dorchester
(c) City or town Cambridge
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence A. Tubman (Clarence a. Tubman)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Single Widower

6 (b) Name of husband or wife: Harriet Tubman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1876

8. AGE: Years: 66 yrs. Months: Days: If less than one day hr. min.

9. Birthplace: Cambridge Md
(Town, county, and state)

10. Usual Occupation: Operator Real Estate

11. Industry or business:

FATHER 12. Name: Charles A Tubman
13. Birthplace: Dorchester Co Md

MOTHER 14. Maiden Name: Isabelle Stapleton
15. Birthplace: Dorchester Co Md

16 (a) Informant: Oscar Tubman
(b) Address: 225 Race St Cambridge Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/10/42 (month) (day) (year)
(c) Cemetery or crematory: Christ Church
Location: Cambridge Md

18 (a) Funeral director: Tilghman Colonel
(b) Address: 1217 Race St

19 (a) (Date received by local registrar) DEC 10 1942 (Signature of local registrar) Willis Rutherford

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1942, at 12 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1942 to Dec 9 1942 and that I last saw h[illegible] alive on Dec 7 1942.

Immediate cause of death: ? Cerebral Hemorrhage
Duration: [illegible]

Due to: ? Cerebral Malignancy

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Lewis T. Mackenzie Jr. M. D.
Address: Franklin Sq Hospital Date signed

correct age is especially important. Physicians: please write the causes of death clearly and [illegible]

F 98439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92

F 98439 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1727 E. Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 E. Biddle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mattie Hockaday

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: colored | 6 (a) ~~Single~~, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Thomas Hockaday

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 44 (45) | Months | Days | If less than one day: hr. min.

9. Birthplace Pekin, D. C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Jacob Wallace

13. Birthplace Alexa, D. C.

MOTHER 14. Maiden Name Lou Brown

15. Birthplace D. C.

16 (a) Informant Thomas Hockaday

(b) Address 1727 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 10, 1942 (month) (day) (year)

(c) Cemetery or crematory

Location Aiken S. Carolina

18 (a) Funeral director Mrs. Robert A. Elliott

(b) Address 1210 Pennsylvania Ave

19 (a) DEC 10 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8 1942, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 30 1942 to Dec 8 1942 and that I last saw h alive on Dec 7 1942

Immediate cause of death — Duration

Mitral Insufficiency — 5 days

Due to

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Edward Fisher M.D.
Address 2 E. Monument Date signed Dec. 8/42

Physicians: please write the causes of death clearly and legibly; correct age is especially important.

VS 3

F 98440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98440 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and fully. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2206 Boone St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2206 Boone St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME Harry David Wright
3 (b) If veteran, name war —
3 (c) Social Security Account No. 217-03-8303
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widower
6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1882
8. AGE: Years 60 | Months — | Days — | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name David Wright
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Frances Cooper
15. Birthplace Baltimore Md

16 (a) Informant Harry Wright
(b) Address 2206 Boone St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10- (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location

18 (a) Funeral director Mary M. Wardefeld
(b) Address 501 E. 32nd St

19 (a) (b) Huntington Williams, M.D. Registrar

DEC 10 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7th. 1942, at 1:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 31. 1942, to Dec. 7th. 1942, and that I last saw him alive on dec. 6th 1942.

Immediate cause of death: Coronary Thrombosis. — Duration: 2 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry F. Wright, M.D.
Address 5217 York Rd. Date signed Dec 9th 42

F 98441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 33141 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 822 Brooks Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 822 Brooks Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Levin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Late Pearl Markowitz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May - 30-1896

8. AGE: Years 46 | Months 6 | Days 9 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business Clothing Business

FATHER
12. Name Philip Levin
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah Goldman
15. Birthplace Russia

16 (a) Informant Mrsylvan Levin
(b) Address 822 Brooks Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec, 10. 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cem
Location E. Baltimore St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) DEC 10 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 16 1939 to Dec 9 1942.
And that I last saw him alive on Dec 8 1942.

Immediate cause of death Cerebral Hemmorhage. (4th attack)
Due to Hypertension
Due to Fractured Urethra.
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.
Address 1126 Lee Date signed 12/10/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

98442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98442

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2920 Huntingdon Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2920 Huntingdon Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel W. Robinson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Married.

6 (b) Name of husband or wife George H. Robinson
6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) July 17, 1873

8. AGE: Years	Months	Days	If less than one day
69	4	21	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Nicholas Seitz
13. Birthplace Pa.

MOTHER
14. Maiden Name Hyanford Standiford
15. Birthplace Md.

16 (a) Informant Geo. H. Robinson
(b) Address 2920 Huntingdon Ave

17 (a) Burial (b) Date thereof Dec. 10, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn.
Location Woodlawn, Md.

18 (a) Funeral director Edmondson & Dameron
(b) Address 2615-17 Edmondson Ave.

19 (a) Date received DEC 10 1942 (b) Signature of Registrar Livingston Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8, 1942, at 6-15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1933 to Dec. 8, 1942, and that I last saw her alive on Dec. 8, 1942

Immediate cause of death	Duration
Coronary Thrombosis	2 mos.
Due to Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Warren, M.D.
Address 1927 E. North Ave. Date signed Dec 9 1942
M. D.

98443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 D

Registered No. F 98443

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St. & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Sykesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. EVA SUTTON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	married

6 (b) Name of husband or wife CARL NELSON SUTTON
6 (c) If alive, give age _ years

7. Birth date of deceased (mo., day, yr.) MARCH 24-1909

8. AGE: Years	Months	Days	If less than one day
33	8	14	hr. min.

9. Birthplace MARYLAND (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name MR WILLIAM J. MORRIS
13. Birthplace MARYLAND

MOTHER
14. Maiden Name Elizabeth Williams
15. Birthplace

16 (a) Informant Husband (Carl N. Sutton)
(b) Address P.O. Sykesville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 11/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Pleasant
Location Carroll Co. Md.

18 (a) Funeral director Ebenezer L. Donovan
(b) Address 3615-17 Huntington Ave.

DEC 10 1942 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 1942 at 4:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 7 1942 to Dec 8 1942 and that I last saw h.e alive on Dec. 8 1942

Immediate cause of death Cardio-Resp. Collapse — Duration: 1 day

Due to Cerebral-Vascular accident

Due to Rheumatic Heart disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Thrombosis of basilar artery

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Hamilton M. D.
Address Union Memorial Hosp. Date signed 12-8-42

VS 189

LP R F 78882 14

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

1 577 F 98444

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTO.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 S. Duncan St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Lloyd

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	216 05 3350	F	W	Widowed

6 (b) Name of husband or wife Ellis Lloyd (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 4 1877

8. AGE: Years	Months	Days	If less than one day
65	1	4	hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation FOOD PACKER
11. Industry or business FOOTE CANNING CO.

FATHER
12. Name Phillip Neff
13. Birthplace Germany

MOTHER
14. Maiden Name Eva Hart
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 11/42 (month) (day) (year)
(c) Cemetery or crematory ST. MATTHEW
Location ODONNELL ST.
18 (a) Funeral director Lillyard Quiter INC.
(b) Address 403 S. WOLFE ST.
19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

DEC 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/8 19 42 at 2:20 M
21. I certify that death occurred on the date above stated; that I attended deceased from 12/2 19 42 to 12/8 19 42 and that I last saw h[illegible] alive on 12/8 19 42.

Immediate cause of death Diabetes Coma — Duration 36 hrs.
Due to Diabetes — 7
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Grodman M. D.
Address Balto City Hosp Date signed 12/8/42

F 98445 ✓ F 98445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 69

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 222 Augusta Ave.
(c) Hospital or institution:
Burka Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2745 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD RUMNEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Edith Sonner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1876

8. AGE: Years	Months	Days	If less than one day
66	10	13	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Chemical Warfare

FATHER
12. Name Robert Rumney
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Virginia Wigley
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Robert W. Grundman
(b) Address Joppa, Md.

17 (a) burial (b) Date thereof Dec. 10, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto., Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Road

19 (a) DEC 10 1942 (Date rec'd by Registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8th 1942 at 11:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1939 to Dec. 8 1942, and that I last saw h[illegible] alive on Dec. 3 1942.

Immediate cause of death Cerebral thrombosis
Cerebral hemorrhage
Due to Arteriosclerosis
Due to
Other Conditions Polegra
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

Duration
4 yrs
5 da
?
6-8 mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Reisterstown Date signed 12/9/42

VS 3

F 98446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

153 F 98446

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Howard & Linden

(c) Hospital or institution: Maryland Gen. Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1823 N. Chas. St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Eleanor Ann Dolan (Birth F 63595)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Wh	Sing

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 24 1942

8. AGE: Years	Months	Days	If less than one day
		16	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Ernest Dolan

13. Birthplace Baltimore Md

MOTHER

14. Maiden Name Lucille ALFINITO

15. Birthplace Baltimore Md

16 (a) Informant Ernest Dolan (Father)

(b) Address 1823 N. Edwards St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10-42 (month) (day) (year)

(c) Cemetery or crematory Mem Cathedral Cem

Location Old Frederick Rd. Balt. Md

18 (a) Funeral director Frank Keller Mem

(b) Address 52 N. Hanley Av

19 (a) DEC 10 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9 1942 at 2:45 M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 6 1942 to Dec. 9 1942 and that I last saw h. alive on Dec. 9 1942

Immediate cause of death	Duration
Pneumonia Influenza	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. J. B. Hogan M. D.

Address Md. Gen. Hosp. Date signed Dec 9

VS 3

F 98447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

84 ✓ F 98447 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 828 Whitmore Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AUBREY Haskin KRIEDER

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 215-10-2429

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1914

8. AGE: Years 28 | Months 2 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Steel worker

11. Industry or business Bathleham Steel Co.

FATHER
12. Name Willis Krieder
13. Birthplace Balto.

MOTHER
14. Maiden Name Hilda Satterfield
15. Birthplace Balto.

16 (a) Informant Mrs. Margaret Krieder
(b) Address 828 Whitmore Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/42 (month) (day) (year)
(c) Cemetery or crematory Oakland Cem.
Location Sykesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 10 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1942 at 4:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Peritonitis, acute suppurative	
Due to Bullet Wound of	
Due to abdomen	
Other Conditions. Neo	

(Include pregnancy within 3 months of death)

Date of operation 11-25-42

Major findings of operation: as above

of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Nov 25, 1942 at M
(c) Where did injury occur? Randallstown Baltimore Co. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Discharge of shot gun

23. Signature H. L. Wolbenmeyer M.D. Asst Medical Examiner.
Date signed 12-9-42

VS 6

JL -77671 F 98148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1862 Registered No. F 98148

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2425 W. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Terese Kremer (Terese L. Kremer)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	none	F	W	Widowed

6 (b) Name of husband or wife Harry Kremer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1869

8. AGE: Years	Months	Days	If less than one day
73	4	0	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation [illegible] None
11. Industry or business

FATHER
12. Name Edward J. Edwards
13. Birthplace Baltimore

MOTHER
14. Maiden Name Clara Chambers
15. Birthplace Baltimore

16 (a) Informant B. C. H.
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) DEC 10 1942 (Date rec'd by registrar) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-8 1942, at 1.09 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-28 1942 to 12-8 1942.
and that I last saw her alive on 12-8 1942.

Immediate cause of death: Bronchopneumonia — Duration 2 days
Due to: Fractured rt. femur — 2 mos.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence October 28, 1942 ? M
(c) Where did injury occur? 2425 W. North Avenue (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? home
(e) Means of injury fell at home

23. Signature Howard J. Madden, M.D. for C.M.L. Graham
Address Balto. City Hosp. Date signed 12-8-42

VS 150

Howard J. Madden, M.D. for C.M.L. Graham

F 98449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98449 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3010 Wayne Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Minn. (b) County
(c) City or town Rochester
(If outside city or town limits, write RURAL and give town)
(d) Street No. 316 Third Ave., S. W.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LENORA PRISCILLA WILSON

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
--	--	female	white	widow

6 (b) Name of husband or wife Rob't. J. Wilson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1863

8. AGE: Years	Months	Days	If less than one day
79	4	4	hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. Forest S. Wilson
(b) Address 3010 Wayne Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/10/42 (month) (day) (year)
(c) Cemetery or crematory Lakeside Mausoleum
Location Pekin, Ill.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 10 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9, 1942, at 2:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4 1942 to Dec. 9 1942, and that I last saw h[illegible] alive on Dec. 8 1942.

Immediate cause of death	Duration
Chr: interstitial nephritis	4 yrs +
Aortic + mitral insufficiencies	4 yrs +
Due to Hypertension	4 yrs +
Arteriosclerosis	3 days)
Due to Pulmonary Edema	1 week.
Auricular Fibrillation	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo Salberga
Address 600 Liberty Bldg Date signed 12/9/42

gue F 98450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 33250 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 N. Bethel St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 420 N. Bethel St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John D. Watkins

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-12-8345

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	W

6 (b) Name of husband or wife Mary L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1881

8. AGE: Years	Months	Days	If less than one day
61	6	26	hr. min.

9. Birthplace Va. (Town, county and state)
10. Usual Occupation Longshoreman
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Paul Watkins
(b) Address 420 N. Bethel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Md.

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley Ave.

19 (a) DEC 10 1942 (Date rec'd by registrar) (b) Hunter for Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5 1942, at 9:40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry found that said deceased came to his death on the day stated above.

Immediate cause of death Chronic pulmonary tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec 6 1942.

F 98451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 930

Registered No. F 98451

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: [redacted] HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 Moreland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose CAPLAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Jonas

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Isador BENZINOFF
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hospt Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Pulaski Hy & Hamilton Ave

18 (a) Funeral director Jack Levine Inc
(b) Address 1438 E. Balto St.

19 (a) DEC 10 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/10 19 42 at 8:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/8 19 42 to 12/10 19 42 and that I last saw h alive on 12/10 19 42

Immediate cause of death Circulatory Failure — Duration

Due to Cerebral Hemorrhage

Due to Hypertension & atherosclerotic cardiovascular dis.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Saul J. Farber M. D.
Address Sinai Hosp. Date signed 12/10

VS 3

98452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/0

F 98452 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1603 N. Smallwood
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 54

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 N. Smallwood (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Rus

3 (a) FULL NAME Harris Johnson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	N	Married

6 (b) Name of husband or wife Mattie Meyer
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Re Merchant
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Nathan R. Johnson
(b) Address 605 Whitelock st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-42 (month) (day) (year)
(c) Cemetery ~~Cemetery~~ Oman Abraham Lodge
Location Fleming Ave

18 (a) Funeral director Jos. L. Lewis Jr
(b) Address 1439 E. Balto st

19 (a) DEC 10 1942 (b) Huntingtn Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1942, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to Dec 9 1942 and that I last saw h[illegible] alive on Dec 9 1942

Immediate cause of death	Duration
Coronary thrombosis	1 day
Due to arterio-sclerosis	5 yrs
chronic nephritis	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. Friedman M. D.
Address Temple Sanai Dr Date signed Dec 9/42

VS 3

F 98453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

F 98453
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1023 Poplar Grove St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1023 Poplar Grove St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia Schmidt

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed~~, or ~~divorced~~
F	W	

6 (b) Name of husband or wife X
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 2 - 1873

8. AGE: Years	Months	Days	If less than one day
69	4	4	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation House work
11. Industry or business Self

FATHER
12. Name Burkhart Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Julia Schmidt
15. Birthplace Germany

16 (a) Informant Mrs Louisa Krause
(b) Address 1023 Poplargrove St

17 (a) Burial (b) Date thereof Dec 11-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Charles P Towell
(b) Address 2427 Reisterstown Road

DEC 10 1942
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8 1942, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h~~e~~r alive on Dec 10 1942

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension and Arteriosclerosis	14 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph N Zierler M. D.
Address 2318 Eutaw Place Date signed

Approved: Robert Lee Graham M.D. Registrar

F 98454 F 98454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

330 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution:
Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 905 N. Bentalou St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Frank J. Schultz.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Margaret A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 13, 1870

8. AGE: Years	Months	Days	If less than one day
72	3	26	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Austria

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Mr William F Schultz
(b) Address 915 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Frederick Ave

18 (a) Funeral director John J. Conners Son
(b) Address 901 Hollins St.

19 (a) Date rec'd by Registrar DEC 10 1942 (b) Registrar M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/9/42 19 . at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 13 1942 to 12/9/42 19 .
and that I last saw H. alive on 12/8/42 19

Immediate cause of death
Influenza Pneumonia
Due to Hypertension
Due to 8 yrs ago Hemiplegia Lt Side
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration
3 days
20 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H W. Wharton M. D.
Address 4309 Jos. Ave Date signed 12/9/42

F 98455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 D

Registered No. F 98455

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address W. Fayette St.

(c) Hospital or institution: Bon Secours Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days

(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1928 W. Pratt St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) FULL NAME Theodora Laber. (Theodora Laber)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Married

6 (b) Name of husband or wife Jan. 24, 1882 August Laber 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 24, 1882

8. AGE Years	Months	Days	If less than one day
60	10	15	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER 12. Name Henry Schafstein

13. Birthplace Germany

MOTHER 14. Maiden Name Maria Rehssing

15. Birthplace Germany

16 (a) Informant August Laber

(b) Address 1928 W. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Location Belair Road

18 (a) Funeral director Harry H. Mitchell

(b) Address 4101 Edmondson Ave

19 (a) 12-10-1942 (Date) (b) Washington Hill (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/9 1942, 6:23 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/27 1942 to 12/9 1942 and that I last saw h=er alive on 12/9 1942

Immediate cause of death: Metastatic Ca Lung

Due to: Ca Sigmoid

Due to:

Other Conditions (+eM) Terminal Pneumonia (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration
2
24 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edward J. Knight M.D.

Address Bon Secours Hosp Date signed 12/10/42

VS 3

98456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓

F 98456 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 135 S. Hilton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ?
(e) Length of stay in Baltimore (yrs., mos., or days) Ad

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 135 S. Hilton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Married

6 (b) Name of husband or wife John T. Lewis
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1867

8. AGE: Years	Months	Days	If less than one day
75	9	25	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation — None

11. Industry or business —

FATHER
12. Name Anthony Weisenbaum
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Reinenschneider
15. Birthplace Germany

16 (a) Informant John T. Lewis
(b) Address 135 S. Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/42
(month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Nitsch
(b) Address 401 Edmondson Ave

DEC 10 1942 Thornton Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/8/42 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/15 1942 to 12/8 1942
and that I last saw h[illegible] alive on 12/8 1942

Immediate cause of death

Myocarditis
Acute Dilatation
Auricular Fibrillation
Arteriosclerosis

Duration

Antecedent causes Morbid conditions if any giving rise to the immediate cause stated, with interval between onset and death

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

PHYSICIAN

Underline the cause to which death should be charged statistically.

23. Signature Samuel H. Shanahan M. D.
Address 1945 N. Bolton Date signed 12/9/42

SHANAHAN

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

98457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

330

F 98457 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 28 N. Smallwood St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 28 N. Smallwood St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John J. A. Kesterson

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-7549

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1870

8. AGE: Years	Months	Days	If less than one day
72	0	7	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Pipe fitter

11. Industry or business John J. Ferguson Co.

FATHER
12. Name Joseph Kesterson
13. Birthplace Va.

MOTHER
14. Maiden Name Adelaid Knell
15. Birthplace unknown

16 (a) Informant Mrs. Helen Henkell
(b) Address 28 N. Smallwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 11/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3901 Frederick Rd

18 (a) Funeral director Harry H. Wiltze
(b) Address 4101 Edmondson Ave

19 (a) (Date received) (Registrar's signature) Huntington Williams, M.D. Registrar

DEC 10 1942

MEDICAL CERTIFICATION E.S.T

20. DATE OF DEATH Dec 8 1942, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1942, to Dec 7 1942, and that I last saw him alive on Dec 7 1942.

Immediate cause of death	Duration
Broncho-Pneumonia with Edema	3 days
Due to La Grippe	5 days
5 days previous	
Due to	
Other Conditions Gen'l Arterio Sclerosis and Hypertrophy of Heart	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter E. Linkaman M.D.
Address 225 Murdock Rd Date signed 12/9/42 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 F 98458 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 800 W. Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George W. Bowers

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 215-12-4887

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Anna Bowers

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Oct 27. 1877

8. AGE: Years	Months	Days	If less than one day
65	1	11	12 hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Recorder Goldsborough & Co

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Hazel I. Hewitt
(b) Address 707 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 11. 1942 (month) (day) (year)
(c) Cemetery or crematory, Loudon Park
Location City

18 (a) Funeral director Mrs. Nick. John W. Teufel & Son
(b) Address 501 W. Fayette St. Hunting, Ave Mitchell, M.D.

19 42 DEC 10 1942 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1942 at 3 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1941 to Dec 9 1942 and that I last saw h alive on Dec 8 1942

Immediate cause of death	Duration
Myocardial degen	5 yrs.
Due to Bronchial asthma	12 yrs.
Due to Arteno-sclerosis	10 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Homer U. Todd M. D.

Address 735 N. Milton Ave Date signed 12/10/42

VS 2

F 98459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓ F 98459

Registered No.

Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically. Be sure that age is correct; that sex is entered; that the physician's address is given; that the certificate is signed; that the date of death is given; that the place of death is given; that the usual residence is given; that the color is given; that the name is given; that the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3807 Egerton Road
(c) Hospital or institution: no
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 10
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Md. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE J. SMITH

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Maude Olive Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec 27, 1855

8. AGE: Years	Months	Days	If less than one day
86	11	11	hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: Funeral Director
11. Industry or business

FATHER
12. Name: Cyrus E. SMITH
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Harriet Haney
15. Birthplace: Balto. Md.

16 (a) Informant: Maude Olive Smith
(b) Address: 3807 Egerton Road

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Dec 11, 1942 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville

18 (a) Funeral director: John O. Mitchell & Son
(b) Address: 1900 EUTAW PLACE

19 (a) (Date received by Registrar) (b)

DEC 30 1942

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8, 1942, 19, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2 F 1936 to Dec 8 1942 and that I last saw h[illegible] alive on Dec 7 1942

Immediate cause of death: Carcinoma of the Breast — Duration: 3 yrs.
Due to:
Due to:
Other Conditions: Chronic Cystitis — arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Wesley Edel M. D.
Address 3403 Garrison Boulevard Signed

J. WESLEY EDEL

F 98460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 C F 98460 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 53rd & Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County
(c) City or town Tampa (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 E. Hanahasha ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME ARTHUR STEPHEN HICKEY

3 (b) If veteran, name war

3 (c) Social Security Account No. 559-01-3313

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	divorced

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 39 | Months ~~Unknown~~ | Days | If less than one day hr. min.

9. Birthplace Florida (Town, county, and state)

10. Usual Occupation Fire Usual caniger

11. Industry or business

FATHER
12. Name Mr. John B. Hickey
13. Birthplace Florida

MOTHER
14. Maiden Name Maggie Morton
15. Birthplace Ireland

16 (a) Informant Brother -
(b) Address Unknown

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 10 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Tampa Fla

18 (a) Funeral director Phillips Memorial Funeral Home
(b) Address 2024 Orleans St

19 (a) DEC 10 1942 (b) (Date rec'd by registrar) Registrar

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1942, at 5:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 26 1942, to Dec 9 1942, and that I last saw him alive on Dec 9 1942.

Immediate cause of death Cardio respiratory failure

Due to Rheumatic H. Disease & endocarditis & pericarditis

Due to

Other Conditions Low grade pertonitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edgar A. Hewitt Jr. M. D.
Address Union Memorial Hosp. Date signed 12-10-42

Please write LEGIBLY, with UNFADING INK. Every item of information should be given. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98461 BALTIMORE CITY HEALTH DEPARTMENT F 98461

42591 CERTIFICATE OF DEATH 108 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Turners Station
(If outside city or town limits, write RURAL and give town)
(d) Street No. 406 Avon Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Banks

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Div.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30 1902

8. AGE: Years	Months	Days	If less than one day
40	3	9	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Restaurant Keeper
11. Industry or business NARRATIVE

FATHER
12. Name Steve Nowakowski
13. Birthplace Poland

MOTHER
14. Maiden Name Ann
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11 - 42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk Md.

18 (a) Funeral director John E. Connelly
(b) Address 418 Eastern Ave. Essex, Md.

19 (a) (b) Huntingtown Registrar

DEC 10 1942

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1942 at 8:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1942 to Dec 8 1942 and that I last saw her alive on Dec 8 1942

Immediate cause of death Lobar pneumonia RUL, RML, RLL, LLL due to Type III pneumococcus — Duration: 4 days

Due to

Due to

Other Conditions Fatty liver

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Pneumonia, fatty liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard E.C. Hamilton M.D.
Address Johns Hopkins Hosp. Date signed 12/11/42

F 98462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98462
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 116 S. Carey Street
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 S. Carey Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Benjamin Bradenhoff 218-05-4605

3 (b) If veteran, name war — 3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida B. Bradenkopf
6 (c) If alive, give age? years

7. Birth date of deceased (mo., day, yr.) Jan 23 1878

8. AGE: Years	Months	Days	If less than one day
64	10	16	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Steam Fitter
11. Industry or business

FATHER
12. Name John Bradenkopf
13. Birthplace Unknown

MOTHER
14. Maiden Name — Detaw
15. Birthplace Unknown

16 (a) Informant Wm G. E. Bradenkopf
(b) Address 176 S. Gilmor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12 1942 (month) (day) (year)
(c) Cemetery or crematory Western
Location City

18 (a) Funeral director Toll & B. M. Walter
(b) Address Baltr Street & Pk

19 (a) DEC 10 1942 (Date rec'd by registrar) (b) [illegible] Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-9- 1942, at 1:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquiry thereon and from the evidence obtained by said Autopsy / Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular	
Due to Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mueller M.D. Medical Examiner.
Date signed 12-10-42

VS 6

F 98463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98463 Registered No. 931

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Catonsville & Wilkens Ave
(c) Hospital or institution: So. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 119 Oakdale Avenue (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Millard Ross (Millard Collins Ross, Sr.)

3 (b) If veteran, name war: World

3 (c) Social Security Account No. 212-01-1946

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Ruth B.
6 (c) If alive, give age 5 years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1886

8. AGE: Years	Months	Days	If less than one day
56	0	10	hr. min.

9. Birthplace Maryland (Easton) (Town, county, and state)
10. Usual Occupation sales man
11. Industry or business MacLea Lumber Co.

FATHER
12. Name George W. Ross
13. Birthplace Maryland

MOTHER
14. Maiden Name Susie Collins
15. Birthplace Maryland

16 (a) Informant Mr. Millard C. Ross, Jr.
(b) Address 119 Oakdale Ave., Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 10 1942 (Date rec'd by registrar) (b) Hunting Town Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9 1942, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 9 1942 to Dec 9 1942 and that I last saw him alive on Dec 9 1942

Immediate cause of death	Duration
Bronchopneumonia	
Due to	
Due to	
Other Conditions Arteriosclerosis C-V D. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Arthur Lockerman M.D.
Address St. Agnes Hosp. Date signed 12/9/42

VS 280

F 98464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

F 98464 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5511 Elderon Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 9 1
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5511 Elderon Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES HENRY DICKINSON GIBSON

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	male	white	widower

6 (b) Name of husband or wife Hettie Selfe Gibson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1859

8. AGE: Years	Months	Days	If less than one day
83	4	27	hr. min.

9. Birthplace Castlewood, Va. (Town, county, and state)
10. Usual Occupation Farmer - Retired
11. Industry or business

FATHER
12. Name Wm. H. Gibson
13. Birthplace Russell Co., Va.

MOTHER
14. Maiden Name Elizabeth Bickley
15. Birthplace Russell Co., Va.

16 (a) Informant Mr. Paul Gibson
(b) Address Kenwood Ave., Catonsville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 10 1942 (Date rec'd by registrar) (b) Filed by registrar Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9, 1942 at 11:47 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1, 1942 to Dec 9 1942. and that I last saw h alive on Dec 9 1942

Immediate cause of death	Duration
Pneumonia	
Due to Stomach, and Gall Bladder	
Due to	
Other Conditions Hypostatic Congestion	2 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Dickey M. D.
Address Medical Arts Bldg Date signed Dec 9/42

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Spec.-7-17-36—A Co.—200 Blks.

F 98465

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 98465

CERTIFICATE OF DEATH

131 B

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1741 Montpelier St., Ward) 9-7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Malcolm

(a) RESIDENCE NO. 1741 Montpelier St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs. 84 mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William Malcom

6 DATE OF BIRTH (month, day, and year) Sept 22, ~~1858~~ 1859

7 AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min.
~~84~~	83 ~~84~~	2	17 18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Harford Co Md

(State or country)

PARENTS

10 NAME OF FATHER John Johnson

11 BIRTHPLACE OF FATHER (City or town) Md

(State or country)

12 MAIDEN NAME OF MOTHER --- LeBoire

13 BIRTHPLACE OF MOTHER (city or town) Md

(State or country)

14 Informant Mrs. R. L. Brickell

(Address) 1721 Montpelier St

15 Filed DEC 10 1942 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 9-1942 19

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1942 to Dec 9- 1942

that I last saw h~~e~~r alive on 12/9- 1942

and that death occurred, on the date stated above, at ___ m.

The CAUSE OF DEATH* was as follows:

Terminal Cause

(duration) 2 yrs. — mos. 2 ds.

CONTRIBUTORY Chronic Nephritis

(Secondary)

(duration) 1 yrs. — mos. — ds.

18 Where was disease contracted

if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) A. Kaufman M.D.

. 19 (Address) 340 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	Date of Burial
Greenmount Cem. Perryman Md.	12/12 1942
20 UNDERTAKER	ADDRESS
Henry Tarring & Sons,	Aberdeen Md

(over)

Use typewriter or pen and ink; if by pencil, must be plainly written. Please print. Answer each question. If none, or not known, so state. Be very important. See instructions on back of certificate.

F 98466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 98466 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3 S Chester St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3 S Chester St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GEORGE KOLB.

3 (b) If veteran, name war No.

3 (c) Social Security Account No. 212-07-7434

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	White	Married

6 (b) Name of husband or wife Annie Kolb
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 1880

8. AGE: Years	Months	Days	If less than one day
62.	5	6.4	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business

FATHER
12. Name GEORGE. KOLB. SR.
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Annie Kolb
(b) Address 3 S Chester St.

17 (a) Burial. (b) Date thereof Dec 11 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North ave. extd.

18 (a) Funeral director Wendell J DIPPEL
(b) Address 312 S. Highland ave

DEC 10 1942
(Date) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 8 - 1942 at 9A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1942 to Dec 8 1942 and that I last saw him alive on Dec 7 1942

Immediate cause of death Chr. Myocarditis

	Duration
	2
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. G. Dawson M. D.
Address 3218 Eastern Ave Date signed 12-7-42

VS 3

F 98467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 98467 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Park Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6000 Park Heights Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY SCHENTHAL.

3 (b) If veteran, name war ------

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of ~~husband or~~ wife Bertha S. Schenthal
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1857

8. AGE: Years 85 | Months 4 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired.

11. Industry or business

FATHER
12. Name Hirsh Schenthal,
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Amelia Goldsmith,
15. Birthplace Germany.

16 (a) Informant Mr. Nathan Schenthal,
(b) Address 6000 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/42. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director Harris Levin & Son
(b) Address 1902 Eutaw Place Philadelphia, Pa.

19 (a) Filed (Registrar) DEC 10 1942 (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9th. 1942, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12th 1942 to Dec 9th 1942, and that I last saw h~~im~~ alive on Dec. 9 1942.

Immediate cause of death	Duration
Arteriosclerosis Cardio-Vascular Disease	2 yrs.
Due to Senility	6 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation ~

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Michael A. Abrams M.D.

Address 2360 Eutaw Place. Date signed 12/10/42

Correct age is essential; if not definitely known, the best possible estimate should be given. Fourth and fifth columns should be used for deaths under one year of age. Physician will fill out items 20 to 23 inclusive.

F 98468

BALTIMORE CITY HEALTH DEPARTMENT F 98468

Registered No.

CERTIFICATE OF DEATH 46M

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2404 Allendale Road.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2404 Allendale Road. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME JACOB H. MAYERBERG.

3 (b) If veteran, name war ------

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9th. 1888

8. AGE: Years	Months	Days	If less than one day
54	4	1	hr. min.

9. Birthplace Statesville, N.C. (Town, county, and state)

10. Usual Occupation Optometrist.

11. Industry or business

FATHER
12. Name Julius Mayerberg.
13. Birthplace Germany.

MOTHER
14. Maiden Name Rachel Israel.
15. Birthplace Unknown.

16 (a) Informant Miss. Rae Mayerberg.
(b) Address 2404 Allendale Road.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12/11/42. (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln
Location Bladensburg, Md.

18 (a) Funeral director Claude Sonnheim & Son
(b) Address 1902 Eutaw Place.

19 (a) DEC 10 1942 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10th. 1942, at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1 1942 to Dec 10 1942, and that I last saw him alive on Dec 9 1942

Immediate cause of death Malignancy of Abdominal Viscera — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel H. Lalor M.D.

Address 5611 Old Pimlico Rd. Date signed 12/10/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 98469
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Block E Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 136 Jackson Pl.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEVIN, LEAH

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	W

6 (b) Name of husband or wife Samuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Simon Eddavitch
13. Birthplace Russia

MOTHER
14. Maiden Name Bessie
15. Birthplace Russia

16 (a) Informant Mrs. Ida Goldberg
(b) Address 3929 Bonner Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 11/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herzing Rest
Location Bonnie Lane

18 (a) Funeral director Sol Levinsky & Bros.
(b) Address 1124-26 W. North ave

19 (a) Filed by registrar DEC 10 1942 (b) Registrar Huntington Williams MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/10 19 42, at 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/23 19 42, to 12/10 19 42 and that I last saw h ER alive on 12/10 19 42.

Immediate cause of death	Duration
Cerebral Embolism	
Due to Arteriosclerotic Hypp. Cardiovascular disease	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Saul J. Farber M. D.
Address Sinai Hosp. Date signed 12/10

F 98470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98470

Registered No. 123

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 Colerine Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Gertrude French

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-09-0467

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/22/1889 (1889?)

8. AGE: Years 53 | Months 5 | Days 18 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Secretary

11. Industry or business

FATHER 12. Name John E. French

13. Birthplace Md.

MOTHER 14. Maiden Name Mary A. Offutt

15. Birthplace Md.

16 (a) Informant Next of Kin

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-42 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Balto. Md.

18 (a) Funeral director Geo. A. Farley

(b) Address Fulton & Fayette

19 (a) (Date received by Registrar) (b) Registrar

DEC 10 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-10 1942, at 4:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-11-42 19 to 12-10 1942, and that I last saw h.e.r. alive on 12-7 1942.

Immediate cause of death: Peritonitis — Duration 1 Month

Due to: Ruptured Diverticulitis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 11-15-42

Major findings of operations: Peritonitis

of autopsy: Peritonitis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. MacCarthy M. D.

Address Bon Secours Hosp. Date signed 12-10-42

(0049)

Correctness is especially important. Physicians: please write the causes of death clearly and legibly.

F 98471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 98471 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital 2d
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 N. Bentalou St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME PETER WYNNE

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Sing'l

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Baltimore (Town, County, and State)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Peter Wynne
13. Birthplace Ireland

MOTHER
14. Maiden Name Anne Clarke
15. Birthplace Ireland

16 (a) Informant Mrs John Wynne
(b) Address 9 N Bentalou

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director Geo E Talley
(b) Address Fulton & Fayette

19 DEC 10 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1942; at 7a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary arteriosclerosis	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeier M.D. Asst Medical Examiner.
Date signed 12-5-42

VS 6

98472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106 B

F 98472
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1203 Stl Paul Street
(c) Hospital or institution: 11
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1203 St. Paul Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS C. CRAFT

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Carolyn E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 18, 1872

8. AGE: Years	Months	Days	If less than one day
69	11	21	hr. min.

9. Birthplace Washington, D. C. (Town, county, and state)
10. Usual Occupation Insurance Agent
11. Industry or business Retired

FATHER
12. Name Thomas C. Craft
13. Birthplace N.C.

MOTHER
14. Maiden Name Lucy
15. Birthplace N. C.

16 (a) Informant Mrs. Carolyn Craft
(b) Address 1203 St. Paul Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11, 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Baltimore, Maryland

18 (a) Funeral director William Cook, Inc. Hillen Cook Inc
(b) Address 1217 St. Paul Street

19 (a) Huntington Williams
(Date received by Registrar) DEC 11 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9, 1942 19 , at 7:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1936 to Dec 9 1942, and that I last saw him alive on Dec 7. 1942.

	Duration
Immediate cause of death Acute Cardiac dilitation	1 hr
Due to Emphysema	6 yrs.
Due to Chronic diffuse bronchitis	15 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry D. McCarty
Address 31 W Preston St Date signed 12/9/42 M D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

98473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98473
Registered No.

AB-78415

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 68 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1139 Hartford Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Mitchel or Michael

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife: Minnie (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29-1858

8. AGE: Years	Months	Days	If less than one day
84	10	11	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business

FATHER
12. Name Edward Mitchel or Michael (D)
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Taylor (D)
15. Birthplace Va.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 12/13/42 (month) (day) (year)
(c) Cemetery Oak Lawn
Location Balto Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 DEC 11 1942 (Date received by local registrar) Hunting to Williams M.D. (Signature of local registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-10 1942, at 12 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-5 1942 to 12-10 1942, and that I last saw him alive on 12-10 1942

	Duration
Immediate cause of death: Pneumonia	2 wks.
Due to: Hypertensive C.V. Disease	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balt. City Hosp. Date signed 12-10-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

98474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

F 98474 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1450 Light Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Shewbridge

3 (b) If veteran, name war: n

3 (c) Social Security Account No. 217-09-5609

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nat Quinn

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) 9/10/1905

8. AGE: Years: 37 | Months: 3 | Days: 0 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Paper Cutter

11. Industry or business Bemis Bro. Bag Co.

FATHER
12. Name P. W. Shewbridge
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna Kearns
15. Birthplace Maryland

16 (a) Informant Decedent.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/42
(month) (day) (year)

(c) Cemetery Cedar Hill
Location Balto. Co. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St Paul St

DEC 11 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1942, at 8:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1942, to Dec 10 1942 and that I last saw him alive on Dec 10 1942

Immediate cause of death Intestinal Hemorrhage — Duration 12 Hrs

Due to Walled off Perforated Gastric ulcer — Duration Unknown

Due to Walled off pancreas pancreatic abscess.

Other Conditions Pulmonary edema

(Include pregnancy within 3 months of death)

Date of operation 12/2/42 & 12/20/42

Major findings of operation: ① Ruptured left kidney - ② None

of autopsy: The above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul A. Mangano, M. D.

Address 213 Light Street Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

98475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98475 Registered No. 1579

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5½ mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Ferndale (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Jeanette N. Thomas (Birth F 60276)

3 (b) If veteran, name war: N

3 (c) Social Security Account No. none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17- 1942

8. AGE: ~~Years~~ 0 | Months 7wks 1 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation infant

11. Industry or business

FATHER
12. Name William H. Thomas
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Ruth White
15. Birthplace Baltimore, Maryland

16 (a) Informant Records of Mercy Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director Wilson Cook Inc
(b) Address 1217 St. Paul St.

19 (a) DEC 11 1942 (Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10 1942 at 6 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1942 to Dec 10 1942 and that I last saw her alive on Dec 10 1942

Immediate cause of death: Respiratory failure — Duration

Due to: Prematurity

Due to:

Other Conditions: anal atresia

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Griffin Hedrick M.D.
Address Mercy Hospital Baltimore, Maryland Date signed 12/9/42

VS 250

I certify, with one reading only, that the information given above is correct and complete to the best of my knowledge and belief. Physicians: please write the causes of death clearly and legibly. Any person who knowingly makes a false statement on this certificate is guilty of a misdemeanor punishable by a fine of not more than $500 or by imprisonment for not more than one year, or both. Please answer all questions as correctly and completely as possible. Omission of information or incorrect age is especially important.

F 98476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1600

Registered No. F 98476

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2219 Arden Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Robert Goodrich Kahl (Birth F 64150)

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Infant

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 6, 1942

8. AGE: Years	Months	Days	If less than one day
		2	hr. ..... min.

9. Birthplace Baltimore Balto Co. Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name William Kahl
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Elizabeth Bailey
15. Birthplace Baltimore Md

16 (a) Informant Elizabeth Kahl
(b) Address 2219 Arden Rd, Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/11/42 (month) (day) (year)
(c) Cemetery Druid Ridge
Location Pikesville Md

18 (a) Funeral director Wilkes Cook Inc
(b) Address 127 St. Paul St

19 (a) [illegible] Huntington Williams, M.D. Registrar

DEC 11 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1942, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 1942 to Dec 8 1942 and that I last saw [illegible] alive on Dec 8 1942

Immediate cause of death: Intracranial hemorrhage — Duration: 2 days
Due to Birth Injury — 2 days
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature George L. Lam M.D.
Address University Hosp. Date signed 12/8/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98477 78206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

140 B

Registered No. F 98477

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 26-B
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3734 E. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florence Armstrong

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
NO	[illegible]	F	W	Married

6 (b) Name of husband or wife Charles Armstrong
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1911

8. AGE: Years	Months	Days	If less than one day
31	5	8	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Willard Reed
13. Birthplace Md.

MOTHER
14. Maiden Name Linda Lewis
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/10/42 (month) (day) (year)
(c) Cemetery or crematory North East
Location " " Md.

18 (a) Funeral director Wm. Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) [illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-9 1942 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-25 1942 to 12-9 1942 and that I last saw her alive on 12-9 1942

Immediate cause of death generalized peritonitis — Duration 1 hour?

Due to Infected incomplete abortion, Spontaneous (?)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Steadley M.D.
Address [illegible] Date signed 12-9-42

Howard J. Steadley M.D.

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

98478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1860

Registered No. E 98478

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital 10 2 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1026 Brentwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY AGNES REED

3 (b) If veteran, name war	3 (c) Social Security Account No.
N	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21st 1849

8. AGE: Years	Months	Days	If less than one day
93	7	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation an old age Pensioner
11. Industry or business

FATHER
12. Name Lewis Reed
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Jane McGrath
15. Birthplace Baltimore Md

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave Baltimore Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Location Woodlawn, Md

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 (a) [illegible] Washington Williams M.D. (Date rec'd by Local Reg.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1942 at 1 a.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease	
Due to Fracture of neck of left femur	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Operation no
Major findings of operation:
Was autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov. 25, 1942 at 1 P.M.
(c) Where did injury occur? at home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? (Specify type of place)
(e) Means of injury Slipped on rug & fell

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed Dec 9, 1942

VS 6

F. 98479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 98479 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 16
(d) Length of stay in hospital or insti (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 728 Poplar Grove St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Angela J Giordano

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-25-35

8. AGE: Years	Months	Days	If less than one day
7	3	13	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Student.

11. Industry or business

FATHER 12. Name Salvatore Giordano
13. Birthplace Italy

MOTHER 14. Maiden Name Josephine Juluzza
15. Birthplace Baltimore Md

16 (a) Informant ~~Mercy Hospital~~ Giordano
(b) Address 728 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 12, 1942 (month) (day) (year)
(c) Cemetery or crematory Mem. Cathedral Cem.
Location Old Frederick Road

18 (a) Funeral director Joseph Fanaro Inc.
(b) Address 2 E. Fayette St

19 (a) DEC 11 1942 (Date rec'd by registrar) (b) Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 1942 at 6 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/2 1942 to 12/8 1942 and that I last saw her alive on 12/1 1942

Immediate cause of death	Duration
Respiratory failure	1 day
Due to Pneumonia.	
Due to Sickle Cell Anemia	life
Other Conditions. (No)	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Patrick C. Phelan Jr. M.D.
Address Mercy Hospital Date signed 12/9/42

VS 250

Correct age is especially important — if unknown, please write the causes of death clearly and legibly.

F 98480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

F 98480 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1032 W Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Grennell

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-05-3651

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1882

8. AGE: Years 60 | Months 11 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business Grocery

FATHER 12. Name Samuel Grennell

13. Birthplace St Marys Co Md

MOTHER 14. Maiden Name Hannah Dorsey

15. Birthplace St Marys Co

16 (a) Informant Mary Hughes

(b) Address 1630 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-42 (month) (day) (year)

(c) Cemetery or crematory Arlington Mem Park

Location Balto Co Md

18 (a) Funeral director Mrs Frances A Hegneley

(b) Address 518 W Biddle St

19 (a) DEC 11 1942 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1942 at 3.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/16/ 1942 to 12/9/ 1942 and that I last saw h[illegible] alive on 12/9/ 1942

Immediate cause of death Cancer of Stomach — Duration —

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W P Howard M. D.

Address Provident Hospital Date signed 12/9/42

VS 8

F 98481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98481 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 904 E. Biddle Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 E. Biddle Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas J. Newell

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Catherine C. Elmes Newell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9 1868

8. AGE: Years	Months	Days	If less than one day
74	9	9	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Retired Caulker Water Dept

11. Industry or business Baltimore City

FATHER
12. Name Michael Newell
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna Burke
15. Birthplace Ireland

16 (a) Informant Mr. James J. Newell
(b) Address 445 Hillsdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12/42 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Cemetery
Location Homeland Ave. Govanstown

18 (a) Funeral director Elmes W. Conkling & Son
(b) Address 2248 Eutaw st. Balto. Md.

19 (a) DEC 11 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-9- 1942, at 2:40 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy + Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy + Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Arteriosclerotic Cardio-Vascular Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mallonee Medical Examiner. M.D.

Date signed 12-10-42

F 9848[illegible] F 9848[illegible]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1513 Montpelier St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 Montpelier St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Sadie Alice Matthews

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife John Thomas Matthews 6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1883

8. AGE: Years	Months	Days	If less than one day
59	10	19	— hr. — min.

9. Birthplace Baltimore Co., Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John Southgate Simicx
13. Birthplace Virginia

MOTHER
14. Maiden Name Josephine Wright
15. Birthplace Virginia

16 (a) Informant ~~Mrs. Sadie Matthews~~ Mr. Francis J. Straughner
(b) Address 1513 Montpelier St., Balto, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11, 1942 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Cem.
Location Hampden, Baltimore, Md.

18 (a) Funeral director John Burns Sons
(b) Address Towson, Maryland

19 (a) DEC 11 1942 (Registrar's Office Stamp) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9, 1942, at 12:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 19 to 12/9 1942 and that I last saw h[illegible] alive on 12/9/42 19

Immediate cause of death

Cerebral Hemorrhage — Duration 3 days

Due to Hypertension — Duration 5 yrs.

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

Sig. Signature [illegible] M. D.

Address 4309 Gross Dr. Date signed 12/9/42

correct age is asked by insurance companies, please give it correctly. Any error in this regard may cause you much trouble and annoyance in collecting insurance policies. Please be careful.

VS 8

NPR 78454 F 98483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (937)

F 98483 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 721 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Daton Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/26/1869 (5-26-69)

8. AGE: Years	Months	Days	If less than one day
73	6	13	hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Aflager Harris
13. Birthplace ?

MOTHER 14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-42 (month) (day) (year)
(c) Cemetery or crematory St Mathews
Location Baltimore Md.

18 (a) Funeral director Frank W Seitz
(b) Address 811 N Eutaw St

19 (a) DEC 11 1942 (Date received by Registrar) (b) Registrar

VS 184

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-9 1942 at 2 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-7 1942 to 12-9 1942 and that I last saw him alive on 12-9 1942

Immediate cause of death	Duration
Hyperpyrexia Cardio-vascular disease	chronic
Due to Arteriosclerotic cardio vascular disease	chronic
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geoffrey T. Deer. M. D.
Address Balt. City Hosp. Date signed 12-10-42

HEALTH DEPARTMENT—CITY OF BALTIMORE

218-10-0762

CERTIFICATE OF DEATH

13B F 98484

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 Division St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George Green

If U. S. Veteran specify WAR

(a) Residence: No. 1426 Division St., 17 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): 1909

7. AGE: Years 33; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Abbeyton South Carolina

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Green

(Address) 1102 Laiden ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Charleston S.C. Date 12-13-42

19. UNDERTAKER: Adolphus Halstead

(Address) 918 Druid Hill ave.

20. FILED DEC 11 1942 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 7, 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1942 to Nov 24, 1942

I last saw h— alive on Nov 24, 1942 Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	History Indefinite

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) R. Garland Schmidt M. D.

(Address) 1534 Druid Hill Ave

V8 2

F 98485

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 98485
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1441 N. Pennsh
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Gaskins

3 (b) If veteran, name war: not

3 (c) Social Security Account No.

4. Sex: m

5. Color or race: IV

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Rosie Gaskins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878 - 2-14-

8. AGE: Years 64 | Months 3 | Days 22 | If less than one day hr. min.

9. Birthplace Carroll Co Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Franklin Gaskins
13. Birthplace —

MOTHER
14. Maiden Name Mirilla Robinson
15. Birthplace —

16 (a) Informant Mary Gaskins
(b) Address 1223 W Lanvale St

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-13-42 (month) (day) (year)
(c) Cemetery or crematory Western Star
Location Catonsville Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) DEC 11 (Date rec'd by Registrar) (b) 1942 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 8 1942, at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-7 1942, to 12-8 1942 and that I last saw h alive on 12/8/ 1942

Immediate cause of death: Hypertensive Cardio Vascular Disease

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. T. Howell M. D.
Address Provident Hospital Date signed 12/9/42

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly

F 98486

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98486 Registered No. 1934

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, or "Unknown" applied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12-W-25th. Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City of Baltimore
(c) City or town City of Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12-W-25th St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Clarence M. Ellinger

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Theodora H. Ellinger

6 (c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): Feb-10-1855

8. AGE: Years 87 | Months 9 | Days 29 | If less than one day: hr. min.

9. Birthplace: Baltimore-Maryland (Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business: Contractor & Lumberman

FATHER
12. Name: Samuel Ellinger
13. Birthplace: Germany

MOTHER
14. Maiden Name: Esther Wolfe
15. Birthplace: Germany

16 (a) Informant: Mrs. Theodora H. Ellinger (wife)
(b) Address: 12-W-25th. Street, City.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec-11-1942 (month) (day) (year)
(c) Cemetery or crematory: Greenmount
Location: Greenmount & Oliver Street

18 (a) Funeral director: Stewart & Mowen Company
(b) Address: 108-W-North Ave, City.

19 (a) DEC 11 1942 (Date rec'd by registrar)

Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1942, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1942, to Dec 9 1942, and that I last saw him alive on Dec 9 1942

Immediate cause of death: Acidosis of Emphysema Pulmonale & Bronchitis — Duration: 2

Due to: Arteriosclerosis — Duration: 5

Due to: — Duration: 5 years

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature J. Frederick Lentz M. D.
Address Temple Garden Pl Date signed 12-10-42

F 98487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

F 98487 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2141 E. Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-3
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2141 E. Fairmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME TILLIE SIEGEL

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	WIDOW

6 (b) Name of husband or wife HARRY
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business

FATHER
12. Name Mortun Hutschnader
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Jacob Siegel
(b) Address 2612 Auchentroly Terrace

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory ANSHE SPHARD
Location MT. CARMEL Balto

18 (a) Funeral director JACK LEWIS INC.
(b) Address 1439 E. BALTIMORE ST

19 (a) (b) Huntington Pallisades, Md.
Registrar

DEC 11 1942

VS 248

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-11-42 19 at 4:20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to Dec 10 1942 and that I last saw alive on Dec 10 1942.

Immediate cause of death Jaundice Cirrhosis Liver / Chronic Myocarditis — Duration 3 yrs / 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene L. Solomon M.D.
Address 129 S. Bway Date signed 12/19/42
M. D.

F 98488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 D

Registered No. F 98488

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2828 Herkimer St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2828 Herkimer St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM J. MICHAEL

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-09-9971

4. Sex: MALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: MARY P. MICHAEL

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) JULY. 18 - 1905

8. AGE: Years 37 | Months 4 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace BALTIMORE MD (Town, county, and state)

10. Usual Occupation MECHANIC.

11. Industry or business NAVY. YARD. WASH DC.

FATHER 12. Name WILLIAM J MICHAEL

13. Birthplace BALTO. MD.

MOTHER 14. Maiden Name MARTHA FUCHS

15. Birthplace BALTO MD

16 (a) Informant MARY. P. MICHAEL

(b) Address 2828 HERKIMER

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 12. 42 (month) (day) (year)

(c) Cemetery or crematory ST PAULS CEM.

Location VIOLETSVILLE MD

18 (a) Funeral director MRS Chas G Y Rohde

(b) Address 2327 Edmondson Ave

19 (a) DEC 11 1942 (Date received by registrar) (b) Washington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 9 1942 at 4.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 1940 to DEC 9 1942 and that I last saw h[illegible] alive on DEC 9 1942.

Immediate cause of death: ADENOCARCINOMA OF STOMACH WITH METASTASES TO LIVER — Duration: CANCER

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation OCT 1942

Major findings of operation: SAME AS ABOVE

of autopsy: NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edward J Nolan M.D

Address 680 W Lanvale St Date signed DEC 11 42

F 98489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 462

F 98489 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4006 Parkwood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4006 Parkwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME KATHERINE KENYON BURDICK

3 (b) If veteran, name war	3 (c) Social Security Account No.
World war	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Alfred A. Burdick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1871

8. AGE: Years	Months	Days	If less than one day
71 70	5	20	hr. min.

9. Birthplace Delaware Co. N.Y. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

MOTHER / FATHER
12. Name Johnson W. Kinyon
13. Birthplace New York
14. Maiden Name Celia Acker
15. Birthplace New York

16 (a) Informant Dr. Alfred A. Burdick
(b) Address 4006 Parkwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville, Md.

18 (a) Funeral director Sollod Funeral Home
(b) Address 2008 Orleans St.

19 DEC 11 1942 (Date rec'd by registrar) (b) Huntington, W. Va. Registrar

VS 8

MEDICAL CERTIFICATION P

20. DATE OF DEATH December 9, 1942, at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/4 1942 to 12/9 1942 and that I last saw him alive on 12/9 1942.

Immediate cause of death: Cerebral Embolism — Duration 5 hrs

Due to

Due to

Other Conditions: Hypertension and Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Alfred A. Burdick
Address 3375 E. Baltimore Date signed 12/8/42

F 98490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

32B

F 98190 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4020 Wilsby Avenue
(c) Hospital or institution: 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4020 Wilsby Avenue (If rural give location)
(e) Citizen of foreign country? -------- (Yes or No)
If yes, name country --------

3 (a) FULL NAME Mary Jane O'Donnell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John M. O'Donnell
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1863

8. AGE: Years	Months	Days	If less than one day
79	10	14	--- hr. --- min.

9. Birthplace Pikesville, Maryland (Town, county, and state)
10. Usual Occupation --------
11. Industry or business --------

FATHER
12. Name Richard C. Chambers
13. Birthplace England

MOTHER
14. Maiden Name Katherine Gaul
15. Birthplace Ireland

16 (a) Informant Charles R. O'Donnell
(b) Address 4020 Wilsby Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) Date rec'd by registrar DEC 14 1942 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10, 1942, at 4.10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26, 1942, to Dec. 8, 1942, and that I last saw her alive on Dec. 8, 1942;

Immediate cause of death	Duration
Coronary Thrombosis.	
Due to Myocarditis.	4 yrs.
Due to Influenza.	14 days
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh Forsythe M. D.
Address 424 E. Hoffman Ave. Date signed 12-10-'42

F 98491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98491 Registered No. 119a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Apply the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Olivier & Caroline Streets
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 Stiles Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thaddeus Miller Jr (Birth F 61841)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-5-42

8. AGE: Years	Months	Days	If less than one day
	1	855	hr. min.

9. Birthplace Baltimore Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thaddeus Miller
13. Birthplace Baltimore md

MOTHER
14. Maiden Name Lucy Marini
15. Birthplace Baltimore md

16 (a) Informant Thaddeus Miller
(b) Address 917 Stiles st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Balto. Md

18 (a) Funeral director George A. Weber
(b) Address 705 So. Arlington Street Huntington, West Virginia

19 (a) [illegible] (Date received by local registrar) DEC 11 1942 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10, 1942 at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 22nd, 1942, to Dec. 10, 1942, and that I last saw him alive on Dec. 9th, 1942.

Immediate cause of death	Duration
Respiratory failure.	
Due to Pneumonia	
Due to acute dehydration	
Other Conditions malnutrition	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Dillinger M. D.
Address St. Joseph's Hospital Date signed Dec. 10th, 1942.

F 98492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98492 Registered No. 13 a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 428 E. 22nd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 428 E. 22nd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HELEN L. PERRY

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: E. Claud Perry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov. 25, 1872

8. AGE: Years: 70 | Months: 0 | Days: 14 | If less than one day: hr. min.

9. Birthplace: Balto., Md. (Town, county, and state)
10. Usual Occupation: housewife
11. Industry or business:

FATHER
12. Name: John Kelly
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Margaret Mahoney
15. Birthplace: Va.

16 (a) Informant: Mrs. Helen Price, Daughter
(b) Address: Box 2, Aberdeen, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/42 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) DEC 11 1942 (Date received) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9, 1942 at 4:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4 1942 to Dec. 9 1942 and that I last saw her alive on Dec. 9 1942.

Immediate cause of death: Uremia — Duration: 5 days
Due to: Hypertension, Arteriosclerosis
Due to: Chronic Nephritis
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Earl J. Brown, M.D.
Address: 5111 York Rd. Date signed: Dec. 10, 1942

VS 180

F 98493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98493 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2831 Northern Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2831 Northern Pkwy. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES HENRY BUNTING

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife: Dora E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1867

8. AGE: Years	Months	Days	If less than one day
75	7	13	hr. min.

9. Birthplace Palmyra, N. Y. (Town, county, and state)
10. Usual Occupation machinist (retired)
11. Industry or business Baltimore City.

FATHER
12. Name George Bunting
13. Birthplace England

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Dora E. Bunting
(b) Address 2831 Northern Parkway

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/12/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 11 1942 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9, 1942 at 10:15PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec — 1939 to 12-9-1942 and that I last saw h. alive on 12-9 1942

Immediate cause of death — Duration

Cardiac Failure — 7 hrs
Due to Cardiac Renal Disease
Due to
Other Conditions Hypertensive Heart Disease
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Dorsey M.D. M. D.
Address 3136 Kanford Rd Date signed 12-11-42

Huntington Avenue

F 98494 J

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 94a

F 98494 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore + Guilford
(c) Hospital or institution:
Hearst Tower Building
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State NJ (b) County
(c) City or town Ridgewood
(If outside city or town limits, write RURAL and give town)
(d) Street No. 337 E Ridgewood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RICHARD F. (MYERS) MEYER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex m

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Sarah Ellen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889 1889 (1869)

8. AGE: Years 53 | Months | Days | If less than one day hr. min.

9. Birthplace Paterson N J
(Town, county, and state)

10. Usual Occupation Advisor to Quartermaster

11. Industry or business General

12. Name

13. Birthplace

14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) removal (b) Date thereof 12-11-42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cedar Lawn Cems.
Location Paterson, N. Jersey.

18 (a) Funeral director Wm. J. Tricken & Son

(b) Address Franklin & Penna. Ave

19 (a) DEC 11 1942 (b) Huntington Williams, M
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1942 at 3 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions No — Duration

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Z. Wohlenmeyer M.D.
Medical Examiner.
Date signed 12-11-42

VS 6

F 98495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 98495 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 900 N. Fulton ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 900 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) FULL NAME Wilhelmina A. Crooks.
(b) If veteran, name war
(c) Social Security Account No.

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Single
(b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4 - 1849

8. AGE: Years 93. Months 2- Days 8-6 If less than one day hr. min.

9. Birthplace Randallstown Md. (Town, county, and state)
10. Usual Occupation Home-Duties
11. Industry or business

PARENTS

12. Name John Crooks.
13. Birthplace Baltimore Md.
14. Maiden Name Charlotte R. Timmis
15. Birthplace Randallstown Md.

16 (a) Informant Miss Bertha Shultz
(b) Address 900 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 12 - 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Balto Md

18 (a) Funeral director Mamie Cook Syfer
(b) Address 1609 N. North Ave.

19 (a) DEC 11 1942 (Date rec'd by registrar)
Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10 1942 at 7.20 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4 1942 to Dec 10 1942 and that I last saw her alive on Dec 8 1942

Immediate cause of death
Hypostatic Congestion. (Pneumonia).
Due to General Arterio Sclerosis
Due to Old age
Other Conditions
(Include pregnancy within 3 months of death)

Duration
5 days
many years

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Kerron Jun.
Address 1935 Reisterstown Ave Date signed 12/11/42

JL - 71580

F 98496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98496

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland 4940 Eastern Ave.

(b) Street address

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo- 6 da.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 917 N. Caroline St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Bradford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1920

8. AGE: Years	Months	Days	If less than one day
22	2	11	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Stock Clerk

11. Industry or business Unemployed

FATHER

12. Name John

13. Birthplace Md.

MOTHER

14. Maiden Name Nettie Perry

15. Birthplace Md.

16 (a) Informant Bo. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 13-1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery

Location Balto Co. Md.

18 (a) Funeral director Robert E. Williams

(b) Address 15-15 Mc Elderry St.

19 (a) DEC 11 1942 (b) Huntington W. Cowan M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-9 1942, at 12 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2 1942, to 12-8 1942, and that I last saw him alive on 12-8 1942

Immediate cause of death: Tbc. hip - right / Tbc. tibia - right — Duration 10 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation

of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Henry Haas M. D.

Address Balto City Hosp. Date signed 12-8-42

correct age is especially important. If uncertain, please write the words "about" or "estimated" before the age given.

F 98497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98497 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ind. (b) County Baltimore
(c) City or town Rural - Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. 7520 Philadelphia Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nena Mae Burchfield

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14-41

8. AGE: Years	Months	Days	If less than one day
1	6 18	26	hr. min.

9. Birthplace Georgia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Fred. Burchfield
13. Birthplace Ga.

MOTHER
14. Maiden Name Christina Dilton
15. Birthplace Ga.

16 (a) Informant Parents
(b) Address 7520 Old Phila. Rd.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 11-42 (month) (day) (year)
(c) Cemetery or crematory Dalton
Location Georgia

18 (a) Funeral director John F. Connelly
(b) Address 418 Eastern Ave. Essex

19 (a) DEC 11 1942 Huntington Williams, M.D.
(b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10 1942 at 6.35 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death — Duration

Upper Respiratory Infection

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Mulders M.D. Medical Examiner.
Date signed 12-10-42

F 98498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1723 Bentalou St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1723 Bentalou St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jessie J. Gorsuch

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	married

6 (b) Name of husband or wife Howard E. Gorsuch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3, 1890

8. AGE: Years	Months	Days	If less than one day
52	3	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER 12. Name John Glenn
13. Birthplace Baltimore

MOTHER 14. Maiden Name Ruth Bark
15. Birthplace Baltimore

16 (a) Informant Howard E. Gorsuch
(b) Address 1723 Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 12 42 (month) (day) (year)
(c) Cemetery or crematory Mt Pleasant
Location Carroll Co. Md.

18 (a) Funeral director Albert W. Bereday
(b) Address 440 E. north ave

19 (a) Dec 11 1942 (Date received by Registrar) (b) Huntington Hillman, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1942 at 2 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1942 to Dec 9 1942 and that I last saw him alive on Dec 8 1942

Immediate cause of death	Duration
Myocardial infarction	4 wks
Due to	
Due to Hypertension Coronary disease	5 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address 3947 Chantilly Rd Date signed Dec 11 42

correct age is especially important. If uncertain, please write the words "about" or "reported" before age.

F 98499

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98499 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2
(c) Hospital or institution: Maryland Maryland, Fairfield
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Berwick (If outside city or town limits, write RURAL and give town)
(d) Street No. 349 Washington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EDWARD R VIDOVICH

3 (b) If veteran, name war —

3 (c) Social Security Account No. ? 169-18-4595

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Charlotte M.

6 (c) If alive, give age 18 years

7. Birth date of deceased (mo., day, yr.) Dec 9-1921

8. AGE: Years 21 | Months 0 | Days 1 | If less than one day hr. min.

9. Birthplace Berwick Pa (Town, county, and state)

10. Usual Occupation Second Class Seaman

11. Industry or business U.S. Coast Guard

FATHER 12. Name Joseph Vidovich

13. Birthplace Europe

MOTHER 14. Maiden Name Justina —

15. Birthplace Europe

16 (a) Informant Charlotte M. Vidovich

(b) Address Berwick Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 11-1942 (month) (day) (year)

(c) Cemetery or crematory BERWICK Location PENNA

18 (a) Funeral director Ralph C. B. M. Wallace

(b) Address Pratt & Eutaw Sts

19 (a) 12-4-1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1942 at 3 15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said I. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 276

(a) Accident, suicide, or homicide accident

(b) Date of occurrence Dec 10, 1942 at 2 a.m.

(c) Where did injury occur? Hartman, Harford Md. Maryland (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? industrial While at work? Yes (Specify type of place)

(e) Means of injury slipped on young-plank

23. Signature H. L. W. Williams M.D. Medical Examiner.

Date signed 12-11-42

VS 6

Full overboard

F 98500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 98500

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-0-D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 30 N. Eden Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Oscar Austin Tate

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1883

8. AGE: Years	Months	Days	If less than one day
59 58	11	8	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER
12. Name John Tate
13. Birthplace Va.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Lenas Johnson
(b) Address 30 N. Eden Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 12 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location

18 (a) Funeral director Mrs R. A. Elliott Undertaker
(b) Address 1129 N. Caroline St

19 (a) DEC 11 1942 Huntington Avenue (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-9- 1942 at 12.25 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy, this date and from the evidence obtained by said Autopsy, and that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Coronary Occlusion

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Masters M.D. Medical Examiner.

Date signed 12-9-42

VS 6

#42 F 98501 S30805

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 98502
Registered No.

CERTIFICATE OF DEATH 1442

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cater & W. Ave Ave
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) Ward 2nd (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4010 Massachusetts Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Ruth Elizabeth Maisel

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife George John
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) 11/3/1910

8. AGE: Years	Months	Days	If less than one day
32	1	7	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Clarence C Fids
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Connelly
15. Birthplace Baltimore Md.

16 (a) Informant Geo J Maisel
(b) Address 4010 Massachusetts Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore City

18 (a) Funeral director Graham & Mac Nabb
(b) Address Frederick Road & Edmondson Ave

19 (a) Filed DEC 11 1942 (Registrar) (b) Registered
VS 200

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10 1942, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1 1942 to 12-10 1942, and that I last saw h[illegible] alive on 12-10 1942

Immediate cause of death Eclampsia — Duration 2 days

Due to

Due to

Other Conditions Pregnancy Delivered 12/10/42
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J H Davies MD
Address 2 E Lexington Date signed 12/14/42 M. D.

F 98502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 98502 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 810 W Franklin St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Valentine

3 (b) If married, name wife No

3 (c) Social Security Account No. 215-07-9094

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ida Valentine

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) May 23, 1899

8. AGE: Years 43 | Months 7 6 | Days 7 16 | If less than one day hr. min.

9. Birthplace Richmond Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Construction

FATHER 12. Name Willie Valentine
13. Birthplace Va

MOTHER 14. Maiden Name Sheila Hayes
15. Birthplace Va

16 (a) Informant Rosa Valentine
(b) Address 810 W. Franklin St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Dec 3, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Mrs Peter R Williams
(b) Address 3221 Schroeder St

19 (a) [illegible] (b) Washington Williams

DEC 11 1942

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1942 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/6/1942 to 12/9/1942 and that I last saw h alive on 12/8/1942

Immediate cause of death Cerebral Hemiplegia — Duration 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Harriet M. D.
Address Provident Hospital Date signed

F 98503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 98503

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and accurately.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2442 Frances St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2442 Frances St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isabele Simpson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Charles Simpson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1876

8. AGE: Years 66 | Months 4 | Days 20 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Robert Pippins
13. Birthplace Va.

MOTHER
14. Maiden Name Alice Rubie
15. Birthplace Caroline Co., Md.

16 (a) Informant Dorothy Thompson
(b) Address 2442 Frances St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Gilmore St.

19 (a) DEC 11 1942 (Date signed by registrar) Washington, D.C. (b) Address

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/8/42, 19, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/6/42 to 12/8/42 and that I last saw h[illegible] alive on 12/7/42 and 12/8/42

Immediate cause of death

Duration

Due to R.T. Lobar Pneumonia 2 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold Cone M. D.
Address 1154 Harlem Ave Date signed 12/11/42

VS 3

F 98504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

F 98504 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 335 Whitridge Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Luke Hickey

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Ellen Donovan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-12-1888

8. AGE: Years	Months	Days	If less than one day
54	3	29	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Postal Clerk
11. Industry or business U.S. Government

FATHER 12. Name Luke Hickey
13. Birthplace Ireland
MOTHER 14. Maiden Name Catherine Murphy
15. Birthplace Ireland.

16 (a) Informant Mrs Mary Ellen Hickey
(b) Address 335 Whitridge Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/12/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Rd Balto Md

18 (a) Funeral director J. J. Fahey & Sons
(b) Address 1218 Light St

19 (a) (Date received by Registrar) (b) Huddington for Baltimore, Md. Registrar

VS DEC 11 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10 1942 at 11 30 am M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1940 to Dec 10 1942, and that I last saw him alive on Dec 9 1942

Immediate cause of death	Duration
Pulmonary Tuberculosis	2 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None.
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. F. A. Stevens M. D.
Address 2878 Harford Rd Date signed 12-10-42

98505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 98505

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Boulevard Olivia 6

(c) Hospital or institution: St. Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hours

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 619 N. Madeira (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mr. Albert Neubert.

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed or divorced: married or Divorced

6 (b) Name of husband or wife: Nellie Neubert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22 1888

8. AGE: Years 54 (?) Months Days 16 If less than one day hr. min.

9. Birthplace Md. (town, county, and state)

10. Usual Occupation Salesman Restaurant

11. Industry or business Self

FATHER 12. Name John Neubert

13. Birthplace Md.

MOTHER 14. Maiden Name Sophia Gardner

15. Birthplace Md.

16 (a) Informant Catherine Riley

(b) Address 519 N. Patterson Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Bur. Holy Redeemer

18 (a) Funeral director J. A. Snyder

(b) Address 3000 E. Baltimore St.

19 (a) Dec 11 1942 (Date received by Registrar) (b) Huntington, West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 1942, at 12 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 8 1942 to Dec. 8 1942, and that I last saw him alive on Dec. 8 1942

Immediate cause of death: Bronchopneumonia, bilateral — Duration # days

Due to

Due to

Other Conditions Chronic Alcoholism

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Same

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William H. Fusting M. D.

Address St. Joseph's Hosp. Date signed 12-8-42

98506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 ✓

Registered No. E 98506

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3500 White Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3500 White ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Grace E. Argo

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Philip E. Argo
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) 9/28/1882

8. AGE: Years	Months	Days	If less than one day
60	2	12	— hr. — min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John D. Warnath
13. Birthplace Baltimore

MOTHER
14. Maiden Name Eliz. C. Holthaus
15. Birthplace Baltimore

16 (a) Informant Philip E. Argo
(b) Address 3500 White Ave

17 (a) Buried (b) Date thereof 12/14/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore Md.

18 (a) Funeral director George D. Pentz Sons
(b) Address 2124 Pennsylvania Ave

19 DEC 11 1942 (b) Huntington, West Virginia
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-10- 1942 at 9-10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence obtained by said Autopsy & Inquest find that said deceased came to her death on the day stated above.

Immediate cause of death Acute Congestive Cardiac Failure — Duration

Due to

Due to

Other Conditions Bronchitis Arteriosclerosis and Hypertension
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Self.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Malone M.D.
Medical Examiner.
Date signed 12-10-42

VS 6

F 98507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93C

F 98507 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6022 Old Harford Road

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 6022 Old Harford Rd. (If rural give location)

(e) Citizen of foreign country? DO (Yes or No) If yes, name country

3 (a) FULL NAME JULIA ROSALIE THERESA SIEMS

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 213-16-4971

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife - - -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20. 1883

8. AGE: Years 59 | Months 3 | Days 19 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Music Teacher

11. Industry or business - - -

FATHER 12. Name Henry Siems

13. Birthplace Germany

MOTHER 14. Maiden Name Theresa A. Sinkenbring

15. Birthplace Germany

16 (a) Informant Mrs. Theresa Siems (mother)

(b) Address 6022 Old Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 12. 1942 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.

(b) Address North Ave. & Broadway

19 (a) (b) Huntington Millington, Md.

DEC 11 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9. 1942 at 1.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 19, 1942, to Dec. 8, 1942, and that I last saw her alive on Dec. 8, 1942.

Immediate cause of death	Duration
Myocardial Insufficiency	?
Due to Rheumatic Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Nathan Janney

Address 7101 Harford Rd. Date signed 12/9/42 D.

F 98508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 98508 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use full name of city or county. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution: Cold Spring Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2wks
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 257 S. Ellwood Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME ANNA CATHERINE MUSCH

3 (b) If veteran, name war no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Henry Musch
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Jan. 29. 1863

8. AGE: Years	Months	Days	If less than one day
76	10	9	____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Adam Vogler
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Bechtold
15. Birthplace Germany

16 (a) Informant Mrs. Catherine Bragg
(b) Address 257 S. Ellwood Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Dec. 11. 1942 (month) (day) (year)
(c) Cemetery or crematory St. Matthew's Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) ____ (Date rec'd by registrar) **(b)** Huntington Williams, M.D.

VS 3 DEC 11 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 8. 1942 at 8.00 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20 1942, to Dec. 8 1942, and that I last saw her alive on Dec. 4 1942.

Immediate cause of death	Duration
cerebral hemorrhage	
Due to	
Due to	
Other Conditions senility	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. M. Fetterman
Address 2324 Reisterstown Rd Date signed M. 12 D. 9/42

F 98509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46F

F 98509 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1707 E. 29TH ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 E. 29TH ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LENA ARNOVITZ

3 (b) If veteran, name war ✓

3 (c) Social Security Account No.

4. Sex FEMALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced WIDOW

6 (b) Name of husband or wife JOSEPH

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 66 | Months | Days | If less than one day hr. min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name CHAIM
13. Birthplace RUSSIA

MOTHER
14. Maiden Name ESTHER
15. Birthplace RUSSIA

16 (a) Informant MRS. BETTY STEIN
(b) Address 1707 E. 29TH ST

17 (a) BURIAL (Burial, cremation, or removal) **(b) Date thereof** 12-11-42 (month) (day) (year)
(c) Cemetery (or) crematory ROSEDALE
Location PHILA RD + HAMILTON AVE

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Balt ST

DEC 11 1942

19 (a) (Date rec'd by registrar) **(b)** Huntington Ave Baltimore MD

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-10-42 19 ... at ✓ P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 22 19 42, to Dec 10 19 42, and that I last saw h[illegible] alive on Dec 10 19 42.

Immediate cause of death Carcinoma of liver

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. L. Hornstein M. D.

Address 733 Reynolds St Date signed 12/14/42

F 98510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 98510 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given and all applicable blanks filled. Any error or omission should be corrected at once. Information is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2300 E. Monument St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James O. Gillespie

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-07-1516

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1895

8. AGE: Years	Months	Days	If less than one day
47	11	35	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Bethlehem Shipyards

FATHER
12. Name Chandler Gillespie
13. Birthplace Virginia

MOTHER
14. Maiden Name Maiden Fisher
15. Birthplace Virginia

16 (a) Informant David W. Gillespie
(b) Address 420 Center ave. Lan. Va.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Virginia (Date) Dec 11/1942

(c) Cemetery or crematory
Location Roanoke Va

18 (a) Funeral director Phillips Memorial Home
(b) Address 2024 Eastern Ave.

DEC 11 1942 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10 1942, at 12:59 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to no natural death on the day stated above.

Immediate cause of death: Coronary Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Hugh B. McNally M.D. Medical Examiner.
Date signed 12/10/42

VS 6

F 98511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1176

F 98511
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as accurately as possible. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Cecil
(c) City or town Port Deposit
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 Center St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mason Alice Gertrude

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4 1922

8. AGE: Years	Months	Days	If less than one day
20	4	7	hr. min.

9. Birthplace Port Deposit Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Oscar Mason
13. Birthplace Port Deposit, Md.

MOTHER
14. Maiden Name Ford Jones
15. Birthplace Port Deposit Md.

16 (a) Informant Virginia Mason (Sister)
(b) Address 25 Center St. Port Deposit, Md.

17 (a) Burial (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cokesbury
Location Port Deposit Md. Rural

18 (a) Funeral director Leo Gatewood
(b) Address Perryville, Md.

19 (a) DEC 11 1942 Hunting for Williams, M.D. Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-11- 1942, at 11:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-5 1942, to 12-11- 1942, and that I last saw her alive on 12-11- 1942.

Immediate cause of death	Duration
Ruptured Duodenal Ulcer	6 days
Due to Perforated Duodenal Ulcer	3 hrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Dec. 10 1942

Major findings of operation Ruptured Duodenal Ulcer; Purulent Peritonitis

Findings of autopsy: None

PHYSICIAN
Underline the disease to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Bradshaw Higgins M. D.
Address 224 Madison St. Date signed 12/11/42

F 98512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98512 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given fully and correctly. The correct age is especially important. Physicians: please write the causes of death clearly and in detail.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombardy Apartments
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) XXXX
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County XXXXX
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. Same (If rural give location)
(e) If foreign born, how long in U. S. A.? XXXXX years

3 (a) FULL NAME VIOLA MAGRUDER BORDLEY

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No. NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Austin J. Bordley
6 (c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): Oct. 29, 1880

8. AGE: Years 62 | Months 1 | Days 11 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: NONE
11. Industry or business: NONE

FATHER
12. Name: Littleton Magruder
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Ida Mann
15. Birthplace: Baltimore, Maryland

16 (a) Informant: Austin J. Bordley (husband)
(b) Address: Lombardy Apartments, City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 12, 1942 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Edmondson Avenue, City.

18 (a) Funeral director: Stewart & Mowen Company
(b) Address: 108 W. North Av. (W. F. Wooden-Suc.)

19 (a) Dec 11 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 10, 1942, at 9:45 AM

21. I certify that death occurred on the date above stated, that I attended deceased from 12/8 1942, to 12/10 1942, and that I last saw her alive on 12/10 1942.

Immediate cause of death: Arteriosclerotic heart disease
Myocardial infarction — Duration: Yrs. 0 days

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: C. Edward Leach
Address: 106 E. 33rd St. Date signed: 12/11/42

F 98513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98513 Registered No. 46 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 15 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Box 201 Balmore (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hester Trulove Powell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Eddie Powell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Anthony Powell
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary
15. Birthplace Virginia

16 (a) Informant Eddie Powell
(b) Address Box 201 Balmore Baltimore

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 12-12-42 (month) (day) (year)
(c) Cemetery or crematory Lacrosse Va.
Location Mecklenburg County Va

18 (a) Funeral director William H. Jackson
(b) Address 916 Pennsylvania Ave Baltimore, Md.

19 (a) DEC 11 1942 (Date filed in registrar's office) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 — 10 — 1942, at 7:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12 — 6 — 1942, to 12 — 10 — 1942, and that I last saw him alive on 12 — 10 — 1942.

Immediate cause of death: Cancer Carcinoma — Duration: 6 Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Jackson M. D.
Address Provident Hospital Date signed 12-11-42

VE 3

F 98514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98514 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Only supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway.
(c) Hospital or institution:
Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 days.
(e) Length of stay in Baltimore (yrs., mos., or days) None.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Cecil.
(c) City or town Rising Sun.
(If outside city or town limits, write RURAL and give town)
(d) Street No. None. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country No.

3 (a) FULL NAME Mr. Andrew Logue.

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mrs Miriam Logue
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) July 27, 1860
8. AGE: Years 82 Months 4 Days 24 | If less than one day ____ hr. ____ min.
9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business None.

FATHER
12. Name Henry Logue.
13. Birthplace West Virginia.

MOTHER
14. Maiden Name Margaret Johnson
15. Birthplace West Virginia.

16 (a) Informant Administrator Church Home
(b) Address Baltimore, Md.

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)
(c) Cemetery or crematory ____
Location Rose Hill Cemetery Westminster Md

18 (a) Funeral director Geo. Lyons
(b) Address Rising Sun, Md.

19 (a) ____ (Date received by registrar) (b) H. Stratton Williams, M.D. Registrar

DEC 11 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11 1942 at 7:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1942 to Dec 11 1942, and that I last saw h[im] alive on Dec 10 1942.

Immediate cause of death: Bilateral bronchial pneumonia. Uremia. — Duration: 5 days. 5 days.
Due to Multiple strictures and prostate hypertrophy
Due to ____
Other Conditions (pt)

(Include pregnancy within 3 months of death)
Date of operation None.
Major findings of operation: ____
of autopsy: None. (Not obtained)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M.
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature Dr David Bachrach M. D.
Address Church Home & Hospital Date signed 12/14/42

F 98515 504 N Fulton

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98515 47 F Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1921 W Saratoga
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1921 W Saratoga (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William J J Kervin

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Celenora
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 16 1886

8. AGE: Years	Months	Days	If less than one day
56	9	23	hr. min

9. Birthplace Balto Maryland (Town, county, and state)
10. Usual Occupation Britain Agt
11. Industry or business

FATHER 12. Name	Arthur Kervin
FATHER 13. Birthplace	Balto Md
MOTHER 14. Maiden Name	Mary J Handley
MOTHER 15. Birthplace	Ireland

16 (a) Informant Mrs J J Kervin
(b) Address 1921 W Saratoga
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-42 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Baltimore Md
18 (a) Funeral director Geo A Farley
(b) Address Funeral Parlor
(c) Remains to Williamsport Md
DEC 11 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 9 1942 at 4:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1942 to Dec 9 1942 and that I last saw [illegible] alive on Dec 9 1942.

Immediate cause of death	Duration
Endocarditis	1 hr
Due to Lung Abscess Pneumonia & Empyema.	4 Mo
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature E W Donovan M. D.
Address 506 N Fulton Ave Date Dec 11 1942

VS 250

F 98516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

123

Registered No. F 98516

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 84 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 710 Brantley St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. John Louis Thalheimer
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/10/1859

8. AGE: Years	Months	Days	If less than one day
83	6	10	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Jos. A. Thalheimer
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Dell
15. Birthplace Germany

16 (a) Informant Mr. Raymond Thalheimer
(b) Address 710 Brantley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-42 (month) (day) (year)
(c) Cemetery or crematory Catholic Cem.
Location Baltimore Md.

18 (a) Funeral director Geo. A. Tarby
(b) Address Telford & Fayette

19 (a) 12-11-1942 (Date rec'd by Registrar) (b) Hilton Hilton

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10 1942 at 2:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/5/1942 to 12/10/1942 and that I last saw him alive on 12/10/1942

Immediate cause of death Spreading Peritonitis — Duration

Due to Perforated Diverticulum

Due to Diverticulitis

Other Conditions Mechanical Diverticulum

(Include pregnancy within 3 months of death)

Date of operation 12/7/42

Major findings of operation: Peritonitis Perforated Diverticulum.

Findings of autopsy: Perforated Diverticulum etc.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. S. Muse M.D.
Address Bon Secours Hosp. Date signed 12/10/42

M. D. S. 1938-9 F 98517

HEALTH DEPARTMENT—CITY OF BALTIMORE

F98517

CERTIFICATE OF DEATH

World War

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2302 W. Baltimore St., ✓ 94a Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. (if non-resident) yrs. mos. ds.

2. FULL NAME Charles Cheaney Social Security 214-03-0425

(a) Residence: No. 2302 N. Baltimore St. 20-2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Cheaney 95

6. DATE OF BIRTH (month, day, year) April 7-1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coast Guard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James M. Cheaney

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Barbara Popp

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Mary E. Cheaney

(Address) 2302 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place U. S. National Cemetery Date Dec. 17 1942

19. UNDERTAKER George E. Schmidt

(Address) 2101 Frederick Ave.

20. FILED DEC 12 1942 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1942, to Dec 11, 1942

I last saw him alive on about Oct 1, 1942 Death is said to have occurred on the date stated above, at 1:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10 minutes

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Callagan, M. D.

(Address) 3321 Frederick Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

9851 8

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. F 9851 8

CERTIFICATE OF DEATH 83a

1. PLACE OF DEATH:

(a) County

(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Sunday Sanitarium Frederick Rd

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 3rs

(e) Length of stay in this community (yrs., mos., or days) 3 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2220 N. Charles (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Mrs Martha Lejar Carey

3 (b) If veteran, name war	3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 20 1864

8. AGE: Years	Months	Days	If less than one day
77	0	20	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation Lady

11. Industry or business —

FATHER

12. Name Thomas L. Carey

13. Birthplace Maryland

MOTHER

14. Maiden Name Martha G. Lejar

15. Birthplace Md

16 (a) Informant Charles H. Carey

(b) Address 2220 N. Charles St Baltimore Md

17 (a) Burial (Burial, cremation, removal) (b) Date thereof Dec 12 42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto Md

18 (a) Funeral director Henry M. Faulkner Funeral Home

(b) Address McCulloh & Dukeland Sts.

19 (a) DEC 12 1942 (Date rec'd by registrar) (b) Interred in Mausoleum Md. Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 10 19 42 at 8-22 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 19 21 to Dec 10, 19 42 and that I last saw him alive on Dec 10, 19 42

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Arteriosclerosis	
Due to	
Other conditions Had been in Bronchial Hosp for annual exam (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Myron J. Lowndes M.D. or other

Address 3302 Frederick Rd Date signed Dec 10/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 98519 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2137 East Oliver St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELIZABETH AGNES LEARNED

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) Dec 30 1877

8. AGE: Years	Months	Days	If less than one day
68	-	-1	hr. min.

9. Birthplace Providence R.I. (Town, county, and date)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Charles Mc Adams
13. Birthplace Ireland

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs. Learned
(b) Address 649 Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/42 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Bay & North ave.

18 (a) Funeral director Leo F Cook
(b) Address 1701-3 Patterson Park ave

19 DEC 12 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1942 at 1 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D. Medical Examiner.
Date signed 12-11-42

(over)

VS 6

F 98520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 93

F 98520

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3620 Park Heights Ave
(c) Hospital or institution: ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 12
(e) Length of stay in Baltimore (yrs., mos., or days) ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 3620 Park Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Ellen Sigler. ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow.

6 (b) Name of husband or wife John W. Sigler.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1857

8. AGE: Years 85 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace Iowa. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mary K. Sifley.
(b) Address 3620 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Clemonds & Donovan
(b) Address 17 Chestnut Ave.

DEC 12 1942
(Date rec'd by registrar)

19 (a) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9, 1942 at 10 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19
and that I last saw h alive on 19

Immediate cause of death Acute myocardial failure

Duration 1 day

Due to (a)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert F. Clemonds M. D.
Address 11 W. Mt. Vernon Pl. Date signed 12/10/42

VS 150

F 98521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122a

Registered No. 92521

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 N. Schroeder St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Bertha Frew

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
W	None	Female	White	Widowed

6 (b) Name of husband or wife: Joseph A. Greer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/15/68

8. AGE: Years	Months	Days	If less than one day hr.	min.
74	3	26		

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John Myers
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary J. Wright
15. Birthplace Balto Md

16 (a) Informant Mrs. Anna Little (daughter)
(b) Address 2714 Miles Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/42 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Dorsey Md.

18 (a) Funeral director Wellington Cook Inc
(b) Address 127 St. Paul Place Baltimore, Md.

19 DEC 12 1942 (b) Registrar
(Date Received)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11 1942, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/4/1942 to 12/11/1942 and that I last saw h es alive on 12/11/1942

Immediate cause of death Peritonitis — Duration

Due to Perforated Intestine

Due to Strangulated Int. inguinal hernia & intestinal gangrene

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 12/4/42
Major findings of operation Same as cause of death
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. J. O'Mara M. D.
Address Bon Secours Hosp. Date signed 12/14/42

F 98522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 98522 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1603 Enson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 M
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 Enson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Henry Gray

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: NONE

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Beulah
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): May 1901
8. AGE: Years: 41 | Months: 7 | Days: | If less than one day: hr. min.
9. Birthplace: England (town, county, and state)
10. Usual Occupation: Sportsman Trapper
11. Industry or business: Rendering Junkies

FATHER
12. Name: Henry Gray
13. Birthplace: England

MOTHER
14. Maiden Name: Kate Lee
15. Birthplace: England

16 (a) Informant: Beulah Gray
(b) Address: 1603 Enson St

17 (a) Burial: (b) Date thereof (Burial, cremation, or removal) 12/14/42 (month) (day) (year)
(c) Cemetery or crematory: Mt Lowe
Location: Mt Lowe Rd

18 (a) Funeral director: Tillson & Lee
(b) Address: 1217 E Fond St

19 (a) DEC 12 1942 (b) Huntington Williams M.D.
Date rec'd by (Registrar) Address

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1942 at 10P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10 1942 to Dec 10 1942 and that I last saw him alive on Dec 10 1942

Immediate cause of death: Cerebral Hemorrhage — Duration: 11 hours

Due to:

Due to:

Other Conditions: None

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M.D. Physician M. D.
Address 817 Hamilton Ave Date signed Dec 11/42

VS 150

98523 Alvectter Mercer

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98523 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore Maryland
(b) Street address 2 N. Monroe st
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 1
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 N Monroe St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Talvectter Mercer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widow

6 (b) Name of husband or wife James E Mercer (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 13 - 1862

8. AGE: Years	Months	Days	If less than one day
80 yrs		27	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name John E Buckingham
13. Birthplace Maryland

MOTHER 14. Maiden Name Catherine A Pool
15. Birthplace Maryland

16 (a) Informant Mrs Eva Aldridge (niece)
(b) Address 1949 N. Fayette st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd. Balto Md

18 (a) Funeral director Walter Brooks Bradley Inc
(b) Address 1922 N Monroe ave

19 (d) DEC 12 1942 Huntington Williams MD (Date received by registrar) (Signature of registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 — 1942 at 11 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 31 — 1942, to Dec 10 1942 and that I last saw h. alive on Dec 10 1942

Immediate cause of death Chr. Myocarditis — Duration 2 yrs
Due to
Due to
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas J Kallen, M.D.
Address 5 N. Monroe Date signed 12/14/42

98524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √50

Registered No. F 98524

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2710 Lonie Ave
(c) Hospital or institution: Maryland General Hospital, ward 2 bed 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2710 Lonie ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mervin E. Bayer.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Edwin H Bayer

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 30, 1898

8. AGE: Years	Months	Days	If less than one day
44	3	9	..... hr. ..... min.

9. Birthplace Balto, Md.
(Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name — Jerome Cromwell
13. Birthplace — Md.

MOTHER
14. Maiden Name — Ida Mae Almond
15. Birthplace — Md.

16 (a) Informant Edwin H Bayer
(b) Address 2710 Lonie Ave

17 (a) Burial in (b) Date thereof 12/14/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Nat'l.
Location Balto. Md.

18 (a) Funeral director Leonard J. Luck
(b) Address 5305 Harford Rd.

19 DEC 12 1942 (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10 1942, at 10 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 23 1942 to Dec 10 1942 and that I last saw h RV alive on Dec 10 1942.

Immediate cause of death Heart Failure

Due to Secondary Anemia

Due to C A breast c metastases

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. M. L. Shute M. D.

Address Date signed

98525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

813a

Registered No. F 98525

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison + Linden Aves.

(c) Hospital or institution: Maryland General Hospital 2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) 79 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4327 N. York Rd. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Mr. Adolph Kramer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 21, 1863

8. AGE: Years	Months	Days	If less than one day
79	9	20 21	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name George Kramer

13. Birthplace Germany

MOTHER 14. Maiden Name Marie Hefner

15. Birthplace Germany

16 (a) Informant Gus Kramer

(b) Address 4327 York Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14-42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Old Frederick Rd.

18 (a) Funeral director John J. McGann

(b) Address 3640 E. Baltimore St.

19 (a) DEC 12 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12 1942, at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/7 1942 to 12/12 1942, and that I last saw him alive on 12/11 1942.

Immediate cause of death Cerebral Vascular Accident — Duration 16 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Jos. M. Zimmerman M. D.

Address M. Bal. Hosp. Date signed 12/14/42

F 98526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

Registered No. F 98526

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2143 Harford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2143 Harford Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nicholas P. Burns

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
*******	None	Male	White	Married

6 (b) Name of husband or wife Catherine Burns
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24. 1877

8. AGE: Years	Months	Days	If less than one day
65	2	14 16	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Notion Store
11. Industry or business Retired

FATHER
12. Name Patrick H. Burns
13. Birthplace Ireland

MOTHER
14. Maiden Name Virinia Hassard
15. Birthplace Germany

16 (a) Informant Mrs Catherine Burns
(b) Address 2143 Harford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore.

18 (a) Funeral director John E. Haban
(Address) 1 E. Baltimore St.

19 (a) DEC 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1938, to December 9 1942, and that I last saw him alive on December 9 1942.

Immediate cause of death Pneumonia

Due to Acute Nephritis

Due to Mitral Stenosis and insufficiency

Other Conditions Pleurisy Myocarditis Gastric Ulcer

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Schamberger M. D.
Address 1919 E. North Ave. Date signed 12/14/42

F 98527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

✓ F 98527 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 2639 Myrtle Street, N.E. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Burns Doing, Jr.

3 (b) If veteran, name war: World War #2

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1925

8. AGE: Years	Months	Days	If less than one day
17	6	8	hr. min.

9. Birthplace Wash. D. C. (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business U. S. Coast Guard

FATHER
12. Name Robert Burns Doing
13. Birthplace Beltsville, Md.

MOTHER
14. Maiden Name Ruth Black
15. Birthplace San Antonio, Tex.

16 (a) Informant Mr. Robert B. Doing
(b) Address 2639 Myrtle Ave., Wash. D.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 12/42 (month) (day) (year)
(c) Cemetery or crematory To Wash. D. C.
Location Fort Lincoln Cem.

18 (a) Funeral director Martin W. Hysong Co.
(b) Address 1300 - N Street N.W.

19 DEC 12 1942 (Date received by Registrar) (c) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11, 1942, at 2:40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry & Inspection (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry & Inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
acute cardiac degeneration	
Due to Congenital heart disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Gratacap M.D. Medical Examiner.

Date signed Dec. 12 1942

(OVER)

VS 6

98528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83B

Registered No. D 98528

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Saratoga & Calvert Sts

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 M. 17 DAYS

(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1913 E. Lombard St (If rural give location)

Citizen of foreign country? ? (Yes or No)

If yes, name country

3 (a) FULL NAME Mary Peters

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1870

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace GERMANY (Town, county, and state)

10. Usual Occupation HOUSE WORK

11. Industry or business AT HOME

FATHER

12. Name JOHN ? PETERS

13. Birthplace GERMANY

MOTHER

14. Maiden Name MARY ROEDER

15. Birthplace GERMANY

16 (a) Informant Administrator Next

(b) Address MERCY HOSPITAL.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 15/42 (month) (day) (year)

(c) Cemetery or crematory HOLY REDEEMER

Location BELAIR ROAD.

18 (a) Funeral director Lilly & Quinn INC.

(b) Address 403 S. MOUNT ST.

DEC 12 1942 (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11 1942, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1942, to Dec. 11 1942, and that I last saw h[illegible] alive on Dec. 11 1942.

Immediate cause of death

Respiratory Failure

Due to Carcinoma of Stomach

Due to Carcinoma of External Sphincter

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William A. Glenn M. D.

Address Mercy Hospital Date signed Dec 12 1942

F 98529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98529
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6205 Lincoln Avenue
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Mt. Washington
(c) City or town Mt. Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 6205 Lincoln Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME Eliza Montgomery Hilgeman

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lawrence Hilgeman, Sr.
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) March-8-1879

8. AGE: Years 63 | Months 9 | Days 2 | If less than one day: hr. min.

9. Birthplace Baltimore-Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Samuel J. Montgomery
13. Birthplace ? ?

MOTHER
14. Maiden Name Mary McClain
15. Birthplace Baltimore-Maryland

16 (a) Informant Mr. Lawrence Hilgeman. (husband)
(b) Address 6205 Lincoln Avenue, City.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108-W-North Avenue, City.

DEC 13 1942

19 (a) (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1942 at 8:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 30 1942 to Dec 10 1942 and that I last saw her alive on Dec 10 1942.

Immediate cause of death — Duration

Hypertensive Cardio Vascular Disease Chronic Myocarditis

Due to Acute Heart Failure — Dec 4

Due to Coronary Thrombosis

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: no

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rueben E. Lucas M. D.
Address 10 W. Madison St. Date signed 12-11-42

VS 8

F 98530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

✓ F 98530 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1804 W. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Anthony J. Hartman

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	widowed

6 (b) Name of husband or wife Josephine B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1858

8. AGE: Years	Months	Days	If less than one day
84		23	hr. min.

9. Birthplace Martinsburg W. Va.
(Town, county, and state)
10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name John Hartman
13. Birthplace ?

MOTHER
14. Maiden Name Anna ?
15. Birthplace ?

16 (a) Informant Charles A. Hartman
(b) Address 1804 W. Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director M. W. E. Degnan & Sons
(b) Address Lombard & Eden Sts.

19 (a) Filed DEC 13 1942 (b) Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1942, at 12:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1942 to Dec 10 1942 and that I last saw h[illegible] alive on Dec 10 1942

Immediate cause of death Bronchopneumonia — Duration 4 days
Due to
Due to Fractured Hip, left — 2 months
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy Bronchopneumonia

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 11-23-42 at ? M
(c) Where did injury occur? 1804 W. Baltimore St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury tripped and fell at home

23. Signature William J. Mc Cafferty M. D.
Address Bon Secours Hosp. Date signed 12-10-42

Robert Cr Graham M.D.

F 98531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 98531

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 304 S. Washington St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 304 S. Washington (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Julia Beck (or) Beksinski

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NO

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Frances

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1882

8. AGE: Years	Months	Days	If less than one day
60	10	14	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER — 12. Name Simon Ziomek

13. Birthplace Poland

MOTHER — 14. Maiden Name Barbara Grabek

15. Birthplace Poland

16 (a) Informant Martha Beck

(b) Address 304 S. Washington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 1 '42 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus Cem. Location Dundalk Ave.

18 (a) Funeral director M. W. K. Dippel's Sons

(b) Address Lombard & Ann Sts.

19 (a) (Date received) (Registrar) Huntington Williams, Registrar

DEC 13 1942

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11 1942 at 2:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1941 to Dec 11 1942 and that I last saw h alive on Dec 11 1942

Immediate cause of death Diabetes Mellitus — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Egbert Tolley

Address 3703 Harford Rd. Date signed Dec 14 1942

33532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓F 985 937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 53 days
(e) Length of stay in Baltimore (yrs., mos., or days) 53 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 324 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth D. Burrows (ELIZABETH DANA BURROWS)

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widowed

6 (b) Name of husband or wife Howard Burrows
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 16. 1860

8. AGE: Years	Months	Days	If less than one day
82	1	23	hr. min.

9. Birthplace New York City (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Thomas D. Roberts
13. Birthplace Wales

MOTHER
14. Maiden Name Catherine M Dana
15. Birthplace N. Y.

16 (a) Informant Miss Lucy A Roberts
(b) Address 307-310 E 44th St N.Y.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-13-42 (month) (day) (year)
(c) Cemetery or crematory Kensico Cemetery
Location Valhalla-NY

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 100 W. SOUTH AVENUE
Huntington Williams, M.D.

19 DEC 13 1942 (b) Registrar
(Date filed by the Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1942, at 12 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-20-42 19 to 12-11 19 42, and that I last saw her alive on Dec 11 19 42

Immediate cause of death	Duration
Coronary occlusion	12 hrs
Due to Sclerosis arteriosclerotic cardiac - vascular disease	5 yrs.
Due to (prior)	
Other Conditions Prostatic tumor - past operative (Include pregnancy within 3 months of death)	

Date of operation 11-7-42
Major findings of operation: Prostatic tumor - mucoid
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Isabelle Harrison M. D.
Address Church Home & Hospital Date signed 12-11-42

VS 3

42-5352
42 98533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 98533

Registered No. 157a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County Fayette
(c) City or town South Connellsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Misko (MYSKO)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-25-37

8. AGE: Years	Months	Days	If less than one day
5	4	17	hr. min.

9. Birthplace Pa (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Onifer Misko
13. Birthplace Pa.

MOTHER
14. Maiden Name Victoria Mekela
15. Birthplace Poland

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Interment (b) Date thereof 12-12-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Connellsville Pa
Location So. Fayette Tp. Pa

18 (a) Funeral director Robert L Brooks
(b) Address 1338 Hollins Street

DEC 13 1942 (Date received by local registrar)

MEDICAL CERTIFICATION 40A

20. DATE OF DEATH Dec 12 1942 at 6 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 12 1942 to Dec 12 1942 and that I last saw him alive on Dec 12 1942.

Immediate cause of death	Duration
Asphyxia	
Due to Prolonged labor	
Due to Operation - reconstruction of foramen of Magendie	
Other Conditions Hydrocephalus	

(Include pregnancy within 3 months of death)
Date of operation Nov 13 1942
Major findings of operation: Hydrocephalus Obstruction Foramen of Magendie
Date of autopsy:

PHYSICIAN
Underline the cause to which death should be referred statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Irving J Sherman M. D.
Address Johns Hopkins Hosp Date signed 12-12-42

VS 150

Spec.—1-10-21—M&T—1500 Blks.

F 98534 HEALTH DEPARTMENT—CITY OF BALTIMORE F 98534

CERTIFICATE OF DEATH. 157B

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Kernan Hospital ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Doris Griffin

(a) RESIDENCE NO. Kernan Hospital ST., WARD Wicomico Co.

(Usual place of abode) Mardella Springs

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 6/21/42

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		6 5	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Mardella Springs Md.

PARENTS

10 NAME OF FATHER James Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Virginia Lewis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant (Address) Aunt (mother).

DEC 13 1942

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/11 1942

17 I HEREBY CERTIFY, That I attended deceased from 9/8 1942 to 12/10 1942

that I last saw h[illegible] alive on 12/11 1942

and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

Meningomyelocele

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Meningitis

(duration) yrs. mos. 6 ds.

18 Where was disease contracted if not at place of death? Congenital

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. R. Moore M. D.

12/11 1942 (Address) Kernan Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Riverside Cemetery R. F. D. Worcester Co.

DATE OF BURIAL Dec. 14 1942

20 UNDERTAKER Holloway Co.

ADDRESS Salisbury Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. See Attached Explanation sheet for information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 98535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

F 98535 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Physicians: please write the causes of death clearly and legibly, correct age is especially important.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument St

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1611 N. Appleton St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Zimbler

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-01-2134

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 60 Months Days If less than one day hr. min.

9. Birthplace Balto Md. (town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Clothing

FATHER 12. Name Louis Zimbler

13. Birthplace Austria

MOTHER 14. Maiden Name Jennie

15. Birthplace Austria

16 (a) Informant Hospt. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-42 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Old Nat'l Harrington Ave

18 (a) Funeral director Jacob Deyo Inc

(b) Address 1439 E. Balto.

19 (a) Filed DEC 13 1942 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11, 1942 at 4:15 PM

21. I certify that death occurred on the date above stated: that I attended deceased from Nov 28, 1942 to Dec 11, 1942 and that I last saw h[illegible] alive on Dec 11 1942

Immediate cause of death	Duration
Hemiplegia	
Carcinomatosis	
Due to Pulmonic Carcinoma	
Due to	
Other Conditions Arteriosclerosis Cardio-vascular Disease	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature DC Lowitz M. D.

Address Sinai Hospital Date signed 12/11/42

F 98536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a

F 98536 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 160 S Dwynn Falls Pkwy
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 160 S Dwynn Falls Pkwy (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WOLF HANDEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years 82 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Nicholas Mendel

13. Birthplace Russia

MOTHER 14. Maiden Name Rachel

15. Birthplace Russia

16 (a) Informant Mrs. Regina Harris

(b) Address 1605 Dwynn Falls Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-42 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship

Location Balto & Lombard Sts.

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Baltimore St.

19 (a) 12-12-1942 (Date received by registrar) (b) Huntington Willis Reddy M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 - 1942 19 , at 5.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-12 1942 to 12-11 1942 and that I last saw h alive on 12-11- 19 Y

Immediate cause of death Arteriosclerosis — Duration 10 yrs

Due to Chr Gast Neph. — 5 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jessie J. Lowenstein M. D.

Address 3515 No Ellery St Date signed 12-11-42

F 98537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

F 98537 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai Hosp. 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 E. Fairmont ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac Berlin

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Hattie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Blacksmith

FATHER
12. Name Rubin Berlin
13. Birthplace Russia

MOTHER
14. Maiden Name Freida
15. Birthplace Russia

16 (a) Informant Mrs Charles Frank
(b) Address 1904 E. Fairmont ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-42 (month) (day) (year)
(c) Cemetery Northern Circle
Location Mt. Carmel

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore St

DEC 12 1942 (Date received by Registrar) Herrington Willis Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/12/42 19 42; 2:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 19 42, to 12/12 19 42, and that I last saw him alive on 12/12 19 42.

Immediate cause of death: Carcinoma of colon — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Morton J. Hamburger M.D.
Address Sinai Hosp. Date signed 12/13/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly

F 98538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 98538 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3751 Reisterstown Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3751 Reisterstown Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Freda Kimmel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 66 | Months | Days | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation
11. Industry or business House Wife

FATHER
12. Name Lazer Blumenthal
13. Birthplace Germany

MOTHER
14. Maiden Name Anna ?
15. Birthplace Germany

16 (a) Informant Mrs Leon Friedman
(b) Address 3751 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 13, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cemetery
Location E Balto St.

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

DEC 13 1942 Huntington Williams M.D. (Registrar's signature)

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11, 1942 at 2.30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15th 1941 to Dec 11 1942 and that I last saw h alive on 19

Immediate cause of death	Duration
Pulmonary Edema	2 dys
Due to	
Due to Heart Disease	18 mo
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice Oheadorek M. D.
Address 225 Reeder Date signed 12/14/42

98539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

F 98539 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1807 E Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1807 E Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Oletsky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Nathan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business House Wife

FATHER
12. Name Abraham Ostrowsky
13. Birthplace Russia

MOTHER
14. Maiden Name Thelma ?
15. Birthplace Russia

16 (a) Informant Samuel Oletsky
(b) Address 1807 E Fayette St

17 (a) Burial (b) Date thereof Dec, 13 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel
Location German Hill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1125 1126 W North Ave

DEC 13 1942 (b) [illegible] Williams M.D.
(Registrar) (Signature)

VS 150

MEDICAL CERTIFICATION

9.15

20. DATE OF DEATH December 11, 1942 at P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1942 to Dec 11 1942 and that I last saw her alive on Dec 11 1942

Immediate cause of death	Duration
Bronchopneumonia	11 days
Due to Influenza	4 days
Due to	
Other Conditions Arterio-sclerosis	20 yrs

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jack Cohen M. D.
Address 1804 Ewlan Place Date signed 12/14/42

Correct age is especially important. Physicians please write the cause of death clearly and legibly.

38520 S30784 ✓ F 98540

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1476

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Florence Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Louise Cheney

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Harry Cheney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26, 1927

8. AGE: Years	Months	Days	If less than one day
14 15	11	16	hr. min.

9. Birthplace Howard Co. Md.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Vernon Duvall
13. Birthplace Maryland

MOTHER
14. Maiden Name Beulah Harrison
15. Birthplace Maryland

16 (a) Informant Vernon Duvall
(b) Address Florence Maryland

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12-15-42 (month) (day) (year)
(c) Cemetery or crematory Jennings Chapel
Location Florence Maryland

18 (a) Funeral director F. C. Hagenfelton
(b) Address Ellicott City Md

19 (a) (Signature of local registrar) Hunting ton Williams Registrar
(Date received) DEC 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/12 1942, at 5.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-16 1942 to 12/12 1942, and that I last saw her alive on 12/12 1942.

Immediate cause of death	Duration
overwhelming septicemia	
Due to paramentritis	
Due to puerperal sepsis	over
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Morton L. Hamburger M.D.
Address Sinai Hosp Date signed 12/13

V8 3

MPR F 98541

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 98541

CERTIFICATE OF DEATH 92a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 40
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2109 W. Vine St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie, Oelmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Albert Oelmann (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14, 1881

8. AGE: Years	Months	Days	If less than one day
61	7	28	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name Thomas Merson
13. Birthplace Md.

14. Maiden Name Carrie Freeman
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/42 (month) (day) (year)
(c) Cemetery or crematory Longaul V.F.C.
Location Woodlawn Md.

18 (a) Funeral director Geo H. Lembach
(b) Address 1525 N. Lyndhurst St

DEC 13 1942 Date received by registrar — Hunting Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-12 1942 at 1 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10 1942 to 12-12 1942 and that I last saw h[er] alive on 12-12 1942.

Immediate cause of death Cardiac failure — Duration 4 days
Due to Aortic insufficiency — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Goldman M. D.
Address Balt. City Hosp. Date signed 12-14-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 98542 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere
(c) Hospital or institution:
Hebrew Home for the Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 months
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvedere Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Wallach (Carrie Wallach)

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Samuel Wallach

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1877

8. AGE: Years 65 | Months 1 | Days 26 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Solomon Bernstein

13. Birthplace Germany

MOTHER 14. Maiden Name Sara Schuldesheimer

15. Birthplace Germany

16 (a) Informant Mrs. Stanley H. Wallach

(b) Address 2210 Mt. Royal Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/42 (month) (day) (year)

(c) Cemetery or crematory Balto. Hebrew

Location Balto. Md.

18 (a) Funeral director Harris Sondheim & Son

(b) Address 2 Eutaw Place

DEC 13 19 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 11 - 42 19 , at 3 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5 - 20 - 1942 to 12 - 10 1942.
and that I last saw h.e.r alive on 12 - 10 - 1942.

Immediate cause of death (Duration)
Uncertain
Hypertension, Arteriosclerosis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hermann Kleeman M. D.
Address Lewndale Date signed 12/13/42

correct age is especially important. Physician: please write the names of cities or towns entirely and without abbreviation.

VS 8

F 98543 ✓ F 98543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct as far as possible. Physicians: please write the causes of death clearly and legibly. Underlining is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Road.
(c) Hospital or institution: Ashburton Nursing Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3520 Hilton Road. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME HENRY WEIL

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nettie E. Weil
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1867

8. AGE: Years	Months	Days	If less than one day
75	-	-	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Sylvan Weil.
13. Birthplace Germany.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Germany.

16 (a) Informant Mrs. Nettie Weil.
(b) Address 3520 Hilton Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/42. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director Edward Sonnenstein & Son
(b) Address 1902 Eutaw Place

19 (a) Date received DEC 19 1942 (b) Registrar Huntington Williams, M.D.

VS F

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12, 19 42 at PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1938 to Dec 10 1942. and that I last saw him alive on Dec 10 1942.

Immediate cause of death	Duration
Cardiac Failure	1 week
Due to Generalized arteriosclerosis	15 years
Due to	
Other Conditions Old postrectal ulcer Bilateral blindness	14 yrs. 12 yrs.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton Stevens M. D.
Address 11 E. Chase St. Date signed 12/16/42

F 98544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 98544 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2604 Woodbrook Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 2604 Woodbrook Ave.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN GEORGE BREHM

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	male	white	married

6 (b) Name of husband or wife Carrie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1868

8. AGE: Years	Months	Days	If less than one day
74	4	7	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Michael Brehm
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Wiseman
15. Birthplace Baltimore

16 (a) Informant Mr. Henry Brehm, brother
(b) Address 2604 Woodbrook Ave.

17 (a) Burial (b) Date thereof 12/14/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

DEC 13 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1942 to Dec 10 1942 and that I last saw h[illegible] alive on Dec 5 1942.

Immediate cause of death Coronary Thrombosis — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank B Jewett M. D.
Address 2516 Penn, Ave Date signed Dec 12 42

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F 98545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 98545 Registered No. 138

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 80 da
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4310 Nicholas Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maybelle Hieber 76898 (Maybelle Margaret Hieber

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife: George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1917

8. AGE: Years	Months	Days	If less than one day
25	7	2	hr. min.

9. Birthplace Illinois (Chicago) (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Walter J. Blummer
13. Birthplace Illinois (Chicago)

MOTHER
14. Maiden Name Mabel Goetzen
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/42 (month) (day) (year)
(c) Cemetery or crematory St. Paul's Fifth Ref
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Date received by Registrar DEC 13 1942 (b) Registrar's signature [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10 19 42 at 9:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 21 1942 to Dec. 10 1942 and that I last saw her alive on Dec. 10 1942

Immediate cause of death	Duration
Pulmonary tuberculosis	2½ yrs.
Due to	
Due to	
Other Conditions Diabetes mellitus	2½ yrs.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Hart
Address Balto City Hosp. Date signed 12/11/42 M. D.

F 98546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98546 ✓ 13 a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4310 Berger Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4310 Berger Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER BOSLEY GOODWIN

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	215 - 09 - 1672

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Edna G. Goodwin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1886

8. AGE: Years	Months	Days	If less than one day
56	8	1	hr. min.

9. Birthplace Reisterstown, Balto. Co., Md.
(Town, county, and state)
10. Usual Occupation Clerical
11. Industry or business Ward Baking Co.

FATHER
12. Name Frank P. Goodwin
13. Birthplace Md.

MOTHER
14. Maiden Name Josephine Bosley
15. Birthplace Balto. Co., Md.

16 (a) Informant Mrs. Francis Phoebus
(b) Address 4310 Berger Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa., Balto., Md.

19 (a) DEC 13 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10, 1942, at 4.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 26, 1942, to Dec. 10 1942, and that I last saw h him alive on Dec 10, 1942.

Immediate cause of death: Acute Pulmonary Edema — Duration 1 Day
Due to Chronic Myocarditis
Due to Arteriosclerotic Cardiosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel B Wolfe M. D.
Address 1331 E Northern Date signed

VS 180

F 98547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

F 98547 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison St. & Linden ave

(c) Hospital or institution:

Maryland General

(d) Length of stay in hospital or inst. (yrs., mos., or days) 73 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2815 Parkwood Ave

(If rural give location)

(e) Citizen of foreign country? Non (Yes or No)

If yes, name country

3 (a) FULL NAME Julia A. Kemper

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John S. Kemper

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1868

8. AGE: Years	Months	Days	If less than one day
74	10	8	hr. min.

9. Birthplace Balto. Md.

(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Richard McCarthy

13. Birthplace New York. N.Y.

MOTHER 14. Maiden Name Catharine H. Van

15. Birthplace Ireland

16 (a) Informant Mrs. Eugene Hooper

(b) Address 411 Augusta Ave

17 (a) Burial (b) Date thereof 12/15/42

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or ~~crematory~~ New Cathedral

Location Balto. Md.

18 (a) Funeral director W. J. Fickus & Sons

(b) Address Maryland Penna. Aves.

19 DEC 13 1942 (Date filed by Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1942, at 6.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/30 1942, to 12/12 1942, and that I last saw her alive on 12/12 1942

Immediate cause of death	Duration
Congestive Heart Failure	
Due to Hypertensive Cardio-Renal Disease	
Due to	
Other Conditions Fracture neck of Left femur	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 9/30/42 at A. M.

(c) Where did injury occur? Baltimore, Md.

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Kitchen) While at work? Yes, at home

(Specify type of place)

(e) Means of injury Fell on kitchen floor.

23. Signature John DeJarnette Jr.

Address Maryland General Hosp. Date signed 12/22/42 M. D.

Howard L. Macleod, M.D.

VS 2

F 98548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98548 Registered No. 170C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) D. O. A.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 N. Eutaw Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Frank Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1897

8. AGE: Years	Months	Days	If less than one day
45	4	5	hr. min.

9. Birthplace Richmond, Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William L. Davis
13. Birthplace Richmond, Va.

MOTHER 14. Maiden Name Mary L. Dudenberger
15. Birthplace Richmond, Va.

16 (a) Informant Jos. W. Bixby - Fun. Dir.
(b) Address Richmond, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Richmond, Va.

18 (a) Funeral director John C. Miller, Inc.
(b) Address 2433-35 E. Oliver St

DEC 13 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1942 at 12:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy thereon and from the evidence obtained by said Inquest & Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Duration

Immediate cause of death Fracture of Skull
Due to Comp. Comminuted fracture left leg
" " " right "
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 26/4
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec. 11 1942 at 11:30 PM
(c) Where did injury occur Philadelphia Rd & Bolair Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? ?
(Specify type of place)
(e) Means of injury Struck by auto

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed Dec 12 1942

VS 6

F98549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83B

F98549 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2547 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2547 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Theresa Rudolph

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Charles Rudolph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23. 1866

8. AGE: Years 75 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Theofald Deppenbrock
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Linck
15. Birthplace Germany

16 (a) Informant Louisa J. C. Schumann
(b) Address 2547 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14. 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Mr. & Mrs. John W. Gentel & Son
(b) Address 601 W. Fayette St

19 (a) Date received by Local Registrar DEC 13 1942 (b) Registered by Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1942 at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1942 to Dec 10 1942 and that I last saw her alive on Dec 10 1942.

Immediate cause of death: Cerebral Embolism
Due to Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration: 10 yrs. 5 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. G. Jones M.D.
Address 2818 N. Charles St. Date signed Dec 11 1942

F98560 HEALTH DEPARTMENT—CITY OF BALTIMORE F98560

CERTIFICATE OF DEATH

1310

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N Carrollton Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Hoskins L. Bartley

If U. S. Veteran specify WAR

(a) Residence: No. 519 N Carrollton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced WIFE of Georgia Speller Bartley

6. DATE OF BIRTH (month, day, year) M 19 1856

7. AGE: Years 86 Months 11 Days 21 If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portland Ore

FATHER

13. NAME John Bartley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rosina Ross

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Bartley

(Address) 519 N Carrollton Ave

18. BURIAL, CREMATION OR REMOVAL

Place Arbutus Mem. Date 12/13/ 1942

19. UNDERTAKER Elroy Wilson

(Address) 1000 Reisterstown Ave

20. FILED DEC 13 1942 Hattie E. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/10/ 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1942 to Dec 10 1942

I last saw h alive on 19 Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

Hypertension Cardio Vascular Renal Disease

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M Eversberg M. D.

(Address) 803 W Fayette St

INFORMANT: Please read carefully the instructions printed on page 2 of this certificate, so that it may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 98551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 98551

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 Lafayette Boulevard
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Cockeysville (If outside city or town limits, write RURAL and give town)
(d) Street No. York Road (If rural give location)
(e) Citizen of foreign country? U.S. (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Bruce Segall (Robert Bruce Segall)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1942

8. AGE: Years	Months	Days	If less than one day
27		27	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Baby

11. Industry or business

FATHER
12. Name Jacob Ross Segall
13. Birthplace Toronto, Canada

MOTHER
14. Maiden Name Doris Olive Shipley
15. Birthplace Baltimore, Md.

16 (a) Informant Jacob Ross Segall
(b) Address Cockeysville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill Cem.
Location Towson, Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Maryland

DEC 13 1942 Registrar Huntington Williams, M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12 1942, at 12:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1942, to Dec. 12 1942, and that I last saw h[illegible] alive on Dec. 12 1942.

Immediate cause of death Respiratory Failure — Duration: 1 day

Due to Premature Immaturity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William A. Aikin M. D.
Address Mercy Hosp. Date signed Dec. 13 1942

F 98552 ✓ F 98552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Aberdeen Md (Proving Ground)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Defense Drive
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Richard H. Quillin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 9 1942

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Havre de Grace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Richard H. Quillin Jr.
13. Birthplace Md

MOTHER
14. Maiden Name Eleanor C Fallwell
15. Birthplace Ky

16 (a) Informant Asbury Dept of Hosp.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15-1942 (month) (day) (year)
(c) Cemetery or crematory Aberdeen Md
Location Aberdeen "

18 (a) Funeral director Meyers Funeral Home
(b) Address Aberdeen, Md

DEC 13 1942 (Registrar) Harrington Williams M.D. Recorder

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1942 at 10:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1942 to Dec 12 1942, and that I last saw h[illegible] alive on Dec 12 1942.

Immediate cause of death	Duration
Respiratory Failure	
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William A. Johnson M. D.
Address Mercy Hospital Date signed 12/12/42

F 98553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98553 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 111 E. CROSS. ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 111 E CROSS ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY. J. MULLER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEM.	WHITE	WIDOW

6 (b) Name of husband or wife ANTON MULLER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 24-1868

8. AGE: Years	Months	Days	If less than one day
74	6	18	hr. min.

9. Birthplace GERMANY
(Town, county, and state)
10. Usual Occupation HOUSE WORK.
11. Industry or business AT HOME.

FATHER
12. Name NOT KNOWN
13. Birthplace GERMANY.

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace GERMANY

16 (a) Informant JOSEPH MULLER
(b) Address 111 E. CROSS. ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 15-42 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS. CEM. Location A. A. Co.

18 (a) Funeral director Bernard C. Hartz
(b) Address 121 E West St

19 (a) Filed DEC 13 1942 (b) Registrar Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 12th 1942, at 5A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1942 to Dec 12 1942 and that I last saw h[illegible] alive on Dec 11 1942

Immediate cause of death Myocardial Insufficiency — Duration

Due to

Due to

Other Conditions Arteriosclerosis & Hypertension
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about ~~home, on farm~~, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Schmunk M.D.
Address 1337 S. Charles St Date signed 12/12/42

PLEASE WRITE PLAINLY, with pen and ink. Correct spelling must be used. Physicians: please write the causes of death clearly and legibly. Statements of conditions which may have caused or contributed to death but were not the underlying cause should be reported if they are considered important for the correct age is especially important.

F 98554

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

F 98554 ✓ F 98554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1003 Walnut Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1003 Walnut Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma L. King

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Late Washington N. King | 6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 26, 1853

8. AGE: Years 89 | Months 2 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Solomon N. King
13. Birthplace

MOTHER 14. Maiden Name Maria L. Frey
15. Birthplace

16 (a) Informant Paul C. King
(b) Address 1003 Walnut Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Ave. & Oliver St.

18 (a) Funeral director Harry H. Witzke
(b) Address 4101 Edmondson Avenue

19 DEC 13 1942 (b) Huntingtown Maryland
Registrar's record

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11, 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 10 1929, to Dec. 11, 1942, and that I last saw her alive on Dec. 11, 1942.

Immediate cause of death	Duration
Cerebral hemorrhage	4 days
Due to	
Generalized Arteriosclerosis	
Due to	
Other Conditions	
Diabetes	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A. Kemp M. D.
Address 3030 Edmondson Ave. Date signed 12/12/42

F 98555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 98555 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 623 N. Fulton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 623 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY E. JOHNSON

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Wm. A. Harvey Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1872

8. AGE: Years	Months	Days	If less than one day
70	4	2	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Daniel O'Connor
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Conroy
15. Birthplace Ireland

16 (a) Informant James E. Smith, (Son)
(b) Address 5503 York Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Ave. + Oliver

18 (a) Funeral director Harry H. Mitch
(b) Address 4101 E. Monument Ave.

19 DEC 13 1942 Huntington Williams M.D. (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1942 at 2 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Hypertension	
Cerebrovascular disease	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 12-10-42

VS 6

PLEASE WRITE PLAINLY, with ordinary pen and ink. Do not use pencil. Do not fold this certificate. Use no abbreviations. The information requested in this certificate is necessary for the legal, statistical, and medical purposes. It may be transcribed and certified copies issued for the use of persons having property rights involved in the death or for other proper purposes. The medical certification should be completed by the physician, if any, last in attendance upon the deceased. The statements as to cause of death should be based upon personal knowledge, and the certificate should be signed by the person who has such knowledge. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

F 98556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98556 Registered No. 1340

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Paul + 31st St.
(c) Hospital or institution: Hopkins Apartments
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. St Paul + 31st St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arlean Evans King

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Married

6 (b) Name of husband or wife Col. Charles A King Jr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1888

8. AGE: Years	Months	Days	If less than one day
54		21	hr. min.

9. Birthplace Crystal Springs, Miss. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Eugene E. Evans
13. Birthplace Miss

MOTHER
14. Maiden Name Judith Bald Harvey
15. Birthplace Charleston, Miss

16 (a) Informant Col. Chas A. King Jr
(b) Address Hopkins apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/42. (month) (day) (year)
(c) Cemetery or crematory Arlington National
Location Washington, D. C.

18 (a) Funeral director Harry A. Veitch
(b) Address 401 Edmondson Ave

19 (a) DEC 13 1942 (Registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11/42. 19 , at 2:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15, 1940, to Dec. 11, 1942, and that I last saw h-- alive on Dec. 11 1942.

Immediate cause of death Uremia

Due to Bilateral Nephrolithiasis and bilateral Pyonephrosis

Due to

Other Conditions Cholelithiasis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hamilton A. Everett, M. D.
Address 11 E. Chase St. Date signed 12/12/42

F 98557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 6

(3) F 98557 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 Poplar Grove St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Mary C. Custer

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-9528

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Deserted by husband 15 yrs. ago

6 (b) Name of husband or wife Arthur Custer
DO NOT ACCEPT OR WHEREABOUTS
6 (c) If alive, give age 2 years

7. Birth date of deceased (mo., day, yr.) January 7 1897

8. AGE: Years	Months	Days	If less than one day
45	11	5	hr. min.

9. Birthplace Woodstock, Md. (Town, county, and state)
10. Usual Occupation Candy Maker
11. Industry or business Special Candy Co.

FATHER
12. Name Beale F. Davey
13. Birthplace Woodstock, Md

MOTHER
14. Maiden Name Mary B. Redmond
15. Birthplace Md.

16 (a) Informant Miss Mary C. Custer (Daughter)
(b) Address 522 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15, 1942 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Md.

18 (a) Funeral director Raymond Evans
(b) Address 1400 E. Chase St.

19 (a) DEC 13 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1942, at 8 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 8 1942 to Dec 12 1942, and that I last saw her alive on Dec. 12 1942.

Immediate cause of death: Chronic Glomerulonephritis — Duration ?
Due to
Due to
Other Conditions Uterine Fibroids
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Luesting, M.D.
Address St. Joseph's Hosp. Date signed 12-12-42

VS 8

FILL OUT WITH PENCIL, WRITE PLAINLY, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 98558 (Registered No.)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 Burnett St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 117 Burnett St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mattie A. Frank
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife James A. Frank 6 (c) If alive, give age) 4 years
7. Birth date of deceased (mo., day, yr.) Oct. 30, 1869
8. AGE: Years 73 | Months 1 | Days 11 | If less than one day hr. min.
9. Birthplace Va. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business
FATHER 12. Name John Sanders
13. Birthplace Va
MOTHER 14. Maiden Name Louise Faulkner
15. Birthplace Va.
16 (a) Informant James A. Frank Husband
(b) Address 117 Burnett St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14 1942 (Month) (Day) (Year)
(c) Cemetery or crematory Cedar Hill Cem. Location Balto Co., Md.
18 (a) Funeral director A. Howard Evans
(b) Address 1400 E. Clarke St.
DEC 13 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11 1942 at 4:10 A. M.
21. I certify that death occurred on the date above stated; that I attended deceased from 12/2/1942 to 12/11/1942 and that I last saw her alive on 12/11/1942
Immediate cause of death: Coronary thrombosis — Duration 9 days
Due to:
Due to:
Other Conditions Chronic cholecystitis, Chronic myocarditis — Duration ?
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:
PHYSICIAN: Underline the cause to which death should be charged statistically.
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. Harry Deitel
Address 1226 Hanover St Date signed 12/12/1942

VS 250

F 98559 one

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1190

Registered No. F 28559

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10½ days.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6422 Belair Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country (Birth F. 58767)

3 (a) FULL NAME Gloria J. Hoffman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30 1942

8. AGE: Years	Months	Days	If less than one day
2	2	13	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles F. Hoffman
13. Birthplace Westminster, Md.

MOTHER
14. Maiden Name Margaret Mayer
15. Birthplace Anne Arundel Co., Md.

16 (a) Informant Charles F. Hoffman
(b) Address 6422 Belair Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 14 42 (month) (day) (year)
(c) Cemetery or crematory Morland Park Cem.
Location

18 (a) Funeral director M. W. E. Dippel's Sons
(b) Address Lombard & Ann Sts.

19 (a) [illegible] (b) Huntington Williams M.D.
(Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13, 1942, at 6 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from December 1942 to December 1942 and that I last saw her alive on December 13 1942.

Immediate cause of death

Respiratory Failure

Due to Lobar Pneumonia

Due to

Other Conditions Diarrhea

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Earl A. Hillinger M. D.
Address St. Joseph's Hospital Date signed Dec. 15th, 1942
Baltimore, Md.

Please write plainly, with pen or pencil, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98560

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93D

F 98560

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town: Baltimore
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 2410 Linwood Ct

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Baltimore

City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2410 Linwood Ct
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George S Nichols

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Divorced.

6 (b) Name of husband or wife: Lillian Nichols

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 1893

8. AGE:

Years	Months	Days	If less than one day
49	8		hrs. min.

9. Birthplace: Tennessee
(Town, county, and state)

10. Usual occupation: Machinist Lot

11. Industry or business: Koppers Co. Munitions

FATHER 12. Name: Zach Nichols

13. Birthplace: Unknown

MOTHER 14. Maiden name: Unknown

15. Birthplace: Unknown

16. Interment: Bonnie Nichols

Address: 2410 Linwood Ct

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/15/42 (month) (day) (year)

Cemetery or crematory

Location: Washington D. C.

18. Funeral director: Edward Faulkner

Address: 2713 Wisconsin Ave

19. DEC 13 1942 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: DECEMBER 12, 1942, at 12 M

I CERTIFY that death occurred on the date above stated; that I attended deceased from DECEMBER 12, 1942, to DECEMBER 12, 1942, and that I last saw h Dec alive on DECEMBER 12, 1942.

Immediate cause of death	DURATION
CORONARY Occlusion	20 min?
Due to: HYPERTENSIVE CARDIO. VASCULAR DISEASE	years?
Due to: I saw patient only on occasion of death — MEDICAL EXAM (DR. GARRISON) REQUIRED	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Body Sz Required

20 operations

20 autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Edgar L. Miller, M.D.
M. D. or other

Address 2423 Washington Blvd. Date signed 12/13/42

F 98561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 469 F 98561

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address Madison Ave. & Linden Av.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pennsylvania County
(b) City or town Delta
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Lucy J. Draper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1865

8. AGE: Years	Months	Days	If less than one day
77	7	21	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Mr. Jefferson Wright
13. Birthplace Virginia

MOTHER
14. Maiden Name Miss Rosie Shuller
15. Birthplace Virginia

16 (a) Informant Md Gen Hosp.
(b) Address Balto Md.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Dec 16-42 (month) (day) (year)
(c) Cemetery or crematory Glatzer Bells
Location Delta, Pa.

18 (a) Funeral director J. H. Hartman
(b) Address Delta Pa.

DEC 13 1942 Registrar Washington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1942, at 9:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 24 1942, to Dec. 13, 1942, and that I last saw her alive on Dec. 13 1942.

Immediate cause of death Carcinoma of Pancreas — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation Nov. 30, 1942

Major findings of operation: Extensive Carcinoma of pancreas — Metastases

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marion W. Knapp, Jr. M.D.
Address Maryland General Hosp. Date signed 12/13/42

F 98562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98562 Registered No. 830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1521 Park Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1521 Park Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lena Jenkins

3 (b) If veteran, name war	3 (c) Social Security Account No.
---	----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Thomas W. Jenkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1872

8. AGE: Years	Months	Days	If less than one day
70	10	3	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Martha A. Bowie
(b) Address 224 Mallow Hill avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. L. Evans Sons Inc
(b) Address 118 N. Mt. Royal Ave

19 (a) (b) (Registrar) Huntington Williams M.D.

DEC 13 1942
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12, 1942 at 10.15 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to h CY death on the day stated above.

Immediate cause of death cerebral hemorrhage, spontaneous — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec 12 1942.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made for every item. If unknown, or if the question is not applicable, write "Unknown" or "None." Please give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

F 98563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 98563

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1823 Park Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 Park Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDITH E. HOVEY

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	female	white	widow

6 (b) Name of husband or wife Wm. A. Hovey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1884

8. AGE: Years	Months	Days	If less than one day
58	7	26	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Leonidas H. Edmonston
13. Birthplace Balto.

MOTHER
14. Maiden Name Ida Poole
15. Birthplace Balto

16 (a) Informant Mr. H. F. Edmonston
(b) Address 1823 Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/42 (month) (day) (year)
(c) Cemetery or crematory BALTIMORE CEM.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 DEC 13 1942 Registrar for Williams

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12, 19 42 at 3:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 42 to Dec 12 1942, and that I last saw h alive on Dec 11 1942

Immediate cause of death	Duration
Acute Obstruction Heart.	Few hours
Due to Myocarditis - Chronic	1½ years
Due to Diabetes	years.
Other Conditions Nephritis chr.	year.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert H. F. Smith M. D.
Address 2824 St. Paul St Date signed Dec. 13-42

F 98564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98564 Registered No. 469

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and 33rd
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 ds.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Brooklandville.
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3 (a) FULL NAME Mrs. Robert Bruce (Caroline) Moon.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	

6 (b) Name of husband or wife Mr. Robt. B. Moon.
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1913

8. AGE: Years	Months	Days	If less than one day
29	0	1422	hr. min.

9. Birthplace New Jersey. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business —

FATHER
12. Name Henry M. Potter
13. Birthplace New Jersey.

MOTHER
14. Maiden Name Harriett M. Mossman
15. Birthplace New Jersey.

16 (a) Informant Hosp. Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/42 (month) (day) (year)
(c) Cemetery or crematory Montclair
Location New Jersey

18 (a) Funeral director W. J. Tichnor & Sons
(b) Address North & Penna Ave.

19 (a) Date received DEC 18 1942 (b) Registrar Wellington Williams

VS 289

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1942, at 4:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 30 1942, to Dec. 13 1942, and that I last saw her alive on Dec. 13 1942.

	Duration
Immediate cause of death: Cardio-Respiratory Failure	3 hrs.
Due to ~~Retroperitoneal Tumor~~	~~1 yr.~~
Due to Bile Peritonitis, post-operative	2 da.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Dec. 10, 1942
Major findings of operation: Retroperitoneal mass; common bile duct obstruction
of autopsy: Tumor mass head of pancreas

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James R. McCord M. D.
Address Union Memorial Hospital Date signed 12-13-42

F 98565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98565
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Rocks
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Christina GARDNER.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Geo Gardner
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 24 - 1886

8. AGE: Years 56 | Months 6 | Days 19 | If less than one day: hr. min.

9. Birthplace Rocks Md
(Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business —

FATHER
12. Name Joe Enos Knopp
13. Birthplace Pa

MOTHER
14. Maiden Name Amanda Fry
15. Birthplace Pa

16 (a) Informant Emma Jones
(b) Address Middle River

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-42 (month) (day) (year)
(c) Cemetery or crematory Mount Watters
Location Croftown Harford Co Md

18 (a) Funeral director Maurice E Hertz
(b) Address Jane Lamble Md

DEC 13 1942
Huntington Williams M.D.
(Local registrar) Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14 19 42 at 10.15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/10 19 42 to 12/13 19 42, and that I last saw her alive on 12/13 19 42.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Arteriosclerotic hyperpiesia cardio-vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Mangano M. D.
Address 1213 Light Street Date signed

98566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98566

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution: Home for Aged, M.E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy Stenmachen

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Theodore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31. 1867

8. AGE: Years 75 | Months 1 | Days 11/0 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Samuel Smith
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Lucinda Hopkins
15. Birthplace Alexandria Va

16 (a) Informant Mrs Wm H McKee
(b) Address 2211 Rogers Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/14/42 (month) (day) (year)

(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wilkins Col Jos
(b) Address 2114 Gont St

19 DEC 14 1942 Wilkins Williams Mgr
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1942, at 11 30 p M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1942 to Dec 11 1942 and that I last saw h[illegible] alive on Dec 11 1942

Immediate cause of death: Coronary Thrombosis — Duration 3 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur G Davis M.D.
Address 8 W Mt Royal Ave Date signed 12-12-42

98567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98567

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2754 Druid Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2754 Druid Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William A. Salmon

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of ~~husband or~~ wife Florence
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3rd 1866

8. AGE: Years	Months	Days	If less than one day
76	8	9	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Collector

FATHER
12. Name William W. Salmon
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Margaret Ryan
15. Birthplace Balto Md

16 (a) Informant Ruth Brown
(b) Address 3121 N. Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1267 St. Paul St

19 (a) DEC 14 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2 1942, at 9 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Inspection thereon and from the evidence obtained by said Inquest & Inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Coronary occlusion	Duration
Due to		
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Gutman M.D.
Medical Examiner.
Date signed Dec 12 1942

VS 6

t age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98568

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 337 S. Ellwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 337 S. Ellwood Ave.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN E. REICHARD

3 (b) If veteran, name war: No

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Minnie C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31, 1870

8. AGE: Years 72 | Months 8 | Days 11 | If less than one day: hr. min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation Machinist retired

11. Industry or business P.R.R.

FATHER
12. Name Henry Reichard
13. Birthplace Pa.

MOTHER
14. Maiden Name Amelia Cline
15. Birthplace Pa

16 (a) Informant Edna V.M.Mann
(b) Address 337 S. Ellwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director Wilhelm Cook Inc.
(b) Address 1217 St. Paul St.

19 DEC 14 19[illegible] Edgar Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12, 1942 19 at 11:50PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 39, to Dec. 12 19 42, and that I last saw him alive on Dec. 12 19 42.

Immediate cause of death: Chronic Myocarditis — Duration: 3yrs.

Due to Hypertension, Arteriosclerosis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify kind of place) While at work?
(e) Means of injury

23. Signature [illegible] Edna V. Mann

Address 5217 York Rd. Date signed Dec. 13, 42

VS 150

F 98569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98569

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1020 Hillman St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 Hillman St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John F. Bell.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Catherine A. Bell
6 (c) If alive, give age 49. years

7. Birth date of deceased (mo., day, yr.) July 2, 1868

8. AGE: Years	Months	Days	If less than one day
74	5	9	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Stationary Engineer.
11. Industry or business B & O R.R.

FATHER
12. Name Samuel J. Bell.
13. Birthplace Md.

MOTHER
14. Maiden Name Caroline ?
15. Birthplace Va.

16 (a) Informant Catherine A. Bell.
(b) Address 1026 Hillman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14/42 (month) (day) (year)
(c) Cemetery or crematory Loyer's
Location Accts Co, Md.

18 (a) Funeral director Lemmon & Brown
(b) Address 2615-17 Edmondson Ave

19 (a) [illegible] (registrar) (b) Huntington Williams, M.D.

DEC 14 1942

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11, 1942, at 9 25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1942 to Dec. 11 1942, and that I last saw h[illegible] alive on Dec 12 1942.

Immediate cause of death Coronary Failure
Carcinoma of the thyroid — Duration 1 day 3

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Tulenko M. D.
Address 714 E. Preston Date signed

F 9857.0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940

F 9857.0 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4305 Clifton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 4305 Clifton Ave.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LUDIE M. WERNER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Gustave G.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1884

8. AGE: Years	Months	Days	If less than one day
58	11	1	hr. min.

9. Birthplace New Orleans, La.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Marion Marks
13. Birthplace Columbia, S. C.

MOTHER
14. Maiden Name Louise Ellis
15. Birthplace Louisville, Ky.

16 (a) Informant Mrs. Gustave G. Werner
(b) Address 4305 Clifton Ave.

17 (a) Burial (b) Date thereof 12/14/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory WOODLAWN CEM.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 14 1942 (Date received by Registrar) (b) Registrar's signature Hughes Williams, M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12, 1942, at 11:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1942 to Dec. 12 1942 and that I last saw her alive on December 12 1942

Immediate cause of death	Duration
Coronary thrombosis Dec 12/42	6 hrs.
Due to Arterio-sclerosis	?
Coronary disease since July 6/42	
Due to ?	
Other Conditions Myocarditis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter S. Tibbett M. D.
Address 2220 Garrison Blvd Date signed Dec. 12/42

F 98571

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98571 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4723 E. Fremont St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., ~~mos.~~ or ~~days~~) 5
(e) Length of stay in Baltimore (yrs., ~~mos.~~ or ~~days~~) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RUBAL and give town)
(d) Street No. 4723 Reisterstown Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROTASTEIN, MURIEL

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-18-3402

4. Sex: Female | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 15-1923

8. AGE: Years 19 | Months 3 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace New York
(Town, county, and state)

10. Usual Occupation Stenog.

11. Industry or business

FATHER
12. Name Irving Rotastein
13. Birthplace New York

MOTHER
14. Maiden Name Nellie Blumenis
15. Birthplace Russia

16 (a) Informant Father
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-42 (month) (day) (year)
(c) Cemetery or crematory Washington Blvd.
Location Baltimore

18 (a) Funeral director Jack Davis Jr.
(b) Address 1439 E. Baltimore St.

19 (a) (Date received by registrar) (b) Huntington Williams M.D.

VS DEC 14 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/13 1942, at 1.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/8 1942 to 12/13 1942, and that I last saw h.C.R. alive on 12/13 1942.

Immediate cause of death: Circulatory Failure

Due to: Acute Hypoplastic Leukemia

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Saul J. Farber M. D.
Address Sinai Hosp. Date signed 12/13

Please write plainly, using pen or pencil, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98572 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 E. Monument St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT SMALL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 24-1898

8. AGE: Years	Months	Days	If less than one day
44	1	12	hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Robert Small
13. Birthplace S.C.

MOTHER
14. Maiden Name Margaret McMillion
15. Birthplace S.C.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 11 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 DEC 11 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6 1942 at 5 30/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-13 1942 to 12-6 1942 and that I last saw him alive on 12-6 1942.

Immediate cause of death: Intestinal carcinoma — Duration: 3 yrs

Due to: Indurum primary site — Duration: ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 12-5-42

Major findings of operation: Intestinal stricture

of autopsy: Just done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto City Hosp Date signed 12-9-42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

9638

98573

MPR 78252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 98573
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 Lakeside Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Franklin A. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1893

8. AGE: Years 49 | Months 5 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Florida
(Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER
12. Name Sarcur Brown
13. Birthplace Ala.

MOTHER
14. Maiden Name Mary Carr
15. Birthplace Ala.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 11 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 DEC 11 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-2 1942, at 10 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-28 1942 to 12-2 1942, and that I last saw h alive on 12-2 1942

Immediate cause of death Lobar pneumonia — Duration 1 week

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. K. Paddison M. D.
Address Balto. City Hosp Date signed 12-9-42

VS 150

9639

F 98574

AB -

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98574 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Yr. 1 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 21 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM CUNNINGHAM

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31-1856

8. AGE: Years	Months	Days	If less than one day
86	3	6 5	hr. min.

9. Birthplace Boston, Mass. (Town, county, and state)

10. Usual Occupation O.A.P.

11. Industry or business

FATHER
12. Name John Cunningham
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Murphy
15. Birthplace Boston, Mass.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 11 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) DEC 11 1942 (b) Harrington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-6 1942, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-3 1942 to 12-6 1942 and that I last saw him alive on 12-4 1942

Immediate cause of death: Pulmonary edema — Duration: ?

Due to: Hypertensive C.V. disease — ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Just done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature K. K. Rathbun M.D.

Address Balto. City Hosp. Date signed 12-9-42

9640

F 98575

F 98575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1576

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 days

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 932 Wilmot Court (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Joan Kafkes (Birth - F 6 184)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 11-11-1942

8. AGE: Years	Months	Days	If less than one day
		22	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER 12. Name James L. Kafkes

13. Birthplace Baltimore

MOTHER 14. Maiden Name Marie Davis

15. Birthplace Baltimore

16 (a) Informant James L. Kafkes

(b) Address 932 Wilmot Court

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)

(c) Cemetery or crematory .....

Location JOHN HOPKINS MEDICAL SCHOOL DEC 11 1942

18 (a) Funeral director Commissioner of Health

(b) Address .....

19 (a) DEC 11 1942 (Date rec'd by registrar) (b) Benjamin Lee Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1942, at 7.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 11 1942, to Dec 3 1942, and that I last saw her alive on Dec 3 1942.

Immediate cause of death Spina Bifida — Duration .....

Due to ..... — Duration .....

Due to ..... — Duration .....

Other Conditions Mongolism — Duration .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operations: .....

Dec 3/1942 of autopsy: Spina Bifida - Mongolism

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature Paul A. Hauptmann, M. D.

Address 1213 Light Street Date signed Dec 3 1942

VS 140

9641

98576

AB - 27307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 98576

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: BALTIMORE CITY HSCPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Yrs.

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 820 Mitaw Place (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Lula Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22-1855

8. AGE: Years	Months	Days	If less than one day
87	3 2	13	hr. min.

9. Birthplace N.Y. ? (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name ?

13. Birthplace ?

MOTHER

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Baltimore City Hospitals

(b) Address Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL DEC 11 1942

Commissioner of Health

18 (a) Funeral director

(b) Address

19 (a) DEC 11 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

9642

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-5- 1942 at 10 1/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2 1942 to 12-5 1942, and that I last saw h alive on 12-5 1942

Immediate cause of death	Duration
Bronchopneumonia	3 days
Due to Sen Arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature N. K. Ralston M. D.

Address Balt. City Hosp Date signed 12-9-42

F 98577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94N

F 98577 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1117 Longwood St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 Longwood St
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Charles J. Pressler

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Nettie E. Pressler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 11 1888

8. AGE: Years 54 | Months 1 | Days — | If less than one day hr. min.

9. Birthplace Newyork
(Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name Joseph Pressler
13. Birthplace Germany

MOTHER
14. Maiden Name —
15. Birthplace Germany.

16 (a) Informant Nettie E. Pressler
(b) Address 1117 Longwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Baltimore, Md.

18 (a) Funeral director E. B. WIPPERT SON
(b) Address 500 Eutaw Place

19 (a) (b) Huntington Williams M.D. Registrar

DEC 14 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/11/1942 at 11.40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 19 1942 to Dec 11 1942, and that I last saw him alive on Dec 11 1942

Immediate cause of death: Coronary Thrombosis — Duration ✓

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: ✓

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature Chas. A. Richards M.D.
Address 1219 Maryland Ave Date signed 12/12/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98578 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1834 Walbrook Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1834 Walbrook Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Irvin Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 49 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business Notions Business

FATHER
12. Name Frank David Cohen
13. Birthplace Russia

MOTHER
14. Maiden Name
15. Birthplace Poland

16 (a) Informant Ida Cohen
(b) Address 1834 Walbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) (Date received by registrar) DEC 14 1942 (b) Baltimore

VS 100

MEDICAL CERTIFICATION 1155

20. DATE OF DEATH Dec 13 1942, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1942 to Dec 13 1942 and that I last saw him alive on Dec 13 1942.

Immediate cause of death: Apoplexy — Duration 1-2 hrs

Due to: Chronic nephritis with hypertension — Duration 10 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jacob Cohen M. D.
Address 1804 Eutaw Pl. Date signed 12/14/42

F 98579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 98579 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as accurately as possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 521 Johannsen
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 64 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 521 Johannsen St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Widowed

6 (b) Name of husband or wife Frankie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-18-1877

8. AGE: Years	Months	Days	If less than one day
64	11	23	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER 12. Name Alfred Brown

13. Birthplace Md

MOTHER 14. Maiden Name Martha Maloyd

15. Birthplace Md

16 (a) Informant Mattie Bennett

(b) Address 521 Johannsen St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 14 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery

Location A. G. County Md

18 (a) Funeral director Gilligan Jackson

(b) Address 916 Eutaw St

19 (a) Filed DEC 14 1942 (Date received by Registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-11 1942 at 5:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-29 1942 to 12-11 1942 and that I last saw him alive on 11-10 1942

Immediate cause of death Myocarditis — Duration 1 Yr.

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature W. Atwell Jones M. D.

Address 5-54 Dolphin St Date signed 12-12-42

Rev. F 98580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

F 98330

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 804 George St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 804 George St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emily Artis

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife James

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 11-18-1909

8. AGE: Years	Months	Days	If less than one day
33	—	26	hr. min.

9. Birthplace Georgetown S.C.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name Rosella Lawrence

15. Birthplace S.C.

16 (a) Informant James Artis

(b) Address 804 George St

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 12-15-42 (month) (day) (year)

(c) Cemetery or crematory Georgetown Cemetery
Location Georgetown S. Carolina

18 (a) Funeral director William A. Jackson

(b) Address 916 Pennsylvania Ave

19 (a) DEC 14 1942 (Date received by registrar) Wilmington, Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1942, at 9 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Crushing injuries of head

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Dec. 7 1942 at P.M.
(c) Where did injury occur? 804 George ST. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Struck with ax

23. Signature Robert Lee Graham M.D.
Medical Examiner.

Date signed Dec. 8 1942

Please write plainly, with pen, and do not use pencil. Physicians: please write the causes of death clearly and correct age is especially important.

F 98581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13L

Registered No. F 98581

PLEASE WRITE PLAINLY, with unfading ink. Entry must be complete and correct as is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2318 Fleet St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2318 Fleet St
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Life

3 (a) FULL NAME Joseph J. Pilachowski

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-3012

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 9 - 1903

8. AGE: Years	Months	Days	If less than one day
39	9	3	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation Chauffer
11. Industry or business

FATHER
12. Name John Jos.
13. Birthplace Poland

MOTHER
14. Maiden Name —
15. Birthplace Poland

16 (a) Informant Catherine Pilachowski
(b) Address 2318 Fleet St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk ave

18 (a) Funeral director Wm. L. Fialkowski
(b) Address 2007 Eastern ave

19 (a) [illegible] (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 19 42 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 19 42 to Dec 12 19 42
and that I last saw h alive on Dec 11 19 42

Immediate cause of death Tuberculosis of Lungs — Duration 2 Years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph J. Nurthur M. D.
Address Date signed

F 98582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

F 98582 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1725 Eastern ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1725 Eastern
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wojciech J. Wojciechowski

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Agnieszka W.
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Jan 6 1854

8. AGE: Years	Months	Days	If less than one day
88	11	5	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business —

FATHER
12. Name —
13. Birthplace Poland

MOTHER
14. Maiden Name —
15. Birthplace Poland

16 (a) Informant Andrew Wojciechowski
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Trapp Rd.

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern ave

19 (a) (Date received by registrar) DEC 14 1942 Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1942 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Myocarditis Insufficiency. — Duration 2 yrs.
Due to General Debility.
Due to Age
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John V. Szerlong M. D.
Address 1802 Eastern ave Date signed 12-13-41

F 98583

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 33533
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Arlington Va (If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 Lorcom St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Captain Ammon E. Gingrich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
Male	White	Married

6 (b) Name of husband or wife Sybil

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1893

8. AGE: Years	Months	Days	If less than one day
49	10		hr. min.

9. Birthplace Ga. (Town, county, and state)

10. Usual Occupation Capt U.S. Army.

11. Industry or business

FATHER
12. Name Seth
13. Birthplace Pa

MOTHER
14. Maiden Name C. Agnes Shearer
15. Birthplace Pa

16 (a) Informant Claudia Gingrich
(b) Address 447 So 8th Lebanon Pa

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12-15-42 (month) (day) (year)
(c) Cemetery or crematory Arlington Nat'l Cem.
Location Arlington Va

18 (a) Funeral director Leonard J. Rust
(b) Address 3058 Hartford Rd

19 (a) (Entered by registrar) (b) Registrar

DEC 14 10 AM

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-13- 1942, at 3:15 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquiry thereon and from the evidence obtained by said Autopsy / Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence At M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Maldeis M.D.
Medical Examiner.
Date signed 12-13-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98584

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98584 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 1832 N. Dutton St. Duncan

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write "Rural" and give town)
(d) Street No. 1500 North Hilton Street (or location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Hutchison HETTCHEN.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife 6-26-1877

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Raymond Hettchen
(b) Address 1805 N. Dallas St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Leonard Mugh
(b) Address 1305 Hanford Rd

19 (a) DEC 14 1942 (Date rec'd by registrar) Huntington Williams Mgt

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1942, at 12 05 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Cerebral hemorrhage, spontaneous — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec 12 1942

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and

98585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 98585

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dod
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 710 Bradley Av
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EARL WESLEY ORAM

3 (b) If veteran, name war: World I

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 47 | Months | Days | If less than one day hr. min.

9. Birthplace Newmarket, md.
(Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER 12. Name Albert Oram

13. Birthplace md.

MOTHER 14. Maiden Name Alice Smith

15. Birthplace md.

16 (a) Informant Drucilla Oram

(b) Address 630 George St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-15-40 (month) (day) (year)

(c) Cemetery or crematory U. S. National
Location Balto. md.

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill Ave

DEC 14 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 19 42 at 7:35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy + partial with thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Chronic Glomerulonephritis (Anatomy)	
Due to	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenmeberg M.D.
Medical Examiner.
Date signed 12-14-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 d

F 98586 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland BALTIMORE CITY.

(b) Street address 1524 ROUNDHILL ROAD.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 12

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MARYLAND (b) County BALTIMORE CITY

(c) City or town BALTIMORE CITY. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1524 ROUNDHILL ROAD. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME JAMES E. KELLEY.

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: No

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth T. Kelley

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.): June 27, 1892

8. AGE: Years 50 | Months 5 | Days 14 | If less than one day: hr. min.

9. Birthplace: Boston, Mass (Town, county, and state)

10. Usual Occupation: School-teacher

11. Industry or business:

FATHER — 12. Name: James Kelley; 13. Birthplace: Ireland

MOTHER — 14. Maiden Name: Unknown; 15. Birthplace: Unknown

16 (a) Informant: Mrs. Elizabeth Kelley

(b) Address: 1524 Roundhill road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 15/42 (month) (day) (year)

(c) Cemetery or crematory: Cathedral

Location:

18 (a) Funeral director: Thos. F. Logue Son & Co.

(b) Address: 111 N. Mt. Royal Ave

19 (a) DEC 14 1942 (Date received by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: DECEMBER 11 19 42 at 10. P. M

21. I certify that death occurred on the date above stated; that I attended deceased from APRIL 8 19 42 to DEC 11 1942. and that I last saw him alive on dec 11 19 42.

Immediate cause of death	Duration
APOPLEXY . DEC 11.1942.	
Due to CHRONIC MYOCARDITIS,	1940.
Due to CHRONIC HYPERTENSION,	1940.
Other Conditions	

(Include pregnancy within three months of death)

Date of operation: NONE

Major findings of operation:

of autopsy: NO

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: Chas. F. Edmunds M. D.

Address 3013 ST PAUL STREET Date signed 12/12/4

F 98587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 61C

F 98537 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be accurately supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.
(c) Hospital or institution:
Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anundel Co.
(c) City or town Brooklyn Heights
(If outside city or town limits, write RURAL and give town)
(d) Street No. Charles & Patapsco Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gail L. Dowling (Birth F 64125)

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-3-42

8. AGE: Years	Months	Days	If less than one day
		9	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Walter Earl Dowling
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Married Lorraine Smith
15. Birthplace Baltimore, Md.

16 (a) Informant Hospital Record
(b) Address 2025 W Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/42 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie

18 (a) Funeral director William M Marsch
(b) Address 765 Light St

19 (a) DEC 14 1942 (Date rec'd by registrar) (b) Huntington Williams M.R. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 12 - 1942 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-3 1942 to 12-12 1942 and that I last saw h.e.r alive on 12-12 1942

Immediate cause of death	Duration
Jaundice & Newborn	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp Date signed 12-13-42

VS 2

T 98588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 98588

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edgewood Nursing Home 6000 Baltimore Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 E. Wheeling St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George William Keim

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Lena
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5 1864

8. AGE: Years 78 | Months 7 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none
11. Industry or business —

FATHER
12. Name H. W. August Keim
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Reese
15. Birthplace Germany

16 (a) Informant Mrs Emma Herbert Sister
(b) Address 905 E North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location Brooklyn

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) DEC 14 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/12/42 19 ... at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/7/42 19 42 to 12/12 19 42 and that I last saw h alive on 12/8/42 19 ...

Immediate cause of death: Coronary occlusion — Duration: 20 Min.
Due to: Apoplexy Brain 9/42
Due to: Oct 9/42
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W W Wheaton M. D.
Address 4309 York Rd Date signed 12/13/42

VS 2

Please write plainly. Physicians: please write the causes of death clearly and legibly. Omissions or incorrect age is especially important.

F 98589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 b

Registered No. F 98589

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 52 E. West St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Toolan 78307

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: sep.

6 (b) Name of husband or wife: Stella

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1898

8. AGE: Years 43 | Months 11 | Days 24 | If less than one day: hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Auto repair works

11. Industry or business

FATHER
12. Name John Toolan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Nugent
15. Birthplace Ireland

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/42 (month) (day) (year)
(c) Cemetery or crematory Mem. Cathedral
Location Old Frederick Rd.

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) DEC 14 1942 (b)
(Registrar's signature) Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12 1942, at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1942 to Dec. 12 1942, and that I last saw him alive on Dec. 12 1942.

Immediate cause of death

	Duration
Pulmonary tuberculosis	3 mos?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A Hunter Huntington Williams, M.D.
Address Balto City Hosp. Date signed 12/14/42 M.D.

F 98590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 330

F 98590 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1119 Cleveland St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 Cleveland St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John D Berger

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Widowed

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 8 1856

8. AGE: Years	Months	Days	If less than one day
86	10	3	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name John Berger
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Berger
15. Birthplace Germany

16 (a) Informant Catherine A Berger Daughter
(b) Address 1119 Cleveland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/42 (month) (day) (year)
(c) Cemetery or crematory Western
Location Longwood - Edmondson Av

18 (a) Funeral director William M Marsch
(b) Address 915 Light St

19 (a) DEC 14 1942 (Date received by Registrar) Registrar Huntington Hamilton

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1942 at 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941 to Dec 11, 1942 and that I last saw — alive on Dec 11, 1942

Immediate cause of death Bronchio-Pneumonia — Duration 1 day

Due to Grippe (Influenza) — 2 days

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Loren J Glass MD M. D.
Address 876 Wolfe St Date signed 12/14/42

correct age is especially important. Physicians: please write the causes of death clearly an

F 98591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 98531

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1118 S Robinson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 S. Robinson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LENA C. THOMPSON

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1876

8. AGE: Years	Months	Days	If less than one day
66	8	21	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry A. Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Endfat
15. Birthplace Germany

16 (a) Informant Charles Thompson
(b) Address 1118 S Robinson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-42 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location O'Donnell Street

18 (a) Funeral director Blume & Hoffmann
(b) Address 163 Broadway

19 DEC 14 1942 Huntington Williams M.D. Registrar
(Filed by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1942 at 5 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Wollenweber M.D. Asst Medical Examiner.
Date signed 12-13-42

F 98592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16 1a F 98592 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da
(e) Length of stay in Baltimore (yrs., mos., or days) 3 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1822 N. Caroline St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Infant Rodwick (Carol. Lee) (F64273)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12 1942

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Mercy Hosp (town, county, and state) Baltimore, Md

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Rodwick
13. Birthplace Baltimore

MOTHER
14. Maiden Name Eliz Jurgeson
15. Birthplace Balto. Md

16 (a) Informant Father
(b) Address 1822 N Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Fredericks ave

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N Broadway

19 (a) (Date rec'd by registrar) Huntington for Williams Registrar

DEC 14 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1942 at 12:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1942 to Dec 13 1942 and that I last saw him alive on Dec 12 1942

Immediate cause of death	Duration
Respiratory failure	1 hr.
Due to Congenital Atelectasis	3 da
Due to	
Other Conditions Club-foot, R	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph B Shulman, M.D.
Address Mercy Hosp Date signed 12/15/42

F 98593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46a

F 98593 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 841 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Thomas Williams 78365

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-12-8807

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	married

6 (b) Name of husband or wife Hattie

6 (c) If alive, give age , years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1884

8. AGE: Years	Months	Days	If less than one day
58	0	11	hr. min.

9. Birthplace Alabama (Town, county, and state)

10. Usual Occupation longshoreman

11. Industry or business

FATHER
12. Name John Henry Willaims
13. Birthplace Alabama

MOTHER
14. Maiden Name Henrietta Jones
15. Birthplace Alabama

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) DEC 14 1942 (b) Huntington Williams M.D. (Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10 1942 at 10:30PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 3 1942 to Dec. 10 1942, and that I last saw him alive on Dec. 10 1942

Immediate cause of death: Ca of Oesophagus — Duration 4 mos

Due to

Due to

Other Conditions: Pulmonary Thc. ? (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
Signature AS Hayes M. D.
Address Balto City Hosp Date signed 12/14/42

F 98594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 N Registered No. F 98594

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 819 N Arlington Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days) 9 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town 819 N Arlington Ave Balto Md
(If outside city or town limits, write RURAL and give town)

(d) Street No. 819 N Arlington Ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Sona Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John Mitchell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 28, 1878

8. AGE: Years 63 64 | Months 11 | Days 12 | If less than one day hr. min.

9. Birthplace Rock Hill S. C. (Town, county, and State)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Myles Mont

13. Birthplace S. C.

MOTHER 14. Maiden Name Unknown

15. Birthplace S. C.

16 (a) Informant Mrs Bessie Washington

(b) Address 819 N Arlington Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Dec 14, 1942 (month) (day) (year)

(c) Cemetery or crematory Philadelphia

Location Pennsylvania

18 (a) Funeral director Mr Peter R Williams

(b) Address 322 N Schroeder St

19 (a) DEC 14 1942 (Date received by Registrar) Hunter for Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10 1942, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1942 to Dec 10 1942, and that I last saw h[illegible] alive on Dec 10 1942.

Immediate cause of death Cardio Vascular Renal Disease — Duration 2 days

Due to — Duration

Due to — Duration

Other Conditions Unknown — Duration 3 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible]

Address 861 Robert St Date signed 12-17-42 M. D.

VS 3

F 98595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 98595

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8 W Fort Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 W Fort Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME KATHERINE MARK

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM.	WHITE	WIDOW

6 (b) Name of husband or wife JOHN MARK
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 15 1881

8. AGE: Years	Months	Days	If less than one day
61	5	28	hr. min.

9. Birthplace BALTIMORE MD (Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business AT HOME

FATHER
12. Name ANTON SIEBERT
13. Birthplace GERMANY

MOTHER
14. Maiden Name KATHERINE HARTMAN
15. Birthplace BALTIMORE MD

16 (a) Informant GEORGE SIEBERT
(b) Address 8 W. FORT AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 17 42 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location A. A. Co.

18 (a) Funeral director Bernard C Hank
(b) Address 121 E West St

DEC 14 1942 Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 13 1942 at 10 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1942 to Dec 13 1942 and that I last saw h[illegible] alive on 12/13 1942

Immediate cause of death Cerebral Apoplexy.

Due to

Due to

Other Conditions Arteriosclerosis Hypertension & Myocarditis

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C Schwenck M.D.
Address 183 S. Charles St Date signed 12/14/42

VS 3

F 98596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1462 Registered No. F 98596

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2301 Rondale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2301 Rondale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 52 years

3 (a) FULL NAME (Nora T. Doyle) Nora Murray Doyle

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	widowed

6 (b) Name of husband or wife Bernard Doyle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10-1870

8. AGE: Years	Months	Days	If less than one day
72	8	2	hr. min.

9. Birthplace Ireland. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Patrick Murray
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Roche
15. Birthplace Ireland

16 (a) Informant Bernard J. Doyle
(b) Address 2301 Rondale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Road

18 (a) Funeral director J. J. Mears & Son.
(b) Address 805 N. Calvert St.

19 (a) DEC 14 1942 (Date filed by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12 1942, at 2.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 25 1942, to Dec. 12 1942; and that I last saw h[illegible] alive on Dec 11 1942

Immediate cause of death — Duration

(a) Carcinoma of Colon with Metastases — May 1942
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Brown M.D.
Address 1663 W. North Ave. Date signed 12/14/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly

F 98537

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 161

F 98597 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 S. Bouna Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wilbur C. Brooks

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-12-1915

8. AGE: Years 27 | Months 30 | Days 9 | If less than one day hr. min.

9. Birthplace Balto. Co. Md (Town, county, and state)

10. Usual Occupation Helper on truck

11. Industry or business

FATHER 12. Name Eugene Brooks

13. Birthplace Md

MOTHER 14. Maiden Name Emma Tilghman

15. Birthplace Md

16 (a) Informant Verna E. Brooks

(b) Address 628 Dover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. City

18 (a) Funeral director Saml. W. Blacketter

(b) Address 628 N. Gilmor

DEC 14 1942 (Date rec'd by registrar)

(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-12-1942 at 5.45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Stab wound of chest involving pulmonary vessels	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 12-12-42 at 5.30 P. M
(c) Where did injury occur? Lombard & South Sts. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Sharp instrument

23. Signature Howard J. Madden M.D. Medical Examiner.

Date signed 12-13-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

F 98598 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3002 Woodland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3002 Woodland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELLA LETITIA COATES

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	female	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1873

8. AGE: Years	Months	Days	If less than one day
69	10	11	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation teacher
11. Industry or business Rosewood Training School

FATHER
12. Name Wm. A. Coates
13. Birthplace Md.

MOTHER
14. Maiden Name Mary E. Forsyth
15. Birthplace Md.

16 (a) Informant Mr. Wm. C. Coates
(b) Address 3002 Woodland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12.15.42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 14 1942 (Date received by Registrar) (b) Signature of Registrar for Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12, 1942 at 8:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1934 to Dec. 12 1942 and that I last saw h[illegible] alive on Dec. 11 1942

Immediate cause of death: Carcinoma Segmoid — Acute myocarditis — Duration: 4 mos. 1 day.
Due to: Subcutaneous edema — Duration: 1 day.
Due to — Duration:
Other Conditions — Duration:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leo Schlesinger
Address 4000 Hubert Hampton Date signed 12.14.42 M. D.

F 98339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 16a

Registered No. F 98599

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave. + Madison St.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2704 Auchentoroly Terrace
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine J Bauer

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Valentine Bauer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1867

8. AGE: Years 75 | Months 5 | Days 25 | If less than one day ... hr. ... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Jacob E. Seibert
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta A. Eppley
15. Birthplace Germany

16 (a) Informant Mrs. Rose L. Ostheim
(b) Address 2704 Authentoroly Terr.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/42 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 14 1942 Huntington Williams, M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14 1942, at 1:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/10 1942, to 12/14 1942, and that I last saw her alive on 12/13 1942.

Immediate cause of death Agranulocytosis — Duration 5 days?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

B. Signature Dr. Leo M Zemansky M.D.
Address 11 E. Eager Date signed 12/15/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 98600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98600 Registered No.

PRINT RECEIVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 831 Pontiac Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 831 Pontiac Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY V. MORRIS

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: William B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct. 27, 1869

8. AGE: Years: 73 | Months: 1 | Days: 15 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name: Thomas Brown
13. Birthplace: Philadelphia, Pa.

MOTHER
14. Maiden Name: Sophia Meyers
15. Birthplace: Balto., Md.

16 (a) Informant: Mr. George Kreiner
(b) Address: 3202 Taylor Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: Baltimore 41 Walter Williams, M.D.

19 (a) (b) Registrar
(Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12, 1942, at 4:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/11 1942 to 12/12 1942; and that I last saw h[illegible] alive on 12/12 1942.

Immediate cause of death — Duration

Due to Pulmonary Phthisis

Due to Carcinoma of Pancreas

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Samuel Rubin M. D.
Address: 203 Osteopathic Bldg. Date signed

F 98601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92b

F 93601 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 705 W. Lanvale St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 705 W. Lanvale St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MOLLIE FRIEND

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 22, 1876

8. AGE: Years	Months	Days	If less than one day
66	7	19	hr. min.

9. Birthplace Richmond, Va. (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER 12. Name Samuel Friend

13. Birthplace Va.

MOTHER 14. Maiden Name Cornelia Jeter

15. Birthplace Va.

16 (a) Informant Mrs Helen Scott

(b) Address 436 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-42 (month) (day) (year)

(c) Cemetery or crematory Laurel Cem.

Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley

(b) Address 578 W. Biddle St.

DEC 14 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION P

20. DATE OF DEATH Dec. 11, 1942 at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-12-1942 to 12-11 1942. and that I last saw h[illegible] alive on 11-9-1942.

Immediate cause of death	Duration
Terminal	4 hrs
Bronchial pneumonia	
Chronic Valvular Heart Disease	1 year
Due to	
Due to (or)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. C. Jackson M. D.

Address 1200 Washington Blvd Signed 12/14/42

F 98332 ? F 98332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183a Registered No. 13

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2218 Brookfield Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2218 Brookfield Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME BERTHA VAN LEER.

3 (b) If veteran, name war ---
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1871

8. AGE: Years 71 | Months 9 | Days 12 | If less than one day ___ hr. ___ min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Solomon Van Leer,
13. Birthplace Holland.

MOTHER
14. Maiden Name Hannah Hirsch,
15. Birthplace Germany.

16 (a) Informant Miss. H. Van Leer,
(b) Address 2218 Brookfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12.15/42. (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom
Location Balto. Md.

18 (a) Funeral director Harris Levine & Son
(b) Address 1902 Eutaw Place.

19 (a) DEC 14 1942 (Date rec'd by registrar) Attesting for Williams M.D. (Registrar) M. D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13, 1942, at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942, to Dec 13 1942 and that I last saw her alive on Dec 13 1942

Immediate cause of death	Duration
Acute dilatation of heart	3 days
Due to Cerebral Hemorrhage	6 yrs
Due to Arteriosclerosis	6 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. Fredrick Lentz M. D.
Address Temple Garden Apts Date signed 12/13/42.

correct age is especially important. Physicians: please write the causes of death clearly and

VS 2

F 98603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 47 Dr. F98603

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1608 Madison Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Madison Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred Holmes

3 (b) If veteran, name war: World War.

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1897

8. AGE: Years 45 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace Essex Co. Va.
(Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name Jackson Holmes
13. Birthplace Essex Co. Va.

MOTHER
14. Maiden Name Mary Cothorn
15. Birthplace Essex Co. Va.

16 (a) Informant Marella Timpson
(b) Address 1608 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-1942 (month) (day) (year)

(c) Cemetery or crematory —
Location Dunnsville, Va.

18 (a) Funeral director Mr. George H. Holland
(b) Address 1651 Druid Hill Ave.

19 (a) DEC 14 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12, 1942, at 8:42 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 21, 1942 to Dec. 12 1942 and that I last saw him alive on Dec. 12 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 week
Due to Carcinoma of Lungs.	2 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence / / at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Bashaw Diggs M. D.
Address Dr. Bashaw Diggs Date signed 12/14/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 98604
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address (~~If hospital or institution~~): 1311 Lemon Street
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Lemon Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cornelius Stokes

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-236

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widower

6 (b) Name of husband or wife Catherine L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5, 1873

8. AGE: Years	Months	Days	If less than one day
69	7	27	hr. min.

9. Birthplace Gloucester Co. Va. (Town, county, and state)
10. Usual Occupation Tobacco Stemmer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Charles H. Stokes
(b) Address 1311 Lemon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore, Md.

18 (a) Funeral director Mr. George H. Hellmann
(b) Address 1631 [illegible]

19 (a) DEC 14 1942 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13, 1942, at 10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry & Autopsy thereon and from the evidence obtained by said Inquiry & Autopsy (Autopsy or inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral Hemorrhage, spontaneous — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec 12 1942

VS 6

47 6679
98605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98605 / 107

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 134 S. Ellwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Christian Clark

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age → years

7. Birth date of deceased (mo., day, yr.) 7-10-39

8. AGE: Years	Months	Days	If less than one day
3	5	2	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business —

FATHER
12. Name Albert Clark
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Kurtz
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 15. 1942 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem. Park
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

DEC 14 1942 (b)
(Local Registrar) Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1942, at 1154 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1942, to Dec 12 1942, and that I last saw h.i.M alive on Dec 12 1942.

Immediate cause of death	Respiratory Failure	
Due to	Pneumonia (Broncho)	
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank W. Hibbs M. D.
Address Johns Hopkins Date signed 12/12/42

F 98606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47d F 98606 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employee of information should carefully supply correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 605 Park Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr Jerome Crane Lappe.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Helena Coles Shields Lappe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 11, 1889

8. AGE: Years	Months	Days	If less than one day
53	8	1	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)
10. Usual Occupation Machine Tool Healer
11. Industry or business

FATHER
12. Name Chas. A. Lappe
13. Birthplace Md

MOTHER
14. Maiden Name Catherine F. Crane
15. Birthplace Md.

16 (a) Informant Mrs. Helena Coles Lappe
(b) Address 605 Park Ave

17 (a) Burial (b) Date thereof 12/15/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director Harry H. Fritz
(b) Address 4101 Edmondson Ave.

19 (a) DEC 14 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1942, at 7:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/20 1942 to 12/12 1942, and that I last saw h living alive on 12/12 1942.

Immediate cause of death: Carcinoma Lung, Bilateral — Duration 4 Mos

Due to:

Due to:

Other Conditions: Metastasis To Brain, Spinal Column & Regional Lymphatics
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Same

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward F. Kreig M.D.
Address Bon Secours Hosp. Date signed 12/2/42

VS 8

F 98607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 98607 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. 6
(If outside city or town limits, write RURAL and give town)
(d) Street No. 772 Edgewood St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Jane McSweeney

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Mr. Wm. Edward McSweeney
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 12/15/75

8. AGE: Years	Months	Days	If less than one day
66	11	28	12 hr. 05 min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Francis A. Stricker
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Jane Turner
15. Birthplace Md.

16 (a) Informant Mr. Wm. Edward McSweeney
(b) Address 772 Edgewood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location 772 Edgewood St.

18 (a) Funeral director Harry H. Weitzel
(b) Address 1101 E Monument ave

19 (a) DEC 14 1942 (b) Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12 1942, at 12:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/7/1942 to 12/12/1942, and that I last saw h[illegible] alive on 12/12/1942.

Immediate cause of death	Uremia	
Due to	Chronic Nephritis	
Due to		
Other Conditions	Diabetes Mellitus Hypertensive Card-Vas. Renal Disease	

(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. J. Muse M. D.
Address Bon Secours Hosp. Date signed 12/13/42

VS 2

F 98608 Thursday

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137a

Registered No. F 98608

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address #
(c) Hospital or institution: # Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 dys
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No 2003 E. Monument St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Edward Glowacki

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-03-3710

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Theresa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 54 | Months 11 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Produce Dealer

11. Industry or business

FATHER 12. Name Anthony Glowacki

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Margaret Wahr

MOTHER 15. Birthplace Baltimore Md

16 (a) Informant Theresa Glowacki

(b) Address 2003 E. Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Dalrymple Rd

18 (a) Funeral director Geo M. Frank & Son

(b) Address 844 W. Lexington St

19 (a) DEC 14 1942 (Entered by registrar) (b) Hunter & Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/13 1942, at 4 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/7 1942 to 12/13 1942, and that I last saw h/ alive on 12/13 1942.

Immediate cause of death: Cerebral thrombosis

Due to: Coronary occlusion

Due to: Traumatic prostatectomy

Other Conditions: Spinal anesthesia

(Include pregnancy within 3 months of death)

Date of operation 12/12/42

Major findings of operation: Benign prostatic hypertrophy

of autopsy: Approximately

Duration: 7 dys

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Lawrence Hellegers

Address Mercy Hospital Date signed 12/13/42

VS 150

F 98609 F 98609

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93d

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2903 Jefferson st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2903. Jefferson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Asa. S. Roberts.

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Isabella
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby 29. 1864

8. AGE: Years	Months	Days	If less than one day
78	09	14	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business

FATHER	12. Name Owen Roberts.
	13. Birthplace Balto Md
MOTHER	14. Maiden Name Bustnon
	15. Birthplace "

16 (a) Informant Isabella Roberts
(b) Address 2403 Jefferson St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd
18 (a) Funeral director Geo M. Fowler
(b) Address 811 N Wolfe St
19 (a) DEC 14 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1942 at 2.40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 10 1942, to Dec 13 1942, and that I last saw him alive on Dec. 11 1942.

Immediate cause of death Chronic Myocarditis.
Due to
Due to
Other Conditions Senile Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature W. H. Nebut M.D.
Address 701 N. Fremont Date signed 12/14/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 98610

F 98610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4014 Massachusetts Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4014 Massachusetts Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Cavey (CAVEY)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Wm. A Cavey
6 (c) If alive, give age yrs.

7. Birth date of deceased (mo., day, yr.) Apr 2 1878

8. AGE: Years 64 | Months 8 | Days 10 | If less than one day hr. min. 12

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Amos Kelbaugh
13. Birthplace Maryland

MOTHER
14. Maiden Name Upton
15. Birthplace Maryland

16 (a) Informant Wm A Cavey
(b) Address 4014 Massachusetts Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Ellicott City Md

18 (a) Funeral director Jerome B Farley
(b) Address Fulton & Fayette Sts

19 (a) DEC 14 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1942 at 11:50 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1942 to Dec 14 1942 and that I last saw h.er alive on Dec 14 1942

Immediate cause of death Cerebral Hemorrhage — Duration 3 Days

Due to Hypertension Kenkleverse — 7 Years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Collins M D M. D.

Address 3321 Frederick Ave Date signed 12-14-42

VS 250

F 98611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 147a

F 98611 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert and Saratoga Streets

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1407 East Lanvale Street

(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country —

3 (a) FULL NAME Mr. John T. Luber

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Bertha Luber

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) May 24, 1876

8. AGE: Years	Months	Days	If less than one day
66	6	21	— hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Laborer for City

11. Industry or business Highways Dept.

FATHER 12. Name George M. Luber

FATHER 13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name Anna Mauer

MOTHER 15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Bertha Luber

(b) Address 1407 - E. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Memorial Park

Location Taylor Ave. - Belt Line

18 (a) Funeral director George J. Pentz Sons

(b) Address 625 Hartford Ave.

19 (a) Dec 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12 1942 at 1:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from December 8 1942 to December 1942, and that I last saw him alive on December 12 1942.

Immediate cause of death Carcinoma of Lungs — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at — M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature J. C. Stegmaier M. D.

Address Mercy Hospital Date signed December 1942

F 98612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98612 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33d Sts.
(c) Hospital or institution: The Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 W Pennsylvania Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Hope

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband ~~or wife~~ Nicholas H. Hope
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1873

8. AGE: Years	Months	Days	If less than one day
69	5	9 15	hr. min.

9. Birthplace Md Georgia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Calder Turner
13. Birthplace North Carolina

MOTHER
14. Maiden Name Cornelia Rampley
15. Birthplace Maryland

16 (a) Informant Nicholas Hope
(b) Address 19 W Penna Ave Towson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16-42 (month) (day) (year)
(c) Cemetery or crematory St James
Location Balto Co Md

18 (a) Funeral director Martin F Kurtz
(b) Address Jarrettsville Md

19 (a) (Date rec'd by registrar) DEC 14 1942 (b) Registrar

VS 21

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1942 at 12.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1942 to Dec 14 1942, and that I last saw her alive on Dec 14 1942.

Immediate cause of death Carcinomatosis Carcinomatosis of viscera origin unknown — Duration 2 years

Due to — Duration 2 years

Due to Gastro Intestinal Carcinoma — Duration 2 years

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Dec 2, 1942

Major findings of operation Nodules on liver & other viscera

Date of autopsy Not Done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank H Ridgely Jr M. D.
Address Union Memorial Hospital Date signed 12/14/42

Waiting for Autopsy Report
Baltimore, Md

F 98613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 98613 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cor Linden Ave & Mahian St.
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2112 Maryland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dr. Robert L Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie I. Mitchell
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) June 25, 1881

8. AGE: Years	Months	Days	If less than one day
61	5	18	hr. min.

9. Birthplace Elkton, Md. (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

FATHER
12. Name Arthur W. Mitchell
13. Birthplace Cecil County, Md.

MOTHER
14. Maiden Name Mary L. Levis
15. Birthplace Cecil County, Md.

16 (a) Informant Mrs. Annie I. Mitchell
(b) Address 2112 Maryland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 16, 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director Miller Lamotte
(b) Address 1003 N. Baltimore St.

DEC 14 1942 (Date Registered) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13, 1942, at 11:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4, 1942 to Dec 13, 1942, and that I last saw him alive on Dec 13, 1942.

Immediate cause of death Coronary Thrombosis — Duration 9 da.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L J Coffman M.D.
Address Md. General Hosp. Date signed 12/13/42

Physicians: please write the causes of death clearly and legibly. Accuracy is especially important.

F 98614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 171a

F 98614 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 525 Washington Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ellen Lavallee (Ella Lavalley)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Edwin Lavallee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1862

8. AGE: Years	Months	Days	If less than one day
80	4	14	hr. min.

9. Birthplace Anne Arundel County, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Randolph Cromwell
13. Birthplace Anne Arundel County, Md.

MOTHER
14. Maiden Name Henrietta B. Phelps
15. Birthplace Anne Arundel County, Md.

16 (a) Informant Miss Georgia Morris
(b) Address Linthicum Heights, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 15, 1942 (month) (day) (year)
(c) Cemetery or crematory Friendship Cemetery
Location Anne Arundel County, Md.

18 (a) Funeral director Wilkes Lawrence
(b) Address 1003 W. Baltimore St.

19 (a) DEC 14 1942 (Date received by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-12- 1942, at 8 15 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Fracture of Basis -	
Due to sub-arachnoid -	
Cerebellar hemorrhage	
Due to	
Other Conditions Generalized arteriosclerosis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 18/3
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-12- 42 at 4.45 P.M
(c) Where did injury occur Balto St. near Poppleton (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Struck by street car

23. Signature Howard J. Waldeck M.D. Medical Examiner
Date signed 12-13-42

98615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94A

F 98615 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be accurately supplied. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 11 E. Chase St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Reisterstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 403 S. Main
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wyatt Aiken Jennings

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 442-07-5995

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nellie M. Jennings

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4, 1890

8. AGE: Years 52 | Months 2 | Days 10 | If less than one day: hr. min.

9. Birthplace South Carolina
(Town, county, and state)

10. Usual Occupation Manager for Philips

11. Industry or business Petroleum Co. at Reisterstown

FATHER
12. Name Calvin C. Jennings
13. Birthplace South Carolina

MOTHER
14. Maiden Name Sarah Copahart
15. Birthplace South Carolina

16 (a) Informant Nellie M. Jennings
(b) Address Reisterstown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 17/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Balto Co

18 (a) Funeral director J. E. Elsen & Sons
(b) Address Reisterstown Md.

19 DEC 15 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14, 1942 at 3:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1936 to 12/14/42 1942 and that I last saw him alive on 12/14 1942.

Immediate cause of death: Coronary Thrombosis — Duration: sudden

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Lewis G. Jarrett M.D.
Address 11 E. Chase St. Date signed 12/14/42

VS 8

F 98616
AB-77895

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 154

F 98616
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 Hull St. (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Baby Boy Kish (Birth F 62077)

3 (b) If veteran, name war: 0
3 (c) Social Security Account No.: 0

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: 0
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 8-1942

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day: 11 hr. min.

9. Birthplace Baltimore, Md. (town, county, and state)
10. Usual Occupation 0
11. Industry or business 0

FATHER
12. Name Steve A. Kish
13. Birthplace Alabama

MOTHER
14. Maiden Name Ladean Sammers
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-5-42 (month) (day) (year)
(c) Cemetery or crematory Balto City Hosp
Location 4940 Eastern Ave

18 (a) Funeral director
(b) Address

19 DEC 15 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9th 1942 at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 8th 1942 to Nov. 9th 1942 and that I last saw him alive on Nov. 9th 1942

Immediate cause of death: Congenital Atelectasis — Duration 11 hrs.
Due to: Prematurity — —
Due to: —
Other Conditions: Acute Nephritis of Pregnancy (4 months) — —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis C. Garcia M.D.
Address Baltimore City Hosp Date signed 11-10-42 M. D.

98617

AB-77697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 f ✓

F 98617

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals 151

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1325 N. Gilmore St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Mills-Twin A (Birth F. 6116)

3 (b) If veteran, name war: 0

3 (c) Social Security Account No.: 0

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife: 0

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 30-1942

8. AGE: Years	Months	Days	If less than one day
		10 9	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name William Mills

13. Birthplace N.C.

MOTHER

14. Maiden Name Mary White

15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals

(b) Address Records

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-5-42 (month) (day) (year) 9 AM

(c) Cemetery or crematory Balto. City Hosp. Location 4940 Eastern Ave

18 (a) Funeral director

(b) Address

DEC 15 1942 Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8th 1942 at 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 30 1942 to Nov. 8 1942 and that I last saw her alive on Nov. 8th 1942

Immediate cause of death	Duration
Congenital Syphilis	Unknown
Due to	
Due to	
Other Conditions Prematurity	10 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Louis G. Garcia M.D.

Address Baltimore City Hosp. signed 11-12-42

F 98618

AB-77960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 98618

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38hr.35min.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 E. Proctor St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Dowis (Birth F 67221)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
0	0	F	W	Sihgle

6 (b) Name of husband or wife 0
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 12-1942

8. AGE: Years	Months	Days	If less than one day
		2	38 hr. 35 min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation 0
11. Industry or business 0

FATHER
12. Name Franklin Dowis
13. Birthplace Md.

MOTHER
14. Maiden Name Doris Aikins
15. Birthplace Md

16 (a) Informant
(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-5-42 (month) (day) (year) 9 a.m.
(c) Cemetery or crematory Balto City Hosp
Location 4940 Eastern Ave

18 (a) Funeral director
(b) Address

19 (a) DEC 15 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 14 1942, at 2:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-12- 1942 to 11-14 1942
and that I last saw h(e)r alive on 11-14 1942.

Immediate cause of death	Duration
Congenital atelectasis	3 days
Due to Prematurity	3 days
Due to	
Other Conditions Secondary Amnesia	—

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis C. Garcia M.D.
Address Balto. City Hosp. Date signed 11-16-42 M. D.

VS 150

F 98619
AE-77526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 98619

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1218 Eagle St. 1218 E Eager (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Robertson (Birth F. 60065)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17-1942

8. AGE: Years	Months	Days	If less than one day
		23	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Blackwell
13. Birthplace Md.

MOTHER
14. Maiden Name Delores Robertson
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-5-42 (month) (day) (year) 9 AM
(c) Cemetery or crematory Balto City Hosp.
Location 4940 Eastern Ave

18 (a) Funeral director
(b) Address

DEC 15 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/10/42 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death	Duration
Pneumonia	
Due to (a)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 12-7-42

98620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98620

F.S. (88940)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1524 Baldwin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lester Isadore Naill (Birth F. 6005)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 13, 1942

8. AGE: Years	Months	Days	If less than one day
	1	1	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Lester Naill
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Ruby
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Cremation (b) Date thereof 12-5-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto City Hosp
Location 4940 Eastern Ave

18 (a) Funeral director
(b) Address

19 (d) DEC 15 1942 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 14, 1942, at 8 30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 11 1942 to Nov 14 1942. and that I last saw h.i.m. alive on Nov 14, 1942.

Immediate cause of death Pneumonia — Duration 1 day

Due to (over)

Due to

Other Conditions Convulsions — ? Tetany; Salvarsan. — 3 days.
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations

of autopsy: 12-5-42

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto City Hosp Date signed 12-7-42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98621

E.S. (27982)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600 Registered No. F 98621

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 922 McDonogh St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Foster (Butler F 6 2 339)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1942

8. AGE: Years | Months | Days: 1 day | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Clarence Johnson
13. Birthplace Maryland

MOTHER
14. Maiden Name Bernice Foster
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9 AM 12-15-42 (month) (day) (year)
(c) Cemetery or crematory Balto City Hosp
Location 4940 Eastern Ave.

18 (a) Funeral director
(b) Address

(c) Date DEC 15 1942 (Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/14 1942 at 4:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11/13 1942 to 11/14 1942 and that I last saw him alive on 11/14 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: Premature birth

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 12-7-42

VS 150

F 98622
AB-77234

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 30f

F 98622 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1637 W. Lanvale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Eaton (Birth F-59360)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: C
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife (10-7-42)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 10-1942

8. AGE: Years | Months | Days: 8 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Henry Speaks
13. Birthplace Md.

MOTHER
14. Maiden Name Beatrice Eaton
15. Birthplace N.C.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Cremated 9 am (Burial, cremation, or removal) (b) Date thereof 11-28-42 (month) (day) (year)
(c) Cemetery Baltimore City Hospitals
Location 4940 Eastern Ave

18 (a) Funeral director
(b) Address Huntington Williams, M.D.

19 DEC 15 1942 (Date received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1942 at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 7 1942 to Oct 15 1942 and that I last saw him alive on Oct. 15 1942.

Immediate cause of death: Congenital Syphilis
Due to: Maternal Syphilis.
Due to:
Other Conditions:

Duration: 8 days

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis E. Lenzo M. D.
Address Baltimore City Hosp. Date signed 12-1-42

F 98623

MPR 77619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. F 98623

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) NB
(e) Length of stay in Baltimore (yrs., mos., or days) NB

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 423 S. Pulaski St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy McGraw (Gladys) (Birth F. 60991)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1942

8. AGE: Years	Months	Days	If less than one day
			4 hr. 40 min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas McGraw
13. Birthplace Md.

MOTHER
14. Maiden Name Gladys Scott
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 9 am 11-28-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore City Hospitals
Location 4940 Eastern Ave.

18 (a) Funeral director
(b) Address

19 (a) DEC 15 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-26 1942 at 1 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-26 1942 to 10-26 1942, and that I last saw him alive on 10-26 1942.

Immediate cause of death	Duration
a. Pneumonia	
Due to b.	
Due to c.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: as above.

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Margaret H. D. Saville M. D.
Address Balto City Hosp. Date signed 10-27-42

VS 280

F 98624

T.N 76536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10 7 Registered No. F 98624

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 Oxford Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Martin (Birth F-57533)

3 (b) If veteran, name war: infant.

3 (c) Social Security Account No. infant.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: infant.

6 (b) Name of husband or wife: infant

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 5th, 1942

8. AGE: Years 0 | Months 0 | Days Two | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation infant.

11. Industry or business infant.

FATHER
12. Name Edward Martin
13. Birthplace N.C

MOTHER
14. Maiden Name Louise Rideout
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records)

17 (a) Cremated (Burial, cremation, removal) (b) Date thereof 9 am 11-28-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore City Hospitals
Location 4940 Eastern Ave

18 (a) Funeral director
(b) Address

DEC 15 1942 Huntington Williams M.D. Registrar

VS 8 Hospital Disposal.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 7 1942, at 1 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 5th 1942 to Sept 7th 1942, and that I last saw h[illegible] alive on Sept 7th 1942.

Immediate cause of death: Bronchial Pneumonia — Duration: 2 days
Due to: Aspiration
Due to:
Other Conditions: no.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Bronchial Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis C. Garcia M. D.
Address Baltimore City Hosp. Date signed 9-24-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

98625 MPR 78343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a Registered No. F 98625

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 E. Madison St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Berry (Annie Mae) (Birth F 64193)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1942

8. AGE: Years | Months | Days 3 2 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Albert Berry
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Mae Thompson
15. Birthplace Md.

16 (a) Informant Bo. Co. H. Records
(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-10-42 (month) (day) (year) 9 AM
(c) Cemetery or crematory Hosp. Disposal
Location Balto City Hosp

18 (a) Funeral director
(b) Address 4940 Eastern Ave

19 DEC 15 1942 (Date received by registrar) Washington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/4 19 42 at 2:19 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/2 19 42 to 12/4 19 42, and that I last saw h/ alive on 12/4 19 42

Immediate cause of death Cerebral hemorrhage — Duration 3 days

Due to Difficult labor & prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis L. Gaeir M.D.
Address Balto. City Hosp. Date signed 12/8/42 M.D.

98626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

Registered No. F 98626

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3102 Bayne Ave.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3102 Bayne Ave.
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME MORGAN GEORGE LANGLEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M.

6 (b) Name of husband or wife Mrs. Margaret G. Langley
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 2-18-01

8. AGE: Years	Months	Days	If less than one day
41	9	25	____ hr. ____ min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Police Sergeant
11. Industry or business

FATHER
12. Name Foster M. Langley
13. Birthplace Md.

MOTHER
14. Maiden Name Jennie McDonough
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Frank J. Tipton
(b) Address 2918 E. Baltimore St

19 DEC 15 1942 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-13 1942, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19__ to Dec. 13 1942, and that I last saw h. alive on Dec. 13 19 42

Immediate cause of death Cardio respiratory failure — Duration ____

Due to Cerebral hemorrhage — Duration 1½ hrs.

Due to Hypertensive cardio-vascular disease — Duration (10 yrs.) 5 yrs.

Other Conditions Coronary sclerosis.
(Include pregnancy within 3 months of death)

Date of operation ____

Major findings of operation: ____

of autopsy Cardiac hypertrophy Coronary sclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? ____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____
(Specify type of place)
(e) Means of injury ____

23. Signature James N. McCook Jr. M. D.
Address Union Memorial Hospital Date signed 12-13-42

98627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. D 98627

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W Lexington St
(c) Hospital or institution:
Aged Men's & Women's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W Lexington St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Meyer

3 (b) If veteran, name war: W

3 (c) Social Security Account No.: NONE

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed or divorced: Widow

6 (b) Name of husband or wife: Anna Kessler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30. 1867

8. AGE: Years 75 | Months 5 | Days 12 | If less than one day: hr. min.

9. Birthplace Baltimore MD
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles F Meyer
13. Birthplace Germany

MOTHER
14. Maiden Name (Unknown) Stutlejohn
15. Birthplace Germany

16 (a) Informant Wife Mrs Henry Meyer
(b) Address 1400 W Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director William Cole Sons
(b) Address 1217 E Fort Ave

DEC 15 1942 Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1942 at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/15/1934 19 to 12/12/42 19, and that I last saw him alive on 12/11/42 19

Immediate cause of death: Coronary occlusion — Duration: sudden.

Due to

Due to

Other Conditions Bronchitis, chronic.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edwin B. Jarrett

Address 11 E. Chase St., City Date signed 12/14/42

VS 150

F 98628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98628

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cor Mad. St + Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A.
(c) City or town Linthicum Heights
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ingewood Apartments
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Calderhead Jr.

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 19th 1936

8. AGE: Years	Months	Days	If less than one day
6	3	24	hr. min.

9. Birthplace El Paso Texas
(Town, county, and state)

10. Usual Occupation
11. Industry or business —

FATHER
12. Name John Calderhead
13. Birthplace Chicago Ill.

MOTHER
14. Maiden Name Margaret L. Fitch
15. Birthplace Kansas City, Mo.

16 (a) Informant John Calderhead
(b) Address Greenwood Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/42 (month) (day) (year)
(c) Cemetery Meadow Ridge
Location Dorsey Md.

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St. Paul St.

19 (a) DEC 15 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1942 at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h alive on 19

Immediate cause of death Lupus erythematosus

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill-in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. J. Coffman M.D.
Address Md. General Hosp. Date signed 12/13/42

Howard J. Maddox, M.D.

VS 3

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

98629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 Registered No. E 98629

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore, Md.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 117 E. Gittings St.
(If rural give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3 (a) FULL NAME SUSIE M. KELL

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	217-16-8714	F	W.	Separated

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4th 1887

8. AGE: Years	Months	Days	If less than one day
55	8	10	hr. min.

9. Birthplace Baltimore, Md. (town, county, and state)
10. Usual Occupation Waitress
11. Industry or business Glenn L. Martin Co.

FATHER
12. Name John Harrigan
13. Birthplace Oxford, Maryland

MOTHER
14. Maiden Name Lenora Taylor
15. Birthplace Baltimore, Md.

16 (a) Informant Harry G. Watts, Jr.
(b) Address 1641 Thomas Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul St., Balto., Md.

19 DEC 15 1942 (b) Huntington Williamsport, Md.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1942, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1942, to Dec 14 1942 and that I last saw h[illegible] alive on Dec 11-1942.

Immediate cause of death	Duration
Perforation of esophagus	7 days
Due to (Chicken Bone) Mediastinitis.	"
Due to Lobar pneumonia Pericarditis.	"
Other Conditions	"

(Include pregnancy within 3 months of death)
Date of operation Dec 9-42
Major findings of operation: Mediastinitis & empyema.
Date of autopsy Dec 14-42.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence December 7, 1942 at M
(c) Where did injury occur? 117 E. Gittings Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Swallowed chicken bone

23. Signature Fred T. Lyper M. D.
Address University Hosp. Date signed 12-14-42
Robert Lee Graham, M.D.
Per Howard J. Madeira, M.D.

98630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 98630
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hosp.
(c) Hospital or institution: Bathlehem Annex 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Eastern Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country ?

3 (a) FULL NAME Raymond Adams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name

13. Birthplace

MOTHER
14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 14 1942
Commissioner of Health

18 (a) Funeral director

(b) Address

19 DEC 14 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/9 1942 at 4.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 9 1942 to Dec. 9 1942 and that I last saw h[illegible] alive on Dec. 9 1942.

Immediate cause of death	Duration
Respiratory Failure	
Due to Lobar Pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. O. Goldstein M. D.

Address Sinai Hospital Date signed 12/12/42

VS 3

9648

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98631

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 98631 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 E. East Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1 E. East Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine B Naggengast

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1867

8. AGE: Years 75 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Peter A. Franz
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sarah Turner
15. Birthplace England

16 (a) Informant George Naggengast
(b) Address 1 E. East Ave.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 16/42 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) DEC 15 1942 (Registered by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/13 1942 at 1.35 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to my death on the day stated above.

Immediate cause of death	Duration
Diabetes Mellitus	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 12/14/42.

correct age is especially important. Physicians: please write the causes of death clearly and

VS 6

F 98632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

932

F 98632 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Any supplies correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital yes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5908 Greenhill Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Lillian M. Lindeman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow.

6 (b) Name of husband or wife Henry Lindeman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29-1889

8. AGE: Years	Months	Days	If less than one day
53	8	16	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation House Work
11. Industry or business at Home

FATHER
12. Name Adam Paff
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Elizabeth Kiel
15. Birthplace Baltimore Md.

16 (a) Informant Margaret Bain (Niece)
(b) Address 5908 Greenhill Ave

17 (a) Burial (b) Date thereof Dec 18-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sch[illegible]
Location [illegible]

18 (a) Funeral director Lilly Geiter Inc
(b) Address 403 S. Wolfe St.

19 (a) (Date received by Local Registrar) DEC 15 1942 Hampton Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14 1942, at 10 00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13 1942, to Dec. 14 1942, and that I last saw h.e.r alive on Dec. 14 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Hypertensive Heart Disease	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Wilbur H. Austin
Address St. Joseph's Hosp. Date signed 12-14-42 M. D.

F 98633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 D

F 98633 Registered No.

Type or print in ink. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 507 S.GLOVER ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 507 S.GLOVER ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: MARY B.HEHRING

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife: FREDERICK J.HEHRING
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR.5 1875

8. AGE: Years	Months	Days	If less than one day
67	9	8	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name MICHAEL WISCHER
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant LOUIS J.HEHRING (SON)
(b) Address 507 S.GLOVER ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC.16/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address [illegible] WOLFE ST.

19 (a) DEC 15 1942 (Date rec'd by registrar) (b) Huntington Hills M.

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 13 1942 at 2/45 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 7, 1942 to Dec. 12, 1942 and that I last saw her alive on Dec. 12, 1942

Immediate cause of death: Bronchial pneumonia — Duration: 2 days
Due to: Terminal
Due to: Chronic Nephritis, heart disease — Duration: several years.
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J. Krieger M. D.
Address 2627 Eastlawn Ave. Date signed 12/14/42

VS 2

F 98634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

188

F 98634

Registered No. .....

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 112 Hammerbacker Ct.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....

(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County .....

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 112 Hammerbacker Ct

(If rural give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3 (a) FULL NAME Joseph Mitchell

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 214-10-8382

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	married

6 (b) Name of husband or wife Bertha Mitchell

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 10-1906

8. AGE: Years	Months	Days	If less than one day
36	11	3	..... hr. ..... min.

9. Birthplace N. C.

(Town, county, and state)

10. Usual Occupation Day laborer

11. Industry or business .....

MOTHER / FATHER

12. Name Wm. Mitchell

13. Birthplace N. C.

14. Maiden Name Rebecca Turner

15. Birthplace N. C.

16 (a) Informant Bertha Mitchell

(b) Address 127 W. Camden St

17 (a) Burial (b) Date thereof 12-16-42

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Balto Co. Md

18 (a) Funeral director James A Hayes

(b) Address 1142 W Fayette St

19 (a) ..... (Date rec'd by registrar) (b) Washington Millennium Ave

VS 8 DEC 15 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1942 at 2:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 1942 to Dec 13 1942 and that I last saw him alive on Dec 12 1942

Immediate cause of death Lobar Pneumonia — Duration 1 Wk

Due to .....

Due to .....

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? .....

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....

(Specify type of place)

(e) Means of injury .....

23. Signature John W. Gaines M. D.

Address 665 W. Baltimore Date signed 12/14/42

F 98635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

#6d F 98635 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210 Cold Spring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. 13
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 Cold Spring Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida E. Lipp

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	W.

6 (b) Name of husband or wife Fred. W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1873

8. AGE: Years	Months	Days	If less than one day
69	8	8	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name John P. Mortimer
13. Birthplace Fr. Va.

MOTHER 14. Maiden Name Emily Smith
15. Birthplace Balto.

16 (a) Informant Mrs. John Mortimer
(b) Address Norfolk, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave

18 (a) Funeral director J. Fenwick Keller
(b) Address 130 E. Hoffman St. Huntington Williams, M.D.

19 (a) DEC 15 1942 (b) Registrar
(Date received by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1942, at 3 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1942, to Dec 12 1942, and that I last saw her alive on Dec. 11 1942.

Immediate cause of death Carcinoma of the Rectum — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. N. Mortimer
Address 2324 Reisterstown Rd Date signed 12/14/42 M.D.

F 93536 ✓ F 30030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5wks
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
9-7
(d) Street No. 2518 Garrett Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas B. Mac Cubbin

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 21607-7607

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
Male	White	Married

6 (b) Name of husband or wife: Irene E. Mac Cubbin
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1882

8. AGE: Years	Months	Days	If less than one day
60	9	15	____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Receiving Depot

FATHER
12. Name John W. Mac Cubbin
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary O'Donnell O'Donnell
15. Birthplace Hartford Co.

16 (a) Informant Irene Mac Cubbin
(b) Address 2518 Garrett Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/42 (month) (day) (year)
(c) Cemetery or crematory Old St. Paul's Cem. Kent Co.
Location Kent Co., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address [illegible]lto., Md.

19 (a) DEC 15 1942 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13, 1942, at 7½ P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 4, 1942, to Dec. 13 1942, and that I last saw him alive on Dec. 13, 1942.

Immediate cause of death	Duration
Pulmonary Congestion	1 Mo
Due to Pulmonary Infarcts	
Due to	
Other Conditions Pulmonary Infarcts, multiple	

(Include pregnancy within 3 months of death)
Date of operation Nov. 5, 1942
Major findings of operation: Inguinal hernia, bilat.
of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Church Home & Inf. Date signed 12/[illegible]/42

VS 3

F 98637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860 F 98637 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Death.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 818 N. Townsend Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EDWARD E. BILZER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Caroline Bilzer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-22-1860

8. AGE: Years	Months	Days	If less than one day
82 83	4	21	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business Caton R.R. Co.

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Robert Bilzer
(b) Address 5517 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Edmund J. Burg
(b) Address 5300 Harford Rd

19 (a) DEC 15 1942 (Date rec'd) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1942, at 5P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to — Duration

Due to — Duration

Other Conditions hrg — Duration

(Include pregnancy within 3 months of death)

Date of operation hrg

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 7/9
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 13, 1942 at 4 35 M
(c) Where did injury occur? On R.R. Bed 417 S. Highland Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No (Specify type of place)
(e) Means of injury fell from 2nd to 1st floor

23. Signature H. E. Wallenmeyer M.D. Medical Examiner
Date signed 12-13-42

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 98638

CERTIFICATE OF DEATH

108 F 98638

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 132 N Stricker St., Ward) 51

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Perry Ludwig

If U. S. Veteran specify WAR

(a) Residence: No. 132 N Stricker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Margaret Ludwig

6. DATE OF BIRTH (month, day, year): Feb 1893

7. AGE: Years: 57; Months: 10; Days: ; If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Clifford Ludwig

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Lutzman

16. BIRTHPLACE (city or town) (State or country): Lutzman

17. INFORMANT: Margaret Ludwig (Address) 132 N Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place: Arbutus Cem. Date: 12-16-42

19. UNDERTAKER: Jorge H. Kelson (Address) 1303 Eastern Ave

20. FILED 19

Registrar.

DEC 15 1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/13/42

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 19 42 to Dec 13 19 42

I last saw him alive on Dec 12 19 42 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset

Other contributory causes of importance:

General debility

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Tyler Coleman, M. D.

(Address) 2039 McCulloh St

Registrar. Washington Wilkinson, M.D.

F 98639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98639 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1336 Stockton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 b
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 Mount St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Russell

3 (b) If veteran, name war
3 (c) Social Security Account No. 218-15-0949

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1875

8. AGE: Years	Months	Days	If less than one day
67	10	24	hr. min.

9. Birthplace Calvert County, Maryland (Town, county, and state)
10. Usual Occupation Bartender
11. Industry or business

FATHER
12. Name Richard Russell
13. Birthplace Calvert County, Maryland

MOTHER
14. Maiden Name Mary E. Clarke
15. Birthplace Calvert County, Maryland

16 (a) Informant Elizabeth Russell Kniffe
(b) Address 1109 N. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 16-1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Memorial Park
Location Woodlawn

18 (a) Funeral director J. A. Brookes
(b) Address 1463 N. Carey St.

19 (a) [illegible] (Filed rec'd by registrar) (b) Hunting for Milwaukee, Wis. Registrar

MEDICAL CERTIFICATION 45

20. DATE OF DEATH Dec. 11 1942, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & the Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy & the Inquest find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death acute pulmonary edema — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed Dec 13 1942

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly

F 98640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930 VF 98640 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St
(c) Hospital or institution: South Balto Gen'l Hosp. W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 Light St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Irene M. HARTLOVE — (Mrs. Harold Hatfield)

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13 - 1900

8. AGE: Years 42 | Months 6 | Days 0 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Wroten
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Linda Williams
15. Birthplace Baltimore Md.

16 (a) Informant Margaret Rupp (Daughter)
(b) Address 137 Light St.

17 (a) Burial (b) Date thereof Dec. 15 19
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Richard Fleming
(b) Address 1426 Light St.

19 (a) Filed DEC 13 19 (b) Registrar
(Date this certificate received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/13 19 42 at 7.05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/13 19 42 to 12/13 19 42 and that I last saw h[illegible] alive on 12/12 19 42.

Immediate cause of death Cerebral hemorrhage

Due to Hypertensive C-V, Disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul A. Mangano M. D.
Address 1213 Light Street Date signed

F 98641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 F

F 98641 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 906 E. North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 906 E north Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter R. Simmons

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Barbara G.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13, 1898

8. AGE: Years	Months	Days	If less than one day
44	7	29	hr. min.

9. Birthplace Frederick Co. Md (Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business

FATHER
12. Name John W. Simmons
13. Birthplace Frederick Co. Md

MOTHER
14. Maiden Name Carrie Mercer
15. Birthplace Frederick Co Md

16 (a) Informant Mrs Barbara Simmons
(b) Address 906 E. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Albert W Berger
(b) Address 440 E North Ave

19 (a) DEC 15 1942 (Date received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1942 at 12 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 26, 1942 to Dec 12 1942 and that I last saw h[illegible] alive on Dec 12 1942

Immediate cause of death	Cardiac Insufficiency	Duration
Due to	"	
Due to		
Other Condition	Chr. Nephritis	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur C Mommingers M. D.
Address 800 E North Ave Date signed 12/14/42

VS 150

F 98642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10 77 F. 98642 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1218 Druid Hill Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 Druid Hill Ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Ellen Prout (Birth F 64569)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10. 31. 42

8. AGE: Years — | Months 1 | Days 13 12 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county and state)

10. Usual Occupation infant

11. Industry or business

FATHER
12. Name George Prout
13. Birthplace 1218 Druid Hill Ave

MOTHER
14. Maiden Name Emma Jarvis
15. Birthplace Baltimore Md

16 (a) Informant George Prout
(b) Address 1218 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 / 15 / 42 (month) (day) (year)

(c) Cemetery or crematory Mount Auburn
Location Baltimore Md.

18 (a) Funeral director Mrs. Lee V. Gallant
(b) Address 1631 Druid Hill Ave.

19 (Signature of Registrar) Huntington Williams M.D. Registrar

DEC 15 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 12. 13. 1942 at 11 3/4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12. 11 1942 to 12. 13. 1942 and that I last saw her alive on 12. 13. 1942.

Immediate cause of death Bronchopneumonia — Duration 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James D. Carr M. D.
Address 515 Morley St Date signed 12.15.42

VS 8

F 98643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 98643

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Aliceanna & Caroline Sts
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 North Caroline St. (If rural give location)
(e) Citizen of foreign country? Ireland (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Mary Asmunda (B. Marie Connor)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6/17/1874

8. AGE: Years 68 yrs. Months 5 Days 26 If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Religious

11. Industry or business

FATHER
12. Name James Connor
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Boyle
15. Birthplace Ireland

16 (a) Informant Sister Superior
(b) Address 1421 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/14/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Geo. J. Fenwick Sons
(b) Address 1125 Hollins St

19 (a) DEC 15 1942 Thos. J. Williams Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 1942 at 9.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from December 9 1942 to Dec. 13 1942 and that I last saw h-r alive on Dec. 13 1942.

Immediate cause of death	Duration
Respiratory Failure.	
Due to Pneumonia - Lobar	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Dillinger M. D.
St. Joseph's Hospital
Date signed Dec. 13th Baltimore, Md. 1942.

F 98644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

158

F 98644 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Division St
(c) Hospital or institution: Provident Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 201 N. Walnut (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Veronica D Harris (Birth F 64261)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-26-42

8. AGE: Years | Months | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Scott Harris

13. Birthplace N. C.

MOTHER 14. Maiden Name Drusel Brown

15. Birthplace Md

16 (a) Informant Drusel Harris.

(b) Address 201 S. Walnut st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location Balto County Md

18 (a) Funeral director Williams & Jackson

(b) Address 916 Pennsylvania ave

19 (a) DEC 15 1942 (Date received by Registrar) (b) Williams MD Huntington

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-14- 1942 at 9:00 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10- 1942 to 12-14- 1942 and that I last saw her alive on 12-13- 1942.

Immediate cause of death Dehydration and malnutrition — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. R. Campbell M. D.
Address 718 Dolphin St Date signed 12-14-42

F 98645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98645 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. [illegible] Broad St. (Usual place of abode)
(e) Citizen of foreign country? [illegible] Broad St. (Yes or No)
If yes, name country

3 (a) FULL NAME John James Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Maggie

6 (c) If divorced, give age — years

7. Birth date of deceased (mo., day, yr.) 1854

8. AGE: Years 58 | Months — | Days — | If less than one day ___ hr. ___ min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name James Stewart
13. Birthplace Md

MOTHER 14. Maiden Name Charlotte Brice
15. Birthplace Md

16 (a) Informant Dorothy Thomas
(b) Address 12 N. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Balto. County Md

18 (a) Funeral director William A Jackson
(b) Address [illegible]

19 (a) DEC 15 1942 (Date received by local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12, 1942, at 1:30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest (Autopsy or inquiry) thereon and from the evidence obtained by said Autopsy & Inquest (Autopsy or inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec. 12 1942

VS 6

MEDICAL EXAMINER CASE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98646 54a Registered No. F 98646

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 ds
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 134 Glenmill Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nora L Schultheis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married.

6 (b) Name of husband or wife Charles J. Schultheis
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) July 24 1891

8. AGE: Years	Months	Days	If less than one day
51	4	19	hr. min.

9. Birthplace Howard Co. Maryland (Town, county, and state)
10. Usual Occupation Home wife.
11. Industry or business

FATHER
12. Name Leyander Smith
13. Birthplace Maryland.

MOTHER
14. Maiden name Mary Wellmeier
15. Birthplace Maryland.

16 (a) Informant Charles J. Schultheis
(b) Address Taylor Ville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 15 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore

18 (a) Funeral director Easton Sons
(b) Address Official City.

19 DEC 15 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 | 12 1942, at 12 [illegible] PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12 | 12 1942 to 12 | 12 1942, and that I last saw h[illegible] alive on 12 | 12 1942.

Immediate cause of death Cerebral hemorrhage, left temporal lobe & ruptured into subarachnoid space.

Due to Edema, left temporal lobe.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 12 | 12 | 42
Major findings of operation: Bloody CSF under hydrocephalus
of autopsy: none.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Sept 1-7 1942 (c) M
(c) Where did injury occur? Taylorsville Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Store (Specify type of place) While at work? Yes
(e) Means of injury fall due to (over)

23. Signature H. L. Crampton MD M. D.
Address University Hosp. Date signed 12 | 12

VE 180

Huntington Williams, M.D. Howard J. Madden, M. D.

F 98647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98647 Registered No. 430

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1008 Linden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto. Dale
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 Linden ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Smith
3 (b) If veteran, name war
3 (c) Social Security Account No. 218-03-2446

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. W
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1870
8. AGE: Years 72 | Months | Days | If less than one day hr. min.
9. Birthplace Longview Md (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Railway Yards
12. FATHER Name William H. Smith
13. Birthplace Longview, Md
14. MOTHER Maiden Name Carpenter
15. Birthplace

16 (a) Informant Mary
(b) Address 1005 Linden ave.
17 (a) (Burial, cremation, or removal) (b) Date thereof 5-16-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A. County
18 (a) Funeral director A. J. Feldstead
(b) Address 918 Druid Hill ave.
19 (a) DEC 15 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14/42 19 2 P M
21. I certify that death occurred on the date above stated, that I attended deceased from 12/14/42 19 12/14/42 and that I last saw him alive on 12/12/42
Immediate cause of death Cerebral Hemorrhage
Due to Hemorrhage Arteries
Due to Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. Williams M.D.
Address 2 Eutaw Pl. Date 12/15/42

Please write plainly, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 98648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98648 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 587 Orchard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 587 Orchard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Brooks

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
F	C	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
77 Y			hr. min.

9. Birthplace Baltimore City Md
(Town) (State)

10. Usual Occupation Seamstress

11. Industry or business Domestic

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Ida Henderson
(b) Address 565 Orchard St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 10/15/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Hulsteads
(b) Address 918 Druid Hill Ave.

19 (a) DEC 15 1942 Huntington Williams M.D.
(Date Received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/9/42 19 at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/7/42 to 12/9/42 and that I last saw h— alive on 12/9/42.

Immediate cause of death Bronchial Pneumonia 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Lee Sloan M. D.
Address 77 Madison Ave Date signed 12/10/42

VS 3

426694

F 98649

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 F 98649 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 N. Gay St. (If rural give location)
(e) Citizen of foreign country? yes (Yes or No) If yes, name country

3 (a) FULL NAME Richard Benjamin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1887

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace West Indies (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Robert Benjamin
13. Birthplace West Indies

MOTHER 14. Maiden Name Sarah Benjamin
15. Birthplace W. Indies

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15, 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Lion
Location Baltimore County

18 (a) Funeral director Miss Lottie Gurs
(b) Address 1408 Oakland Ave

19 (a) Dec 15 1942 (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 1942 at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1942 to Dec 10 1942 and that I last saw him alive on Dec 10 1942.

Immediate cause of death Lobar pneumonia, R.U.L., due to type III pneumococcus — Duration

Due to — Duration

Due to — Duration

Other Conditions Arteriosclerotic hypertensive cardiovascular disease — Duration
(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: none

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Hood M. D.
Address J. H. H. Date signed

F 98650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. F 98650

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3623 Roland Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Ruth Hoffman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Wilbur Gordon Hoffman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31-1909

8. AGE: Years 33 | Months 3 | Days 13½ | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name William J. Nusbaum
13. Birthplace Maryland

MOTHER
14. Maiden Name Minnie Belle Little
15. Birthplace Maryland

16 (a) Informant Wilbur Gordon Hoffman
(b) Address 3623 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 16-1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) Date received by Local Registrar DEC 15 1942 (b) Signature Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13- 1942, at 5.55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1942, to Dec 13 1942, and that I last saw h.e.r alive on Dec 12 1942.

Immediate cause of death: Left Cerebral Hemorrhage — Duration: 2 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. N. Wilgus
Address 617 W. 40th St Date signed 12/14/42 M. D.

VS 8

Howard J. Huntington M.D.
Attending Physician

F 98351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 98651 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 402 N Collington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
402 N Collington
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles K Pritchett

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Cora E Pritchett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 25 1868

8. AGE: Years	Months	Days	If less than one day
74		20	hr. min.

9. Birthplace Dorchester Co Md (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER 12. Name John M Pritchett
13. Birthplace Md

MOTHER 14. Maiden Name Margaret Marshall
15. Birthplace Md

16 (a) Informant Cora Pritchett
(b) Address 402 N Collington Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Dec 15 42 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location Balto Md

18 (a) Funeral director Welsh Funeral Home
(b) Address 2008 Orleans St

19 (a) DEC 15 1942 (Date received by Registrar) Thurlby E. Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13/42 19 2.30 am at M

21. I certify that death occurred on the date above stated; that I attended deceased from January 17 1944 to Dec 13 1942 and that I last saw ... alive on Dec 13 1942

Immediate cause of death: Cerebral Hemorrhage
Arterial Hypertension
Chronic Interstitial Nephritis — Duration 2 yrs.

Due to

Due to

Other Conditions: Cerebral Hemorrhage — 7 Days
Arteriosclerosis.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Greenberg M.D.
Address 2025 E North Ave Date signed 12-14-42

F 98652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

80 B

F 98652 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct as far as possible. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3015 Erdman Ave
(c) Hospital or institution: GB
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3015 Erdman Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ella May Rowe

3 (b) If veteran, name war —

3 (c) ~~Social~~ Security Account No. —

4 Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Wm E Rowe

6 (c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): May 21 1878

8. AGE: Years: 64 | Months: 6 | Days: 23 | If less than one day: hr. min.

9. Birthplace: Trenton N J (Town, county, and state)

10. Usual Occupation:

11. Industry or business: At home

FATHER
12. Name: John C Chapman
13. Birthplace: N J

MOTHER
14. Maiden Name: Emerald Cumberly
15. Birthplace: N J

16 (a) Informant: Mrs J J Sullivan
(b) Address: 3325 Ferndale ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 16 42 (month) (day) (year)
(c) Cemetery or crematory: Parkwood Cem
Location: Balto Co Md

18 (a) Funeral director: Uhland Funeral Home
(b) Address: 200 E Oakdale Ave Govanstown Baltimore Md

19 (a) DEC 15 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 14 1942, at 9 YD A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-20- 1942, to 12-14 1942, and that I last saw h.e.r. alive on 12-12- 1942

Immediate cause of death: Encephalitis — Duration: 11-20-42

Due to: Virus infection

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Milton R. Laug M. D.
Address: 2117 Belair Rd Date signed: 12-15-42

VS 2

Spec.—6-9-19—H. P. Co.—1000 Blks.

F 98653

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 98653

CERTIFICATE OF DEATH.

93d

1-PLACE OF DEATH 2122 Harford Avenue

REGISTERED NO.

CITY OF BALTIMORE: (No.) 9-8 (St.: 9th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Arthur Jackson Myers

(a) RESIDENCE. NO. 2122 Harford Ave. ST., 9th SOCIAL SECURITY WARD. 217-18-8136

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Myers

6 DATE OF BIRTH (month, day, and year) Aug 25 1876

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	3	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bar tender

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Joseph Gantos

9 BIRTHPLACE (city or town) (State or country) Manchester Carroll County

PARENTS

10 NAME OF FATHER Andrew Myers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co

12 MAIDEN NAME OF MOTHER Emma Rice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co.

14 Informant Mrs Annie Myers (Address) 2122 Harford Ave

15 Filed ..., 19 ... Registrar

DEC 15 1942

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 12 1942

17 I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1942, to Dec. 12, 1942, that I last saw h.~~e~~ alive on Dec 12, 1942, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Cardio Vascular Renal Disease

hypertension (duration) 5 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Symptoms.

(Signed) Charles F. Warner, M. D.

, 19 (Address) 3312 Edgerton Road.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Mem. Park Co.

DATE OF BURIAL Dec. 16 1942

20 UNDERTAKER Wm. H. Valentine

ADDRESS 2826 Aiken St.

N. B.—WHEN FEMALE, WIDOWED OR DIVORCED, MAIDEN NAME should be stated EXACTLY. PHYSICIAN should legibly write his name and address. OCCUPATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should legibly write his name and address. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificates.

F 98654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45C ✓ F 98654 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4905 Midwood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4905 Midwood Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob B Smith Sr.

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Lena Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29, 1873

8. AGE: Years	Months	Days	If less than one day
69	2	15	hr. min.

9. Birthplace Baltimore (town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER 12. Name	Ed. Smith
FATHER 13. Birthplace	Md
MOTHER 14. Maiden Name	Josephine Kuber
MOTHER 15. Birthplace	Md

16 (a) Informant Mrs Margaret De Falco
(b) Address 4905 Midwood ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17/94 (month) (day) (year)
(c) Cemetery or crematory Baden Methodist
Location Ft. Howard Exam
18 (a) Funeral director 1400 N. Charles
(b) Address
19 (a) DEC 15 1944 Huntington Williams
VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14 1944 at 6 AM
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1944 to Dec 15, 1944 and that I last saw him alive on Dec 1, 1944.

Immediate cause of death Cancer of oral cavity — Duration
Due to cancer
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Date of operation Oct, 1944
Major findings of operation: Cancer 2 months
Autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Eugene Cummings M. D.
Address 3305 W. Chase St Date signed 12-14-44

F 98655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98655

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry of items 1 to 19 is required in every case. Items 20 to 23 must be filled in by physician. Please answer all items. If unknown or if not applicable, write "unknown" or "none." Be sure that your answer is complete and correct. Do not abbreviate. Write out fully the name of city or town, and do not use local or figure. Be sure to give street address or location. Be sure to fill in items 3 (a), (b), (c), 4, 5, 6 (a), (b), (c), 7, 8, 9, 10, 11, 12, 13, 14, 15, 16 (a), (b), 17 (a), (b), (c), 18 (a), (b), 19 (a), (b). Be sure that your answer to item 7 is complete and correct. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3815 Clifton Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3815 Clifton Ave
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Ward Lowell

3 (b) If veteran, name war None

3 (c) Social Security Account No. 218-07-1504

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Elsie M. Hurlburd

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 24 1870

8. AGE: Years 72 | Months 1 | Days 5 | If less than one day — hr. — min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Lawyer

11. Industry or business Title Co.

FATHER 12. Name James M. Lowell

FATHER 13. Birthplace Winchester Va

MOTHER 14. Maiden Name Olivia J. Lawrenson

MOTHER 15. Birthplace Balto Md

16 (a) Informant Mrs Esther L. Hilton

(b) Address 5104 Belleville Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16 1942 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto Md

18 (a) Funeral director Ritzenthaler & Co

(b) Address 2224 N Charles St.

19 (a) DEC 15 1942 (Date received by registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1942 at 1 55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1942 to Dec 14 1942 and that I last saw h[illegible] alive on Dec 14 1942.

Immediate cause of death	Duration
Coronary Thrombosis	Suddenly
Due to Bronchitis	3 days.
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.*

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature H. B. Williams M. D.

Address 2200 Garrison Blvd Date signed 12/15/42

F 98656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 98656 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 N Fremont
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 N Fremont (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herbert Tolson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1897

8. AGE: Years	Months	Days	If less than one day
45	5	2	hr. min.

9. Birthplace Heathville, Va. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Zachariah Tolson
13. Birthplace Heathville Northumberland Va

MOTHER
14. Maiden Name Mary Pryor
15. Birthplace Heathville, Va.

16 (a) Informant Mary Tolson
(b) Address 618 N Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Fredericksburg
Location Virginia

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St Huntington Williams W.Va.

DEC 15 1942 (Date rec'd by registrar)

MEDICAL CERTIFICATION

28. DATE OF DEATH Dec 13 1942 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1942 to Dec 13 1942, and that I last saw h[illegible] alive on Dec 13, 1942.

Immediate cause of death Myocarditis — Duration 1 yr

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 12-15-42

VS 8

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and correct age is especially important.

Reg. No. 98657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/166

Registered No. 98657

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1742 E. Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clyde Bryant

3 (b) If veteran, name war

3 (c) Social Security Account No. 579-10-1044

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife Ida Bryant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1909

8. AGE: Years	Months	Days	If less than one day
33			hr. min.

9. Birthplace Lahipley Ga (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Sam Bryant
13. Birthplace Lahipley Ga

MOTHER
14. Maiden Name Minnie Cooper
15. Birthplace Lahipley Ga

16 (a) Informant Annie L. McClemin
(b) Address Columbus Ga

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-42 (month) (day) (year)
(c) Cemetery or crematory Aberdeen Cemetery
Location Balto, Maryland

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) (Signature of local registrar)
(b) Registrar

DEC 15 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12, 1942, at 1:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & autopsy thereon and from the evidence obtained by said Autopsy & autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Bullet wound of head — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Dec. 12 1942 at ? M
(c) Where did injury occur? 7247 N. Gilmor Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury Shot in head

23. Signature Roland Lee Grafton M.D.
Medical Examiner.
Date signed Dec. 12 1942

98658

HEALTH DEPARTMENT—CITY OF BALTIMORE

98658

CERTIFICATE OF DEATH

48 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Alice Redden

(a) Residence: No. 436 W Biddle St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. G. Co. Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Jesse W. Redden

(Address) 436 W. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 12-16 19 42

19. UNDERTAKER Wm. Frances A. Hemsley

(Address) 524 W. Biddle St

20. FILED DEC 15 1942 Augustus Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13, 1942

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1942 to Dec 13, 1942

I last saw her alive on Dec 12, 1942 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Lung (Primary) Date of onset

Carcinoma Uteri (Primary)

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. F. Hamilton M. D.

(Address) 600 N Carrollton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

v e 2

F 98659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166 Registered No. F 98659

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be given. Type or print. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 S. Sharp St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nolie Lee Clay

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 213-03-1480

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20, 1915

8. AGE: Years 27 | Months 7 | Days 22 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Charles Clay
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary clay
15. Birthplace Baltimore Md

16 (a) Informant Mary Clay (mother)
(b) Address 1010 Sharp St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Charles G. Cofer
(b) Address 5147 W. Calhoun St.

19 (a) DEC 15 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12 1942 at 3:10 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death: Bullet wound of chest — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide [illegible]
(b) Date of occurrence Dec. 12 1942 at [illegible] A.M
(c) Where did injury occur? 1006 Sharp St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? no (Specify type of place)
(e) Means of injury Shot by pistol

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec 13 1942

VS 6

F 98660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98660

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison St.
(c) Hospital or institution: Maryland Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 42 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 251 East St.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Mr. Samuel Giacontiere Giacontiere

3 (b) If veteran, name war None

3 (c) Social Security Account No. 214-03-7267

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1882

8. AGE: Years 60 | Months 10 | Days 16 | If less than one day hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation Bartender

11. Industry or business

FATHER
12. Name Giovanni Giacontiere
13. Birthplace Italy

MOTHER
14. Maiden Name Maria Ingargiola
15. Birthplace Italy

16 (a) Informant Rose Giacontiere (Wife)
(b) Address 251 East St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Dec. 16/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Balt. Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

DEC 15 1942 (Date rec'd. Registrar) Hutzler Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1942, at 2:00 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Nov. 1 1942, to Dec. 13 1942, and that I last saw him alive on Dec. 13 1942.

	Duration
Immediate cause of death: Cardiac decompensation	
Due to: Pneumonia	10 weeks
Due to: (a)	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M.T. McGoogan M. D.
Address Md. Gen. Hosp. Date signed Dec. 13 1942

VS 3

F 98661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98661 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2900 Keyworth Ave,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 Keyworth Ave, (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Margaret M. O'Rourke.

3 (b) If veteran, name war *****

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16. 1899

8. AGE: Years	Months	Days	If less than one day
43	3	25 24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Clerk & Phone Operator

11. Industry or business Balto. Eye & Ear Hosp.

FATHER
12. Name Luke O'Rourke
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna M. Hynes
15. Birthplace New York State

16 (a) Informant Miss Mary C. O'Rourke
(b) Address 2900 Keyworth Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John C. McCann
(b) Address 3000 Baltimore St,

DEC 15 1942 (b) Registrar Boston

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 8 1942, to Dec. 12 1942, and that I last saw her alive on Dec. 11 1942.

Immediate cause of death Brochial Asthma, Bronchitis, Emphysema — Duration 1 week

Due to

Due to

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Sound M. D.
Address 2 West Read Street Date signed 12/15/42

F 98662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1330 Registered No.

F 98662

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette Ave. + John St
(c) Hospital or institution: Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State New Jersey (b) County
(c) City or town Bound Brook (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 West Main St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3 (a) FULL NAME Mrs. Marie Zoe Efinger.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married-

6 (b) Name of husband or wife Joseph F. Efinger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/14/1911.

8. AGE: Years	Months	Days	If less than one day
31	3	1	— hr. — min.

9. Birthplace Louisville, Kentucky (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Wansel Dunn
13. Birthplace N.J. Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace N.J.

16 (a) Informant Wm H. Jaquis.
(b) Address Near Bloomsbury N.J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-42 (month) (day) (year)
(c) Cemetery or crematory Rock Creek Cem.
Location Bound Brook N.J.

18 (a) Funeral director Wm H. Mellinger Inc
(b) Address 243 E. Union St. Somerville N.J.

DEC 15 1942
(Date rec'd by registrar) Hugo for Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15 1942, at 3:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 6 1942 to Dec. 15 1942, and that I last saw her alive on Dec. 14 1942.

Immediate cause of death: Acute cardiac failure — Duration 7 hrs.

Due to Acute and chronic pyonephrosis, bilateral. — 2 yrs.

Due to Ascending infection in bilateral ~~ureterovesicovaginal~~ fistula. — 2 yrs.

Other Conditions Chronic uremia — 1 yr.

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

Date of autopsy: Pyonephrosis, bilateral

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl S. Hellijas M. D.
Address Hugo for Women Date signed 12/15/42

F 98663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98663

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Streets
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Calvert
(c) City or town Parrins
(If outside city or town limits, write RURAL and give town)
(d) Street No. None given
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	black	married

6 (b) Name of husband or wife Elizabeth Brooks
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) 3/27/10

8. AGE: Years	Months	Days	If less than one day
32	8	15 16	hr. min.

9. Birthplace Calvert County, Maryland (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Ben Brooks
13. Birthplace Maryland

MOTHER
14. Maiden Name Rachael Brown
15. Birthplace Maryland

16 (a) Informant The Deceased
(b) Address

17 (a) Burial (b) Date thereof 12/16/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St Edmonds
Location Calvert Co Md

18 (a) Funeral director O. C. Sewell
(b) Address Prince Frederick Md

D 15 (a) 1942 (b) Registered by Huntington Williams, MD Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13, 1942 at 9:17 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from December 13, 1942 to December 13, 1942 and that I last saw him alive on December 13, 1942

Immediate cause of death: Cardio Respiratory Failure

Due to: Lung Abscess

Due to: Retro peritoneal abscess

Other Conditions: Secondary Anemia
(Include pregnancy within 3 months of death)

Date of operation: 12/4/42, 12/10/42

Major findings of operation: Lung Abscess Retroperitoneal abscess

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John R. Davis, Jr., M.

Address Mercy Hospital Date signed 12/15/42

F 98664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98664 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1112 Light St.
(c) Hospital or institution: South Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 Meadow Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen Elizabeth ROSENAUER.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Married

6 (b) Name of husband or wife John L. Rosenauer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13, 1914

8. AGE: Years	Months	Days	If less than one day
28	8	29	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Louis C. Bowinkelman
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Sarah Kane
15. Birthplace Balto. Md

16 (a) Informant John L. Rosenauer
(b) Address 105 Meadow Rd-Brooklyn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Road

18 (a) Funeral director Harry H. Mitzel
(b) Address 4101 E Monument Ave

DEC 15 1942 (Date rec'd) (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/12 1942 at 9:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/11 1942 to 12/12 1942, and that I last saw her alive on 12/10 1942.

Immediate cause of death	Duration
Cardiac decompensation	
Due to Lobar Pneumonia	
Heart disease.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Mangano M. D.
Address 1213 E Eager St Date signed 12-13-42

VS 150

F 98665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

F 98665 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr 8

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town 819 Pierce Street (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Md. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Key

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Child

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
1			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Windell Key
13. Birthplace Virginia

MOTHER
14. Maiden Name Emma Boyd
15. Birthplace Virginia

16 (a) Informant Mendell Key
(b) Address 819 Pierce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pulaski ave

19 DEC 15 1942 Submitted for Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14, 1942 at 6:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14, 1942 to Dec 14, 1942 and that I last saw her alive on Dec. 14, 1942.

Immediate cause of death	Pulmonary Edema	Duration
Due to	Burned lung Tissue	
Due to		
Other Conditions	2nd & 3rd deg Burns	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec. 14, 1942 at 11:30 A M
(c) Where did injury occur? Home: above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Playing with matches

23. Signature Robert A. Barthel Jr. M. D.
Address Date signed

VS 150

F 98666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 98666 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. Be sure correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1700 E Monument St.

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1718 N Payson St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jay Jacob Bank

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1. 1892

8. AGE: Years	Months	Days	If less than one day
50 49	11	15	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER 12. Name Sinai Bank

13. Birthplace Russia

MOTHER 14. Maiden Name Ella Markell

15. Birthplace Russia

16 (a) Informant Mrs Martha Gainberg

(b) Address Harrisburg Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16/42 (month) (day) (year)

(c) Cemetery or crematory Hebrew Cemetery Washington Rd

Location Washington Rd

18 (a) Funeral director Lee Levinson & Bank

(b) Address 424-26 W. North ave

19 (a) (Retail dealer or undertaker) Huntington Williams Inc

DEC 15 19

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/15 1942 at 10A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/14 1942 to 12/15 1942 and that I last saw h[illegible] alive on 12/15 1942

Immediate cause of death Coma

Due to Intracranial Hemorrhage ?

Due to

Other Conditions Post encephalitis Parkinsonism

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Saul J Fauber

Address Sinai Hosp Date signed 12/15

F 98667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98667

Registered No. 1017

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1424 W. Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 d
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1424 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Mitacota (MATACOTTA)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Divorced

6 (b) Name of husband or wife August F. Matacotta

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Sept. 13 1889

8. AGE: Years	Months	Days	If less than one day
53	3	3	hr. min.

9. Birthplace Harford Co. Md.
(Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name John Jackson
13. Birthplace Canada.

MOTHER
14. Maiden Name Alice MacMullen
15. Birthplace Harford Co. Md.

16 (a) Informant August F. Matacotta
(b) Address 4241 Sheldon Ave.

17 (a) Burial (b) Date thereof 12-17-47
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Presbyterian Church
Location Franklinville Balto Co. Md.

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W. Lombard St

DEC 15 1947
(Date received by Registrar) Hunting or Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1947, at 12.30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquest (Autopsy or Inquiry) I find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Bronchial pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Fenton M.D.
Medical Examiner.
Date signed Dec. 15 1947

VS 6

F 98668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 98668 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made for each item. If information cannot be obtained, write "Unknown." Be sure to answer each question. Do not leave any blanks. Use figures for dates. Be sure to give correct age in each case. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH: Franklin Square Hosp
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 W. Fayette St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry E. Burkhead (Birth F. 57269)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1942

8. AGE: Years	Months	Days	If less than one day
	3 Mo	13 12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Frederick H. Burkhead

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Catherine Hayden

15. Birthplace Richmond, Va.

16 (a) Informant Frederick H. Burkhead

(b) Address 1512 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md.

18 (a) Funeral director Frederick A. Cole

(b) Address 2102 W. Lombard St.

19 DEC 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1942 at 7:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13 1942 to Dec. 13 1942 and that I last saw him alive on Dec. 13, 1942

Immediate cause of death [redacted] Duration

Bronchial Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James E. Bordley Jr., M. D.

Address Franklin Sq. Hosp. Date signed

VS 3

F 98669
426117

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98669
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 LANCASTER (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard MacDonald

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife Virginia
6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) 3-5-07

8. AGE: Years	Months	Days	If less than one day
35	9	10	hr. min.

9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James MacDonald
13. Birthplace ?

MOTHER
14. Maiden Name Mary E. Phillips
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-42 (month) (day) (year)
(c) Cemetery or crematory Church Cemetery
Location Keyser, W. Va.

18 (a) Funeral director Frederick L. Kelly
(b) Address 1200 W. Lombard St.

19 (a) [illegible] Huntington Williams M.D. Registrar
DEC 15 1942

VS 116

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1942, at 1:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1942, to Dec 15 1942, and that I last saw him alive on Dec 15 1942

Immediate cause of death	Duration
Uremia.	
Due to Chronic Glomerulo Nephritis.	
Due to	
Other Conditions Hypertensive heart disease (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy: Same as above	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Hook M. D.
Address J. H. H. Date signed 12-15-42

98670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 98670

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use a typewriter if possible. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7039 N. Lakewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7039 N. Lakewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary A. Engel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Frederick Engel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1 - 1867

8. AGE: Years 75 | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Patrick McCarthy
13. Birthplace Ireland

MOTHER
14. Maiden Name McQuade
15. Birthplace Ireland

16 (a) Informant John L. Engel
(b) Address 708 N. Glover st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 17 42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Philip Herring Sons
(b) Address 2024 Orleans st

19 (a) DEC 16 1942 (Date by'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1942 to Dec 13 1942 and that I last saw h[illegible] alive on Dec 12 1942

Immediate cause of death: Coronary Thrombosis — Duration: about 1 yr.
Due to: Mitral Insufficiency — 5 yr.
Due to: Cardiac hypertension — 5 yr.
Due to: Cardio vascular disease
Other Conditions: Fibrositis Rheumatism — 5 yr.
Lenses —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Louis F. Krumrein M.D.
Address 722 N. Kenwood ave Date signed 7/14/ FL

98671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98671 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 119 N. Wolfe St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME "Baby" Buckler (Birth F 64217)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12-8-42

8. AGE: Years | Months | Days | If less than one day: 19 hr. min.

9. Birthplace: Baltimore Maryland
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Joseph Buckler.
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Dorothy Thompson
15. Birthplace Maryland.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL DEC 15 1942

18 (a) Funeral director Commissioner of Health
(b) Address Baltimore Maryland

19 DEC 15 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1942, at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/8 1942 to 12/9 1942 and that I last saw him alive on 12/9 1942.

Immediate cause of death: Prematurity — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature W. X. Pathman

Address The Johns Hopkins Hospital Date signed 12/11/42 M.D.

VS 3

9659

F 98672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98672 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Month
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1908 N. McDonough St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country Ukr. Daughter

3 (a) FULL NAME Anna F. Koller

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 31, 1870

8. AGE: Years 72 | Months 3 | Days 15 | If less than one day: 14 hr. min.

9. Birthplace W. Bangor, Pa (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace ✓

MOTHER
14. Maiden Name Unknown
15. Birthplace ✓

16 (a) Informant Wm. H. Elkins
(b) Address 2101 W. Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cemetery
Location Windsor Mill Road

18 (a) Funeral director Howard N. Bloch Jr.
(b) Address 4914 Belair Road

19 (a) [illegible] DEC 16 1942 Registered by Plumber for Milton Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15, 1942 at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 7 1942 to Dec 15 1942, and that I last saw her alive on Dec 11 1942.

Immediate cause of death: Chronic Myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Gutterman
Address 2324 Reisterstown Rd Date signed 12/15/42 M. D.

98673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98673

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. If any item is unknown, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 501 Eastern Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Cuba

3 (a) FULL NAME LEROY PALMER

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 6, 1936

8. AGE: Years 7 | Months 4 | Days 4 | If less than one day: hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Daniel Palmer

13. Birthplace Md.

MOTHER 14. Maiden Name Edith Bovil

15. Birthplace Md.

16 (a) Informant Daniel Palmer

(b) Address 501 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/42 (month) (day) (year)

(c) Cemetery or crematory Mt Zion

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Bradley Ave

19 DEC 16 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 10 19 42 at 8 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing of skull — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(a) Accident, suicide, or homicide accident

(b) Date of occurrence Dec 10, 1942 at 8 P. M

(c) Where did injury occur? 600 block Washington Blvd (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? No

(e) Means of injury pedestrian struck by auto

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.

Date signed Dec

VS 6

F 98574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98674 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address MONUMENT ST.
(c) Hospital or institution: SINAI HOSPT
(d) Length of stay in hospital or inst. (yrs., ~~mos.~~ days) 1
(e) Length of stay in Baltimore (yrs., mos., ~~days~~) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Md.~~ Va (b) County
(c) City or town ~~Balto.~~ Richmond (If outside city or town limits, write RURAL and give town)
(d) Street No. 2405 N. Main St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RABBI CHAIM ~~H~~ BRAVERMAN

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife Rebecca
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Rabbi
11. Industry or business

FATHER
12. Name Samuel Braverman
13. Birthplace Russia

MOTHER
14. Maiden Name Mr Brown
15. Birthplace Russia

16 (a) Informant HOSPITAL RECORDS
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-16-42 (month) (day) (year)
(c) Cemetery or crematory WASHINGTON BLVD
Location SILVER SPRING RD

18 (a) Funeral director JACK LEWIS INC
(b) Address 1439 E. BALTO. ST

19 (a) DEC 16 1942 (Date rec'd by) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1942, at 12:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1942, to Dec 15 1942, and that I last saw him alive on Dec 14 1942.

	Duration
Immediate cause of death Uremia	
Due to Granulations in Bladder neck and Ureteral Cutaneous fistula	
Due to	
Other Conditions Hypertension I & C V Disease	

(Include pregnancy within 3 months of death)
Date of operation 11-30-42
Major findings of operation: as stated (Granulations in Bladder neck)
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury ALEXANDER E. ORGANY

23. Signature Alexander E. Organy M.D.
Address Sinai Hospital Date signed 12-15

VS 8

F 98675

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98675 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 Bedford ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles B. Collins Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 20 - 1936

8. AGE: Years	Months	Days	If less than one day
6		25	hr. min.

9. Birthplace Boston, Mass. (Town, county, and state)

10. Usual Occupation Sch school

11. Industry or business

FATHER
12. Name Charles B. Collins
13. Birthplace Boynton, Florida

MOTHER
14. Maiden Name Ennis S. Esher
15. Birthplace Collingswood N. J.

16 (a) Informant Charles B. Collins
(b) Address 1617 Bedford ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 16 / 42 (month) (day) (year)
(c) Cemetery or crematory Collingswood N J
Location same

18 (a) Funeral director Ulbrich Funeral Home
(b) Address 2008 Orleans St

19 (a) DEC 16 1942 (Date rec'd by registrar) Huntington Williams M D

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 15 - 1942 at 6.15 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said Inspection & Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractured skull	
" Cervical vertebra	
Due to	
Due to	
Other Conditions Fractures femur — multiple fractures, bruises & abrasions	1 hour

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 7/5
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12 - 15 - 42 at 6.12 P.M
(c) Where did injury occur? Lafayette & Bedford Aves (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian, struck by auto.

23. Signature Howard J. Weldeck M.D. Medical Examiner.
Date signed 12 - 16 - 42

F 98676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a

F 98676 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25 S Robinson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 S Robinson
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Louise Hautter

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Chas A Hautter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30th 1883

8. AGE: Years 59 | Months 5 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business at home

FATHER
12. Name Henry Akers
13. Birthplace England

MOTHER
14. Maiden Name Dort Lewis
15. Birthplace England

16 (a) Informant Henry Hautter
(b) Address 1210 Kenyon Ave

17 (a) burial (b) Date thereof Dec 18 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Dale G Md

18 (a) Funeral director Wm A Fennell Funeral Home
(b) Address 2008 Pennsylvania Ave Washington D.C.

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 16 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15th 1942, at 8 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 42 to Dec 16 1942 and that I last saw h[illegible] alive on Dec 13 1942

Immediate cause of death	Duration
(a) Hypostatic congestion	2
Due to (b) Acute cardiac dilatation	1 day
Due to (c) Umbilical hernia	[illegible]
Other Conditions Obesity	
(Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alex F. Jakubowski
Address 1939 Fleet Ave Date signed Dec 15 1942

F 98677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 9 3 D F 98677

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2100 Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Charles.
(c) City or town Waysides
(If outside city or town limits, write RURAL and give town)
(d) Street No. ——
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Leo Thompson

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: none.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May - 15 - 1866

8. AGE: Years 76 | Months 9 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace St. Mary Co - Md
(Town, county, and state)

10. Usual Occupation Farmer.

11. Industry or business

FATHER
12. Name Lemuel Thompson
13. Birthplace Leonardtown - Md

MOTHER
14. Maiden Name Alice Riley.
15. Birthplace St. Mary's Co - Md.

16 (a) Informant Clarence Thompson
(b) Address Wayside. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem. Wash. D.C.
Location Waysides Md

18 (a) Funeral director Hunter & Ryon
(b) Address Waldorf Md

19 (a) DEC 16 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15 1942, at 1.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 11 1942 to Dec 15 1942 and that I last saw h.e alive on Dec. 14 1942.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to	
Due to	
Other Conditions: Senility	

(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature W. N. Patterman M.D.
Address 2324 Reisterstown Rd Date signed 12/16/42

VS 8

F 98678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 Registered No. F 98678

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 527 Pressman ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 527 Pressman ST. (If rural give location).
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Russell Willie Goings

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	A.A.	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day: hr.	min.
65				

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Baltimore MD

18 (a) Funeral director Archibald A. Gaddis
(b) Address 2101 McCulloh St.

19 (a) [illegible] Huntington Williamsport MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 12 1942 at 9:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 1942 to Dec 12 1942 and that I last saw him alive on 12-12 1942.

Immediate cause of death: Hypertensive Cardio-vascular Disease. — Duration: 10 days.
Due to: Hypertension.
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hepburn A. Lumsden Jr. M. D.
Address 1024 Madison Ave. Date signed 12-17-42

426695 F 98679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98679 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3102 Barclay (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dorothy Stewart
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-21-25

8. AGE: Years	Months	Days	If less than one day
17	9	22	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name Elijah Stewart
13. Birthplace Md

MOTHER
14. Maiden Name Mary Bond
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Cem
Location Balto city

18 (a) Funeral director Archibald St. Gaddis
(b) Address 2161 McCulloh St

19 (a) Registered DEC 16 1942 Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1942, at 1:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1942, to Dec 13 1942, and that I last saw h e R alive on Dec 13 1942.

Immediate cause of death	Duration
Myocardial Failure	
Due to Subacute bacterial endocarditis	6 mos.
Due to	
Other Conditions Rheumatic heart disease (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Shaughnessy M.D.
Address Johns Hopkins Hospital Date signed 12-13-42

F 98680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98680 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use city or town limits. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 182 W. Saratoga St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Krauss

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-0152

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Grace E. Krauss

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 13-1888

8. AGE: Years	Months	Days	If less than one day
54	9	2	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Office Helper
11. Industry or business Baltimore Biscuit Co

FATHER
12. Name John F. Krauss
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma Stenza
15. Birthplace Maryland

16 (a) Informant Mrs Grace E. Krauss
(b) Address 182 W. Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director F. P. WIPPERT & SON
(b) Address 844 Eutaw Place

19 (a) DEC 16 1942 (Date received by registrar) (b) Filed by Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1942, at 2:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1942, to Dec 15 1942, and that I last saw h in alive on Dec 15 1942.

Immediate cause of death Peritonitis

Due to Gastroenterostomy for peptic ulcer

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12/9/42

Major findings of operation: Peptic ulcer

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James R. Dunger M.D. M. D.
Address St Agnes Hosp. Date signed 12-14-42

F 98631

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 98631 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct spelling. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4204 Academy Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4204 Academy Ave (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME Mary Myers

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 8-1828

8. AGE: Years 14 | Months 7 | Days 6 | If less than one day — hr. — min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER 12. Name Capt. Samuel Myers
13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name L. Cooper
15. Birthplace Maryland

16. (a) Informant Mrs. Laura Rumple
(b) Address 4204 Academy Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md

18. (a) Funeral director J. B. Mulford & Son
(b) Address 200 Eastern Ave

19. (a) Filed DEC 16 1942 (b) Registrar Smith & Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14/1942, at 1.00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1942 to Dec 14 1942, and that I last saw her alive on Dec 13 1942.

Immediate cause of death: Auricular Fibrillation
Antecedent Degeneration
Due to —
Due to —
Other Conditions Bronchitis

Duration: Unknown

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature E. B. Burns M. D.
Address 4936 Park Heights Ave Date signed 12-15-42

F 98682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98682

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3355 Belvedere Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 52

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 3355 Belvedere Ave. (If outside city or town limits, write RURAL and give town)
(d) Street No. Ba Ha. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Fiorindo Diesu (Fred Deyesu Sr.)

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Carmela
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) March 30, 1820

8. AGE: Years	Months	Days	If less than one day
72	8	15	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business

FATHER
12. Name Francesco Diesu
13. Birthplace Italy

MOTHER
14. Maiden Name Theresa
15. Birthplace Italy

16 (a) Informant Carmela Diesu
(b) Address 3355 Belvedere Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18 '42 (month) (day) (year)
(c) Cemetery or crematory Maryland
Location Taylor Ave.

18 (a) Funeral director Wm. W. E. Dyer & Son
(b) Address Loraine & Arm Sts.

19 (a) (b) Huntingdon Pennsylvania

DEC 16 1942

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15 1942, at 8 25 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 1942 to Death 15 1942 and that I last saw h alive on Dec 15 1942

Immediate cause of death: Coronary Thrombosis — Duration: 4 days

Due to:

Due to: Arteriosclerosis — Duration: 2

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ph L. V. Valentine M. D.
Address 1132 No Howard Date signed Dec 16 '42

F 98683

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1938 Registered No. F 98683

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3210 Chesterfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME August J. Jackisch

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13. 1880

8. AGE: Years	Months	Days	If less than one day
62	-	2	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Cabinet Maker
11. Industry or business

FATHER
12. Name Constantine Jackisch
13. Birthplace Germany

MOTHER
14. Maiden Name Maria C. Flanigan
15. Birthplace Germany

16 (a) Informant Frances K. Jackisch
(b) Address 3210 Chesterfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Hyde
(b) Address 5305 Harford Rd

19 (a) DEC 16 1942 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/15/42 19 , at 9 12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/12/42 19 , to 12/15/42 19 , and that I last saw h[im] alive on 12/15/42 19

Immediate cause of death: Cardiac Failure — Duration: —

Due to: Hypertensive C. V. Disease — Duration: 2 years

Due to: Resolving Broncho-Pneumonia — Duration: 17 days

Other Conditions: Filing-sclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 1) Broncho Pneumonia resolving 2) Cardiac Hypertrophy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James E. Woodward, M. D.
Address Franklin Sq Hosp Date signed 12/15/42

VS 2

F 98684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10 F 98684 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: S. Balt. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 N. Charles Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Smith (GEORGE C. SMITH)

3 (b) If veteran, name war: none —

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Elizabeth S. Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-31-1858

8. AGE: Years 83 | Months 11 | Days 14 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Gen'l foreman

11. Industry or business: B. & O. R. R.

FATHER
12. Name: George C. Smith, Sr.
13. Birthplace: Savage, Md.

MOTHER
14. Maiden Name: Louisa Slaughter
15. Birthplace: Md.

16 (a) Informant: Charles T. Smith
(b) Address: Tudor Arms Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/42 (month) (day) (year)
(c) Cemetery or crematory: LOUDON PARK CEM.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
Address: Baltimore, Md.

19 (a) DEC 16 1942 (Date rec'd by registrar) (b) [signature] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-15- 1942 at 9:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Expectant Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Expectant Autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death: Bronchopneumonia — Duration: 9

Due to:

Due to:

Other Conditions: Comminuted fracture left femur

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4/1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-2-42 at 2:45 P.M.
(c) Where did injury occur? Fairmount + Park Aves (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Fell from streetcar struck by trailer truck

23. Signature [signature] M.D.
Medical Examiner.

Date signed 12-15-42

98685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 F 98685 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 123 ds.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2402 Lauretta Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Hieber 76051 (WALTER CHARLES HIEBER)

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-1299

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Agnes C. Hieber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1905

8. AGE: Years	Months	Days	If less than one day
37	7	0	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Agent -

11. Industry or business Independent Mutual Ins. Co.

FATHER
12. Name George Hieber
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Auffarth
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof Dec. 17, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Paul's Fifth Ref. Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md. Washington Blvd. & Williams St.

DEC 16 1942 (b)
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14 1942, at 7:15P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 13 1942, to Dec. 14 1942, and that I last saw him alive on Dec. 14 1942

Immediate cause of death — Duration

Pulmonary tuberculosis — 3½ yrs?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A S Hartz

Address Balto City Hosp Date signed 12/15/42
M. D.

F 98835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942 N 98836

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address WEST BALTO GEN HOSP
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1051 LIGHT ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Taylor

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife MARGARET TAYLOR

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) AUG 6th 1875

8. AGE: Years	Months	Days	If less than one day
67	4	8	hr. min.

9. Birthplace BALTIMORE MD
(Town, county, and state)

10. Usual Occupation NOT WORKING

11. Industry or business

FATHER
12. Name GEORGE TAYLOR
13. Birthplace MARYLAND

MOTHER
14. Maiden Name LILLIAN LEA
15. Birthplace MARYLAND

16 (a) Informant MARGARET TAYLOR
(b) Address 1051 LIGHT ST.

17 (a) BURIAL (b) Date thereof DEC 17-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory GLEN HAVEN MEMORIAL PARK
Location GLEN BURNIE MD

18 (a) Funeral director BERNARD C. HUDSON
(b) Address 121 E. Wes[illegible] Huntington Ave Baltimore MD

19 (Date received by registrar) DEC 16 1942 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14 1942, at 12:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/12 1942 to 12/14 1942 and that I last saw him alive on 12/14 1942.

Immediate cause of death	Duration
Heart Failure	
Due to Arteriosclerotic Heart Disease	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. V. Youngston M.D.
Address [illegible] Date signed 12/14/42

98687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1944 Registered No. F 98687

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied as correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1019 S. Charles
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 S. Charles (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Panola VanBuskirk

3 (b) If veteran, name war --

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Thomas J. VanBuskirk

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1855

8. AGE: Years 87 | Months 3 | Days 17 | If less than one day hr. min.

9. Birthplace Cecilton, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John Morris
13. Birthplace Md.

MOTHER
14. Maiden Name Lydia Price
15. Birthplace Md.

16 (a) Informant Miss Blanche W. VanBuskirk
(b) Address 1019 S. Charles St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director D. Howard Strong
(b) Address 3207 W. North Ave.

19 (a) [illegible] Huntington Williams M.D. Registrar

DEC 16 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15, 1942 at 12.45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to Dec 15 1942 and that I last saw h[illegible] alive on Dec 15 1942

Immediate cause of death: Coronary Thrombosis — Duration: 4 days
Due to: arteriosclerosis
Due to:
Other Conditions: senility
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Mullen M. D.
Address 1226 S. Charles St. Date signed 12/16/42

F 98683 DUNSING

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. F 98688

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33 rd + Calvert Sts

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days

(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Idlewilde

(If outside city or town limits, write RURAL and give town)

(d) Street No. 750 Overbrook (If rural, give location)

(e) Citizen of foreign country? n.a. (Yes or No)

If yes, name country

3 (a) FULL NAME Baby Boy Dunning Birth F.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1942

8. AGE: Years — | Months — | Days 20 | If less than one day — hr. — min.

9. Birthplace Idlewilde Maryland (Town, county and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name William H. Dunning

13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Margaret B. Floyd

15. Birthplace Maryland

16 (a) Informant William H. Dunning

(b) Address same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Olive Cem.

Location Randallstown, Md.

18 (a) Funeral director John Burns' Sons

(b) Address Towson, Md.

19 (a) [illegible] (b) Physician for Baltimore M.D.

[illegible] (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15 1942, at 10 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 25 1942 to Dec. 15 1942, and that I last saw him alive on Dec 15 1942

Immediate cause of death Cardio-respiratory failure — Duration

Due to Cachexia

Due to Toxaemia from absence of bowel

Other Conditions Prematurity

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy: absence of bowel, [illegible] Peritonitis, Congenital atrophy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James McC. Finney M. D.

Address Union Memorial Hospital Date signed 12-15-42

F 98689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓61

Registered No. F 98689

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison
(c) Hospital or institution: Maryland Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3637 Madison ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Wilbur Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	married

6 (b) Name of husband or wife Louis Harris
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) July 1, 1907

8. AGE: Years	Months	Days	If less than one day
35	5		hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Arthur Harris
13. Birthplace Balt. Co.

MOTHER
14. Maiden Name Margaret Brown
15. Birthplace Balt. Co.

16 (a) Informant Mary Tucker
(b) Address 3637 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 18/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Emory Chapel
Location Balto Co Md

18 (a) Funeral director Clarence E. Donovan
(b) Address 3615-17 Edmondson Ave

19 (a) DEC 16 1942 Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15 1942, at 5:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13 1942 to Dec. 15 1942 and that I last saw him alive on Dec. 15 1942

Immediate cause of death	Duration
Hypoglycemia	
Due to Diabetes	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. T. McGrogan M. D.
Address Md. Gen. Hosp. Date signed 12/15/42

F 98690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1a Registered No. F 98690

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 857 W 33rd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 857 W 33rd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma Norwood.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17 1859.

8. AGE: Years	Months	Days	If less than one day
83	4	27	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Stephen Norwood.
13. Birthplace Md.

MOTHER
14. Maiden Name Caroline ?
15. Birthplace Md.

16 (a) Informant Tony Litzinger.
(b) Address 857 W 33rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 16/42 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden
18 (a) Funeral director Chas. Ahl & Son
(b) Address 3615-17 Chestnut Ave, Hunting & 33rd Sts.
19 (a) [illegible] (b) Registrar

DEC 16 1942

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14, 1942 at 10:15 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1942 to Dec 14 1942 and that I last saw h[illegible] alive on Dec 13 1942.

Immediate cause of death Cardiac decompensation — Duration 2 wks.
Due to Cardio-vascular renal disease. — Duration 8 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Frank Duerr M.D.
Address 854 W Lex St. Date signed 12/16/42

F 98691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1462

F 98691 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 407 E- 24th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 E- 24th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Belle Robinson Gittings
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Colored	married

6 (b) Name of husband or wife Clarence Gittings
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-13-1890

8. AGE: Years	Months	Days	If less than one day
52	9	1	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation House-wife
11. Industry or business

FATHER
12. Name William G. Robinson
13. Birthplace Va

MOTHER
14. Maiden Name Maggie Johnson
15. Birthplace Va

16 (a) Informant Clarence Gittings
(b) Address 407-E-24th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) DEC 16 1942 (Date received by registrar) Huntington Williams M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12.14 1942, at 5:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8.17 1942 to 12.14 1942 and that I last saw h.r alive on 12.14 1942

Immediate cause of death Carcinoma of sigmoid colon — Duration approx 6 mos
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rayner Browne, M.D.
Address 500 E. Madison St Date signed 12/15/42

Rayner Browne

F 98692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 98692

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if obtainable. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 335 W. Biddle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 335 W. Biddle St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charlotte Staples ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1889

8. AGE: Years 53 | Months — | Days 26 | If less than one day hr. min.

9. Birthplace Durham, N. C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Nellie ?
15. Birthplace Durham, N. C.

16 (a) Informant George A. Staples
(b) Address 335 W. Biddle St

17 (a) Burial (b) Date thereof 12-16-'42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Norfolk, Va.

18 (a) Funeral director Mrs. George W. Holland
(b) Address 1651 Druid Hill Ave

19 (a) (b)
(Date r...) Registrar

DEC 16 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14 1942 at PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1942 to Dec 14 1942 and that I last saw her alive on Dec 13 1942

Immediate cause of death: Lobar Pneumonia — Duration: 4 days

Due to

Due to

Other Conditions None
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

(f) Signature P. C. Pelletiere M. D.

Address 817 Hamilton Ave Date signed Dec 16/42

F 98693

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 33593 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3201 Avon Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Ave.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3201 Avon Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT N. HOLMES

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	none	male	white	married

6 (b) Name of husband or wife Carrie G. Holmes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1875

8. AGE: Years	Months	Days	If less than one day
67	2	20	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation silversmith
11. Industry or business self

FATHER
12. Name Robert F. Holmes
13. Birthplace England

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Carrie G. Holmes
(b) Address 3201 Avon Ve.

17 (a) Burial (b) Date thereof 12/15/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 16 1942 (b) [illegible]
(Date received by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 12 1942 at 8 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to Dec 12 1942 and that I last saw him alive on Dec 12 1942

Immediate cause of death	Duration
Infiltrating carcinoma of lungs.	1 yr.
Due to	
Due to Primary carcinoma of transverse colon	5 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. S. Leiphart M. D.
Address 1218 N. Eutaw, Balto. Md. Date signed 12/14/42

F 98694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 462

F 98694 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1910 W. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1910 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME VIRGINIA ROBBINS CRAIG

3 (b) If veteran, name war	3 (c) Social Security Account No.
NONE	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife J. Herman Craig
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 30, 1867

8. AGE: Years	Months	Days	If less than one day
75	10	14	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Benj. F. Willis
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah
15. Birthplace Va.

16 (a) Informant Mr. J. Herman Craig
(b) Address 1910 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md. Washington Williamsport, Md.

19 (a) DEC 16 (Date rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14, 1942, at 2:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1942 to Dec 14, 1942 and that I last saw h[illegible] alive on Dec 14, 1942.

Immediate cause of death

Due to Adeno Carcinoma Caecum.

Due to

Other Conditions Old Age.

(Include pregnancy within 3 months of death)

Date of operation June 20. 42

Major findings of operation: adenoma Carcinoma

of autopsy: None.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hamlet C. Blake M. D.
Address Date signed

Trans.

F 98635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 98635

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied (if unknown, supply the correct answer as nearly as possible). Physicians: please write the causes of death clearly and legibly. Accuracy in this statement is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1178 Washington Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1178 Washington Blvd. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louisa C. Seitler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Gilbert Charles Seitler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1865

8. AGE: Years 77 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Christian Braun
13. Birthplace Germany

MOTHER
14. Maiden Name —
15. Birthplace Germany

16 (a) Informant Harry E. J. Seitler
(b) Address 1178 Washington Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/42. (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave. & Longwood

18 (a) Funeral director Harry H. Smith
(b) Address 410 Edmondson Ave

19 DEC 16 1942 (Date received by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14/42. 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-5-1942 to 12-14 19 42 and that I last saw h[illegible] alive on 12-14 19 42

Immediate cause of death: Acute Myocardial Failure — Duration: 1 day

Due to: Chronic Nephritis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature [illegible] M. D.
Address 836 Wilkens Ave Date signed 12/16/42

VS 8

F 98696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 98696 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 87 Brooklyn Park (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy FIELDEN (Birth F 64914)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 12-11-42

8. AGE: Years | Months | Days: 5 | If less than one day: ____ hr. ____ min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Byron Fielden
13. Birthplace Mass.

MOTHER 14. Maiden Name Elizabeth Gallian
15. Birthplace Baltimore Md.

16 (a) Informant E. B. Gallian
(b) Address 87 Brooklyn Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director William M Marsh
(b) Address 765 Light St

19 (a) DEC 16 1942 (b) Washington Williamsport Md.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/16 1942, at 2:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/11 1942, to 12/16 1942, and that I last saw him alive on 12/16 1942.

Immediate cause of death: Prematurity. — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Mangano M.D.
Address 1213 Light Street Date signed 12/16/42

F 98697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 10

F 98697 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as accurately as the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Herring Run & Maryland Rd.
(c) Hospital or institution: Sydenham
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2507 Sycamore Av. (If rural give location) 1522 W. Lanvale St.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Milton Ransom Ransom

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-6-39

8. AGE: Years	Months	Days	If less than one day
3yr	11	8	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Milton Ransom
13. Birthplace Va.

MOTHER
14. Maiden Name Nellie Williams
15. Birthplace Va.

16 (a) Informant Nellie Ransom.
(b) Address Edgemain Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/42 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cmet
Location Landsdowne Md

18 (a) Funeral director Elroy O Wilson
(b) Address 5000 Belmont Ave

DEC 16 1942 (Date rec'd by registrar) Huntington Hill Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14 1942, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1942, to Dec. 14 1942, and that I last saw h[illegible] alive on Dec. 14 1942.

Immediate cause of death Respiratory Failure — Duration

Due to Laryngeal Diphtheria

Due to Micro - Loeffler Bacteria

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature X. Kenneth Kruelent M. D.
Address Sydenham Date signed 12/15/42

98698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98698

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6 E. Monument st

(c) Hospital or Institution: Sinai Hospital

(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 15

(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State Penna (b) County

(c) City or town New Kensington Pa (If outside city or town limits, write RURAL and give county)

(d) Street No. 304 Charles ave (If rural give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3 (a) FULL NAME Morris Perr

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race W.

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years 45 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Clothing

FATHER 12. Name Michael Perr

FATHER 13. Birthplace Lith

MOTHER 14. Maiden Name Anna Sack

MOTHER 15. Birthplace Lith

16 (a) Informant Jacob Perr

349 ~~Ave~~ ave New Kensington Pa

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director Jack Levin Inc

(b) Address 459 E. Balt st

DEC 17 1942 [illegible] Huntingdon Pennsylvania

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16 1942 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1942 to Dec 16 1942 and that I last saw h/her alive on Dec 16 1942.

Immediate cause of death Hemorrhage of Stomach from Gastric Ca.

Due to Infiltrating Ca Stomach

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: Cancer.

of autopsy: none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Alexander D Bortolay M.D.

Address Sinai Hosp. Date signed 12/16

JL 5248 98699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106 b

F 98699 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2yrs 9mo
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1230 Washington Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Roman Strauch

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Belle (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 9, 1870

8. AGE: Years	Months	Days	If less than one day
72	9	7 6	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name John [illegible]
13. Birthplace Germany

MOTHER
14. Maiden Name Minnie Schultze
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director John J. Bowan & Son
(b) Address 961 Hillsdale St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 1b DEC 17 1942 Huntington Maryland

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-15 1942 at 7:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26 1940 to 12-15 1942 and that I last saw him alive on 12-15 1942.

Immediate cause of death	Duration
Cardiac failure	4 hrs.
Due to Emphysema	?
Chronic bronchitis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Rodkey M. D.
Address Balt. City Hosp. Date signed 12-16-42

F 98700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

F 98700 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 Pleasant St
(c) Hospital or Institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 15
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2808 Old Harford Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ~~Bertowitz, Annie~~ Annie Bertowitz

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: Female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Abraham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years 85 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home

11. Industry or business Wife

FATHER
12. Name Morris
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Joseph Bertowitz
(b) Address 4307 Pimlico Rd

17 (a) Burial (b) Date thereof 12-17-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or Crematory Knesseth Israel
Location Rosedale

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore St

19 (a) DEC 17 1942 Registrar
(Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/16 1942, at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15 1942 to 12/16 1942, and that I last saw her alive on 12/16 1942

Immediate cause of death	Duration
Respiratory Failure	
Due to Arteriosclerosis & Hypertension	
Due to Generalized Tuberculosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Saul J. Fader M. D.
Address Sinai Hosp. Date signed 12/16

F 98701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a F 98701 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if possible. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Baltimore
(c) Hospital or institution:
Hebrew Home for the Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 days
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 434 S. Eutaw St (If rural give location)
(e) If foreign born, how long in U. S. A.) 30 years

3 (a) FULL NAME Nathan Morganstern

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 215-03-5452

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife Mary Beyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business

FATHER
12. Name Nathan Morganstern
13. Birthplace Poland

MOTHER
14. Maiden Name Untraun
15. Birthplace Poland

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mount Carmel Cem.
Location Wash Rd

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St

19 (a) Dec 17 1942 (Signature and title) H. Augustus Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-16 1942, at 6 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15-1942, to 12-15-1942, and that I last saw him alive on 12-15-1942.

Immediate cause of death Cerebral Haemorrhage
Hypertension, Arteriosclerosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Levin
Address Levindale Date signed 12-16-42

F 98702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 a

F 98702 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: President Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1406 Harlem Ave (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME Wayman Lattimore

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-7185

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	widower

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1 5 1880

8. AGE: Years	Months	Days	If less than one day
62	11	9	hr. min.

9. Birthplace — Kansas (Town, county, and state)

10. Usual Occupation janitor

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name unknown

15. Birthplace

16 (a) Informant Julia Parker

(b) Address 1136 Hockten St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem

Location Baltimore Md

18 (a) Funeral director Thomas A Hemsley

(b) Address 1211 Middle St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12, 14, 1942, at 11 1/4 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12.12. 1942 to 12.14. 1942 and that I last saw h[illegible] alive on 12.14. 1942

Immediate cause of death pulmonary edema

Due to hypertensive cardiovascular-renal disease

Due to with cerebral hemorrhage

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
12 hrs
?
72 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James D. Carr

Address 915 Mosher St Date signed 12/15/42

F 98703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161C

Registered No. F 98703

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given and the data entered correctly and legibly. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Baltimore, Hampt
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Lee (Butler F 64540)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: colored
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 12-5-42
8. AGE: Years | Months | Days: 11 | If less than one day: hr. min.
9. Birthplace Provident Hosp. Balto. Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Dr. C. Dudley Lee
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Helen Coley
15. Birthplace Cedarcroft S. C.

16 (a) Informant Dr. C. Dudley Lee
(b) Address Denerton, Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.
18 (a) Funeral director Mrs Frances Reynolds
(b) Address 5718 W. Biddle St
19 (a) DEC 17 1942 (Date rec'd by registrar) Hunter & Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-16 1942, at 8 A M
21. I certify that death occurred on the date above stated; that I attended deceased from 12-5 1942 to 12-16 1942 and that I last saw him alive on 12-15 1942.

Immediate cause of death: General Debility (Uremia)
Due to: Uterus Gravid ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy General Debility

Duration

PHYSICIAN

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
21 Signature J. M. B. Butler M.D.
Address 2133 Druid Hill Ave Date signed 12/16/42

VS 2

F 98704

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1310

F 98704

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be checked and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 913 N^th Calhoun St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 913 N^th Calhoun St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Milton Johnson.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Roberta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — — 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business

FATHER
12. Name Daniel Johnson
13. Birthplace Va

MOTHER
14. Maiden Name Alma Holmes.
15. Birthplace Va

16 (a) Informant Roberta Johnson
(b) Address 913 N^th Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Milligan & Jackson
(b) Address 916 Penna Ave

19 (a) DEC 17 1942 (Date rec'd by registrar) Huntington Pollard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17-1942 at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1942 to Dec 15 1942 and that I last saw him alive on 12-14-1942

Immediate cause of death Uremia

	Duration
Due to Cardio-Vascular Renal Disease	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Boykin M. D.
Address 1135 Eutaw St Date signed 12/17/42

VS 2

F 98705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 a

F 98705 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Any supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2844 N. Calvert St

(c) Hospital or institution:

at Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore City

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2844 N Calvert St

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Bessie Riggs Louderman

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Single

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 14 1876

8. AGE: Years 66 | Months 10 | Days 2 | If less than one day: hr. min.

9. Birthplace Balto. Md.

(Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER 12. Name Fredk. R. Louderman

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Virginia C. Riggs

15. Birthplace Frederick Md.

16 (a) Informant Mr. Roy B. Johnson - (nephew)

(b) Address 710 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-42 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore Md

18 (a) Funeral director Sherwood Movening Co.

(b) Address 408 W North Ave.

(a) Name of person registering for Williams Hill (b) Date received by registrar DEC 17 1942

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1942, at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1942 to Dec 16 1942 and that I last saw her alive on Dec 16 1942

Immediate cause of death: Chronic Intestinal Obstruction

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. G. Patterson M. D.

Address 817 Hamilton Ave Date signed Dec 17 42

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 98706 F 98706

CERTIFICATE OF DEATH

938

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Winona Apartments St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY- Irene-Cook

If U. S. Veteran specify WAR

(a) Residence: No. 700 Park ave Winona Apartments St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year) May-25-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gallery at Maryland Institute

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation since 1918

12. BIRTHPLACE (city or town) (State or country) Chambersburg Penna

FATHER

13. NAME Wm. Ignatius Cook

14. BIRTHPLACE (city or town) (State or country) Chambersburg Penna.

MOTHER

15. MAIDEN NAME Alice Rebecca Hipkins

16. BIRTHPLACE (city or town) (State or country) Chambersburg Penna.

17. INFORMANT Miss. Irene Cook (before death)

(Address) Winona Apartments

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Ceme Date Dec 18 - 1942

19. UNDERTAKER STEWART & MOWEN COMPANY

(Address) (Inc. S. MOWEN SUC.) 108 W. NORTH AVENUE

20. Filed DEC 17 1942 Hattie G. Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15 -, 1942

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 - 1942 to Dec 15 - 1942

I last saw h- alive on Dec 15 - 1942. Death is said to have occurred on the date stated above, at 5-P. m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Chr. Heart disease (myocardial insuff)	1 yrs 1 Day
Acute bronchitis	12/26/42

Other contributory causes of importance-

Was an operation performed? no. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas J. Kellen M. D.

(Address) 2-7-14 W. Lanvale St.

N. B.—WRITE PLAINLY, with unfading ink. All information should be carefully supplied. AGE should be stated EXACTLY. In stating CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 98707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

F 98707 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given or correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution:
St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6006 Kenwood avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Evelyn Elizabeth Beckett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Married

6 (b) Name of husband or wife Clarence Beckett

6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) December 22, 1903

8. AGE: Years	Months	Days	If less than one day
38	11	23	hr. min.

9. Birthplace Baltimore Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation
11. Industry or business At home

FATHER
12. Name Wm F. Wisner
13. Birthplace Baltimore

MOTHER
14. Maiden Name Katherine Wiegand
15. Birthplace Baltimore

16 (a) Informant Clarence Beckett
(b) Address 6006 Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 19th (month) (day) (year)
(c) Cemetery or crematory Woodland Memorial Park
Location Rosedale

18 (a) Funeral director Collins Funeral Home
(b) Address 2004 E. Oliver St

19 DEC 17 1942 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15, 1942, at 11:40 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14th 1942 to Dec. 15, 1942, and that I last saw h.e.r alive on Dec. 15th 1942.

Immediate cause of death	Duration
Respiratory failure	
Due to acute cardiac decompensation & fibrillation	
Due to myocardial damage secondary to influenza	
Other Conditions Pneumonia	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Rheumatic Heart

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Karl A. Hillinger, M. D.
Address St. Joseph's Hosp. Date signed Dec. 16 1942

Balto, Md. Cover.

98708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 a Registered No. 98708

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2409 Brohawn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Lakeland Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2409 Brohawn Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Marcella Otthofer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Frederick Otthofer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29 - 1862

8. AGE: Years 80 Months 5 Days 16 If less than one day hr. min.

9. Birthplace Harford Co. Md.
(Town, county, and state)

10. Usual Occupation Retired Housewife

11. Industry or business

FATHER
12. Name John Kyle
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden Name Anna R. Fisher
15. Birthplace Harford Co. Md.

16 (a) Informant Mrs. Whittier Bond
(b) Address 2409 Brohawn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 17-42 (month) (day) (year)

(c) Cemetery or crematory Meadow Ridge
Location Howard Co. Md.

18 (a) Funeral director George L. Schwab
(b) Address 2101 Frederick Ave

19 (a) DEC 17 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15 1942, at 2 a M

21. I certify that death occurred on the date above stated; that I attended deceased from March 17 1941, to Dec 15 1942, and that I last saw he alive on Dec 14 1942.

Immediate cause of death Myocarditis. Arterio Sclerosis; Chronic Nephritis, Uremia

Due to

Due to

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert C. Nichols M. D.
Address 2157 W. Lanvale Ave Date signed 12/15/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 98709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

18 V F 98709 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 913 Stiles St (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME RALPH PERILLO

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Anna Perillo
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-17

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name unknown
13. Birthplace Italy

MOTHER
14. Maiden Name unknown
15. Birthplace Italy

16 (a) Informant Pete Fidanca
(b) Address Baltimore, Maine

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/42 (month) (day) (year)
(c) Cemetery or crematory St Mathias
Location Catonsville, Md.

18 (a) Funeral director Dudley J. Dupuy
(b) Address 3126 Eastern Ave

19 (a) DEC 17 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1942 at 7 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Carbon monoxide poisoning	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Probably accident
(b) Date of occurrence Dec 11, 1942 at 11 AM
(c) Where did injury occur? Home Catonsville (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Gas from kitchen stove

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 12-14-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 98710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1780 Registered No. F 98710

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 913 Stiles St (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME ANNA PERILLO

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Ralph Perillo
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 1. 1905

8. AGE: Years	Months	Days	If less than one day
37	5	12	hr. min.

9. Birthplace Beloit Maine (Town, county, state or country)
10. Usual Occupation House Wife
11. Industry or business

FATHER 12. Name	Joseph Tiburzi
FATHER 13. Birthplace	Italy
MOTHER 14. Maiden Name	Raffella Badaria
MOTHER 15. Birthplace	Italy

16 (a) Informant Pete Perillo
(b) Address Biddeford Maine
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory St Matthias
Location Roswell & 34
18 (a) Funeral director Wendell Hilyard
(b) Address 312 S. Stricker St
19 (a) DEC 17 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1942 at 1 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Carbon monoxide poisoning — Duration
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide probably accident
(b) Date of occurrence Dec 4, 1942 at 11 A M
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Gas from kitchen stove
23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 12-14-42

VS 6

98711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98711

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1816 Ruxton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1816 Ruxton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daisy Fine

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	White	Married

6 (b) Name of husband or wife Abraham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Richmond Va (Town, county, and state)

10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Marx Bernstein
13. Birthplace Poland

MOTHER
14. Maiden Name Sarah
15. Birthplace Poland

16 (a) Informant Marx Fine
(b) Address 1816 Ruxton Ave

17 (a) Burial (b) Date thereof Dec 17/42
(Burial, cremation, ...) (...th) (day) (year)
(c) Cemetery or crematory Rest Haven Memorial
Location [redacted] Ave

18 (a) Funeral director Sol Levinson & Bros.
(b) Address 1124-26 W. North ave

DEC 17 1942 (b) by Huntington for Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1942, at 11:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1942, to Dec. 16 1942, and that I last saw h[er] alive on Dec. 16 1942.

Immediate cause of death	Duration
(a) Uremia	
Due to (b) Chronic nephritis	
Due to (c) Carcinoma breast - metastatic	2 yr.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Needle M. D.
Address 2314 - W. North Ave Date signed 12/16/42

VS 3

42-6796 F 98712 BALTIMORE CITY HEALTH DEPARTMENT X ✓ F 93712

CERTIFICATE OF DEATH 131 A Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Glenburnie
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Queen -

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife Elias
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm. Duckett
13. Birthplace Md.

MOTHER
14. Maiden Name Esther Hall -
15. Birthplace Md -

16 (a) Informant Friends -
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Lot
Location A a Co Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St.

19 (a) [illegible] (b) [illegible]
DEC 19 1942 Huntington W[illegible]

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14, 1942 at 6 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 1942 to Dec 14 1942, and that I last saw her alive on Dec 11 1942

Immediate cause of death Hypertensive Cardio-vascular disease with cardiac hypertrophy, dilatation and failure — Duration 12 yrs +

Due to Arteriosclerotic nephritis, chronic, with uremia — ?

Due to —

Other Conditions Syphilis, late latent, treated.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hospital Date signed 12/20/42

F 98713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 936

F 98713 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and no space left unfilled. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Harford Rd. & Herring Run

(c) Hospital or institution Lyderhaus Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2211 Kentucky Av. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Springer

3 (b) If veteran, name war World War #1

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Anna Rockenspieler

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1895

8. AGE: Years	Months	Days	If less than one day
47	9	17	hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business Self

FATHER

12. Name Frank Springer

13. Birthplace Bohemia

MOTHER

14. Maiden Name Antonia Krall

15. Birthplace Bohemia

16 (a) Informant Emma M. Springer

(b) Address 2211 Kentucky Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto. Md.

18 (a) Funeral director Frank Brachdon

(b) Address 900 N. Chester St.

19 (a) Date received by registrar (b) Registrar's signature Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14 1942 at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14 1942 to Dec. 14 1942 and that I last saw him alive on Dec. 14 1942.

Immediate cause of death Cerebral Vascular Accident & Subarachnoid Hemorrhage — Duration .....

Due to Hypertensive Cardio-Vascular Disease — Duration .....

Due to ..... — Duration .....

Other Conditions ..... — Duration .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy Subarachnoid Hem., Skull fract.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....

(Specify type of place)

(e) Means of injury .....

23. Signature K. Kenneth Krukenberg M. D.

Address Lyderhaus Hosp. Date signed 12/18/42

F 98714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 98714 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore [illegible] Ave. & Cloverdale Rd.

(b) Street address Temple Garden Apts.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Temple Garden Apts. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME LEWIS HAMMERSLOUGH

3 (b) If veteran, name war ----------

3 (c) Social Security Account No. 216-03-6200

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Gertrude Hammerslough

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1875.

8. AGE: Years	Months	Days	If less than one day
67	1	29	hr. min.

9. Birthplace Ohio. (Town, county, and state)

10. Usual Occupation Pharmacist

11. Industry or business

FATHER 12. Name Solomon Hammerslough,

13. Birthplace Unknown.

MOTHER 14. Maiden Name Rose Ruben,

15. Birthplace Unknown.

16 (a) Informant Mrs. Gertrude Hammerslough,

(b) Address Temple Garden Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/42. (month) (day) (year)

(c) Cemetery ~~or crematory~~ Oheb Shalom

Location Balto. Md.

18 (a) Funeral director David Lemmelman & Son

(b) Address 1902 Eutaw Place

19 (a) DEC 18 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15th. 1942 at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15-42 to Dec 15 1942.

and that I last saw h[illegible] alive on Dec 15 1942.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to Myocardial failure	1 year
Due to	
Other Conditions see other side (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Frederick Lentz M. D.

Address Temple Garden Apts Date signed 12/17/42

VS 3

F 98715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98715 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1333 Brunt St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anita Rivers (Birth F-48130)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1942

8. AGE: Years	Months	Days	If less than one day
—	9	17	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation infant

11. Industry or business

FATHER 12. Name Arthur Rivers
13. Birthplace — Va

MOTHER 14. Maiden Name Jeanette Pollard
15. Birthplace — Ga

16 (a) Informant Arthur Rivers
(b) Address 1333 Brunt St

17 (a) Burial (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Lanvale St Huntington Williams, M.D.

19 (a) DEC 17 1942
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12.14. 1942, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12.13. 1942, to 12.14 1942, and that I last saw her alive on 12.14. 1942.

Immediate cause of death acute upper respiratory infection — Duration 6 days

Due to (a)

Due to (b)

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. D. Carr M. D.
Address 512 Walker St Date signed 12/16/42

VS 2

F 98716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98716 Registered No. 834

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 Argyle ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lucy Gray

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	

6 (b) Name of husband or wife John Gray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace Blacksburg Va. (Town, county, and state)
10. Usual Occupation Old age pension
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant John J Gray
(b) Address 917 Argyle ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-18-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A Hahn
(b) Address

19 (a) DEC 2 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-15- 1942, at 1 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to her death on the day stated above.

Immediate cause of death Cerebral Hemorrhage, Spontaneous — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Anderson M.D. Medical Examiner.
Date signed 12-16-42

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 98717 131b F 98717

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1141 Fillmore St., 4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Eva B. Sanders 9

If U. S. Veteran specify WAR _____

(a) Residence: No. 1141 Fillmore St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Drury B. Sanders

6. DATE OF BIRTH (month, day, year) Sept. 6, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	54	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph F. Adams

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Jennie B. Birch

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Drury B. Sanders

(Address) 1141 Fillmore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Pine Grove, Baltimore Co. Date Dec. 17, 19 42

19. UNDERTAKER E. Leroy Stilley Inc.

(Address) 500 S. Bond St. Telephone

20. FILED _____, 19___

DEC 17 1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9th. 1942 to Dec. 15th. 1942

I last saw h___ alive on Dec. 14th. 1942. Death is said to have occurred on the date stated above, at ___ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Unknown

Other contributory causes of importance:

Chronic Parenchymatous Nephritis	Unknown

Was an operation performed? NO Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify _____

(Signed) Ira W. Hungerford M.D.

(Address) 401 E. 25th St.

Information should be carefully supplied. All questions must be properly answered. State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V2 8

F 98718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. F 98218

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1833 Covington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1833 Covington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alexandria J Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. 705-05-3596

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Alva V
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 18 1879

8. AGE: Years	Months	Days	If less than one day
63	0	27	hr. min.

9. Birthplace Balto
(Town, county, and state)
10. Usual Occupation Canvasser B-O
11. Industry or business

FATHER
12. Name Jacob H Smith
13. Birthplace Del

MOTHER
14. Maiden Name Sarah J McKewen
15. Birthplace Ala Ga

16 (a) Informant Mrs Alva V Smith
(b) Address 1833 Covington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-44 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director William M Marsch
(b) Address 715 [illegible] Ave Baltimore, Md

19 (a) DEC 17 1942 (Date received by Registrar) (b) 8 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1942, at 1 20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-15 1942, to 12-15 1942, and that I last saw h[illegible] alive on 12-15 1942.

Immediate cause of death	Duration
Chronic Myocarditis Degeneration	1 yr.
Due to Arteriosclerosis	2 yrs.
Due to	
Other Conditions Chronic Nephritis	1 yr.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A A Fallod M. D.
Address 707 Fort Ave. Date signed 12-16-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Answer correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 178a

F 98719 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the cause of death clearly a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4819 Belair Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4819 Belair Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isabel Delia Ewing

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	M

6 (b) Name of husband Theodore Ew
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1905

8. AGE: Years	Months	Days	If less than one day
37	9	7 11	hr. min.

9. Birthplace Vandalia, Ill. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name John Thomas Ewing
13. Birthplace Vandalia, Ill.

MOTHER 14. Maiden Name Mary K Kelly
15. Birthplace Vandalia, Ill.

16 (a) Informant Eugene Gyuster
(b) Address 4462 LaSalle Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-42 (month) (day) (year)
(c) Cemetery or crematory West Nottingham
Location Colora, Md

18 (a) Funeral director Earl Tyson
(b) Address Bearing Sta. Md

19 (a) DEC 17 1942 (Date rec'd by Registrar) (b) Huntingtown Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16, 1942 at 12.40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry & Inspection thereof and from the evidence (Autopsy or Inquiry) obtained by said Inquiry & Inspection and that said deceased came (Autopsy or Inquiry) to her death on the day stated above.

Immediate cause of death	Duration
Asphyxiation due to illuminating gas	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide probable accident
(b) Date of occurrence Dec. 15, 1942, at ? M
(c) Where did injury occur? 4819 Belair Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Inhaled gas from stove

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec. 16 1942

VS 6

Morgue

F 98720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98720 Registered No. 178 N.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the cause of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) ~~Hospital or institution~~: 4819 Belair Road
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4819 Belair Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Theodore Eli Ewing

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Isabel Delia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 23 1905

8. AGE: Years: 37 | Months: 7 6 | Days: 23 | If less than one day: hr. min.

9. Birthplace: Colora, Cecil Co., Md. (Town, county, and state)

10. Usual Occupation: Fireman on Railroad

11. Industry or business

FATHER 12. Name: Albert Ewing

13. Birthplace: Rowlandsville Md.

MOTHER 14. Maiden Name: Minnie E. Shimel

15. Birthplace: North East, Maryland

16 (a) Informant: Olive M. Ewing

(b) Address: 453 Hanley Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-42 (month) (day) (year)

(c) Cemetery or crematory: West Nottingham
Location: Colora Md

18 (a) Funeral director: Earl Dyson

(b) Address: Reading Pa

19 (a) DEC 17 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16, 1942, at 12:40 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Inspection (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest & Inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Asphyxiation due to illuminating gas

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? accident
(b) Date of occurrence Dec. 15 1942 at 7 M
(c) Where did injury occur? 4819 Belair Rd. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? house (Specify type of place) While at work? no
(e) Means of injury Inhaled gas from stove

Signature: Robert L. Yaffee M.D. Medical Examiner.

Date signed Dec. 16 1942

F 98721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 98721 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4301 Roland Ave

(c) Hospital or institution: Kirkleigh Villa 27-1

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4301 Roland Ave (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Jennie Belli

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Withe	Widowed

6 (b) Name of husband or wife late Antonio Belli 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24 1864

8. AGE: Years	Months	Days	If less than one day
78	6	21	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Francesco Porta

13. Birthplace Italy

MOTHER 14. Maiden Name Eugenia Griner

15. Birthplace Italy

16 (a) Informant Eugene L. Belli (Son)

(b) Address 108 W. Symington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 19/42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem. Location Old Frederik Rd. Baltimore Md.

18 (a) Funeral director Brault Della Noce

(b) Address 52 N. Morley St.

19 (a) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15, 1942 at 6.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1, 1931 to Dec. 15 1942, and that I last saw h[illegible] alive on Dec. 15, 1942

Immediate cause of death	Duration
Coronary Thrombosis	1 year
Due to Arteriosclerosis	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Eugene L. Cassagne M. D.

Address 514 Drury Lane Date signed 12-16-42

F 98722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. F 98722

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3601 Calloway Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3601 Calloway Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie C. Knatz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1876

8. AGE: Years 66 | Months -- | Days 1 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Philip Knatz

13. Birthplace Germany

MOTHER 14. Maiden Name Christina Schirmer

15. Birthplace Germany

16 (a) Informant Mr. Albert F. Knatz

(b) Address 3601 Calloway Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemy.

Location Balto. Md.

18 (a) Funeral director John O. Mitchell Sons Co

(b) Address 1900 Eutaw Place

19 (a) DEC 17 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Reg Stmar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16, 1942 at 2a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 1942, to Dec 16 1942 and that I last saw her alive on Dec 15 1942.

Immediate cause of death: Cerebral Hemorrhage & paralysis — Duration: 3 days

Due to: advanced Arteriosclerosis & Hypertension — Duration: ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Walter E. Stabler M. D.

Address 22 W Saratoga Date signed Dec 17/42

F 98723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. F 98723

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3609 Grantley Road

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3609 Grantley Road
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rev. Frank G. Porter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Carrie Stotler

6 (c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1856

8. AGE: Years	Months	Days	If less than one day
86	3	25	hr. min.

9. Birthplace Frostburg, Md.
(Town, county, and state)

10. Usual Occupation Clergyman

11. Industry or business

FATHER 12. Name Gabriel E. Porter

13. Birthplace Md.

MOTHER 14. Maiden Name Alcinda Gibson

15. Birthplace Va.

16 (a) Informant Miss. C. Estelle Porter

(b) Address 3609 Grantley Rd.

17 (a) Burial (b) Date thereof 12/18/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cemy.

Location Woodlawn, Md.

18 (a) Funeral director Robert O. Mitchell Funeral Home

(b) Address 1900 Eutaw Place

19 (a) DEC 17 1942 (b) Huntington Williams, M.D.
(Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 6 1942, to Dec 16 1942 and that I last saw h im alive on Dec 15 1942.

Immediate cause of death	Duration
Broncho Pneumonia	10 days
Due to	
Due to	
Other Conditions Chronic Myocarditis Disease	4 years

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence at M

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)

(e) Means of injury

23. Signature M. Estelle Porter

Address 4822 Roland Ave., Date signed 12/18/42 M. D.

VS 150

F 98724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 98724 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure your answer to each question is complete and correct as far as you can make it. Do not abbreviate. Write out the full name of the month. Do not use ditto marks. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 208 N. Ellwood Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Joseph Stumpf (Birth F 64567)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 14 - 42

8. AGE: Years | Months | Days: 1 | If less than one day: 12 hr. min.

9. Birthplace: Balto. (Town, county, and state)

10. Usual Occupation
11. Industry or business: None

FATHER 12. Name: Charles J. Stumpf
FATHER 13. Birthplace: Balto., Md.
MOTHER 14. Maiden Name: Marie Gilden
MOTHER 15. Birthplace: Baltimore, Md.

16 (a) Informant: Marie B. Stumpf
(b) Address: 208 N. Ellwood, Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 18 42 (month) (day) (year)
(c) Cemetery or crematory: Sacred Heart
Location: German Hill Rd

18 (a) Funeral director: Martin H. E. Dipeal's Sons
(b) Address: 37 S. Arch St. Huntingtown Williams, M.D.

19 (a) DEC 17 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15 1942, at 11 34 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14 1942, to Dec. 15 1942, and that I last saw him alive on Dec. 15 1942.

Immediate cause of death: Bronchopneumonia — Duration

Due to — Duration

Due to — Duration

Other Conditions: Debility 1 week — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Christian J. Reckter, M.D.
Address: St. Joseph's Hosp. Date signed 12/16/42

VE 8

F 38725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 C F 38725

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 50 S. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 50 S. Fulton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie M. Rixse

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) July 21st 1877

8. AGE: Years	Months	Days	If less than one day
65	4	25	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name John Henry Rixse
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Rachael J. Sheldon
15. Birthplace Balto. Md

16 (a) Informant Sarah Rixse
(b) Address 50 S. Fulton Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Dec. 19, 1942 (month) (day) (year)

(c) Cemetery or crematory London Pk.
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St for Williams M.D.

19 (a) DEC 17 1942 (Registered by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16th 1942 at 4 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 8 1942 to Dec. 16 1942 and that I last saw h[illegible] alive on Dec. 16 1942

Immediate cause of death Rheumatic Myocarditis. — Duration 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harold E. Bogard, Asst.
Address 1905 W. Baltimore St. Date signed 12/17/42 M. D.

425 D 598726

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 98726

CERTIFICATE OF DEATH 133B

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Newman Burry

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-12-07

8. AGE: Years	Months	Days	If less than one day
35	11	3	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Todd Vending Co

FATHER
12. Name Harry N. Burry
13. Birthplace Md.

MOTHER
14. Maiden Name Bertha Creamer
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 12/18/42 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St Baltimore Md.

19 (a) (b) Registrar
(Date rec'd by Local Registrar)
VS DEC 17 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15 1942 at 1040 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1942, to Dec 15 1942, and that I last saw him alive on Dec 15 1942

Immediate cause of death Uraemia — Duration 6 mos

Due to Congenital Polycystic Kidneys — Duration Life

Due to — Duration

Other Conditions Hypertension — Duration 2 mos

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Cong. Polycystic Kidneys

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Krob M. D.
Address JHH Date signed Dec 16 1942

F 98727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 15 72

Registered No. F 98727

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. If none, write none. If unknown, write unknown. Do not use abbreviations. Physicians: please write the causes of death clearly and legibly. Underlining is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 Rosedale St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Geppi (Birth # 64611)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-11-42

8. AGE: Years	Months	Days	If less than one day
		5	4 hr. min.

9. Birthplace St. Joseph Hospital-Balto. (Town, county, and state)

10. Usual Occupation Infant.

11. Industry or business

FATHER
12. Name Vincent L. Geppi
13. Birthplace Baltimore

MOTHER
14. Maiden Name Edna Simpson
15. Birthplace Md.

16 (a) Informant Vincent L. Geppi
(b) Address 1022 Rosedale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto

18 (a) Funeral director Wm Cook Sons
(b) Address 1217 S Pine St

19 (a) DEC 17 1942 (Date received by Registrar) Huntington Williams MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16 1942, at 6:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 11, 1942, to Dec. 16, 1942, and that I last saw him alive on Dec. 16 1942.

Immediate cause of death: Congenital heart disease — Duration: 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Patent foramen ovale

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Christian J. Rickter M. D.
Address St. Joseph's Hosp. Date signed 12/17/42

F 98728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98728 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and all questions answered. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1020 N. Eutaw St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 N. Eutaw (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME JAMES M. JOHNSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War I	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Marie Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1894

8. AGE: Years	Months	Days	If less than one day
48	4	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Store keeper
11. Industry or business

FATHER
12. Name George Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Virginia
15. Birthplace Md.

16 (a) Informant Mrs Marie Johnson
(b) Address 1020 N. Eutaw St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-42 (month) (day) (year)
(c) Cemetery or crematory Balto. National Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St. (or Rural Route Number, Town or Post Office)

19 (a) DEC 17 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 15 1942 at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 1942 to Dec 14 1942 and that I last saw him alive on Dec 14 1942

Immediate cause of death: Lobar Pneumonia — Duration 4 days
Due to: —
Due to: Influenza — 10 days
Other Conditions: —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature S. B. Hughes M.D.
Address 1643 Druid Hill Ave Date signed Dec 16 - 42

VS 8

F 98729

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98729 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate before it is filed. Do not use abbreviations. If the exact date of birth is unknown, the age must be given. The space for "Usual Residence" must be filled in even if the deceased had been living at a hospital or institution. The entry for "Cause of Death" must be sufficiently full to show on what disease, if any, the accident, or violence, which caused death, supervened. Indefinite statements, such as "Heart Failure," "Asthenia," "Senility," "Old Age," "Exhaustion," "Septicemia," "Pyemia," "Uremia," "Convulsions," "Hemorrhage," "Meningitis," "Pneumonia," "Tuberculosis," "Cancer," "Abscess," "Gangrene," "Diabetes," "Nephritis," "Bright's Disease," "Cirrhosis," "Jaundice," "Hepatitis," "Carcinoma," "Sarcoma," "Tumor," "Fracture," "Contusion," "Shock," "Injuries," "Internal Injuries," "Laceration," "Drowning," "Burns," "Scalds," "Suffocation," "Asphyxia," "Homicide," "Suicide," "Accident," "Found Dead," "Unknown," "Coroner's Case," "Pending Autopsy," "Pending Inquest," are not sufficient. Physicians: please write the causes of death clearly and legibly. Please state the primary cause of death in the last line of Item 20. Please underline the cause to which death should be charged statistically. Please fill in Item 22 if death was due to external causes. Please sign your name in Item 23.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1468 Morton Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1450 Morton Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Walker

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Daniel Walker
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-42 (month) (day) (year)
(c) Cemetery or crematory Antrim Mem. Park
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Baltimore St.

19 (a) DEC 17 1942 (Date received by registrar) Thomas J. Wilson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-15- 1942, at 3 15 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage, Spontaneous	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(c) Means of injury

23. Signature Howard J. Middleton M.D.
Medical Examiner.
Date signed 12-16-42

VS 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MPR 51545 F 98730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. F 98730

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 11 10
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Ruquet

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Fannie Ruquet (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1861

8. AGE: Years 79 | Months 11 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Peter Ruquet (d)
13. Birthplace France

MOTHER 14. Maiden Name Emily Peiro (d)
15. Birthplace Italy

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 12 18 42 (month) (day) (year)
(c) Cemetery or crematory Sarah Heath
Location German Hill Rd

18 (a) Funeral director J. J. Fahey & Son
(b) Address 1318 Light St

19 (a) Filed by registrar Huntington Williams M.D.

DEC 17 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/13 19 42 at 7:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/3 19 42 to 12/13 19 42 and that I last saw h[illegible] alive on 12/13 19 42

Immediate cause of death: Cardiac failure — Duration 3 years
Due to: Arteriosclerosis, Cardiovascular Renal — Duration 3 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Jackman M. D.
Address Balto. City Hosp. Date signed 12/17/42

426133

F 98731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98731

F 98731

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County Franklin
(c) City or town Chambersburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 249 Lincoln Way East (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herbert C. Foltz

3 (b) If veteran, name war

3 (c) Social Security Account No. 199-07-3060

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-1-69

8. AGE: Years	Months	Days	If less than one day
73	11	16	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Office work

11. Industry or business

FATHER 12. Name (Herbert) Foltz, Moses A.

13. Birthplace Pa

MOTHER 14. Maiden Name Charlotte Etter

15. Birthplace Pa

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Cedar Grove

Location Chambersburg, Penna.

18 (a) Funeral director Wm. J. Trickett & Son

(b) Address Huntington, Williamsport, Md.

19 (a) (Signature of Registrar) (b) Registrar

DEC 17 1942

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1942 at 9 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 28 1942 to Dec 17 1942 and that I last saw him alive on Dec 17 1942

Immediate cause of death: Myocardial Failure — Duration

Due to: Coronary Sclerosis, Coronary Occlusion.

Due to

Other Conditions: Prostatic Hypertrophy

(Include pregnancy within 3 months of death)

Date of operation: Transurethral resection 12/9/42

Major findings of operation: Prostate

of autopsy: Same as above.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John S. Stamler, M.D.

Address Johns Hopkins Hosp. Balto. Date signed 12/17/42

F 98732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 98732 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1621 Ashburton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 16
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 Ashburton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EMILY G. CROWLEY

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife: --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1868

8. AGE: Years	Months	Days	If less than one day
74	5	9	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name William Crowley
13. Birthplace England

MOTHER
14. Maiden Name Charlotte Smyth
15. Birthplace England

16 (a) Informant Mr. S. C. Hoddenott
(b) Address 1621 Ashburton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

(b) Huntington Williams M.D. Registrar

DEC 17 1942 (Date Received by Registrar)

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15, 1942 at 10:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1942 to Dec 15 1942 and that I last saw her alive on Dec 15 1942

Immediate cause of death	Duration
Angina Pectoris	Indefinite
Due to Coronary arterio-sclerosis	several years
Due to Acute Cerebral Arterio Sclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles E. Clark M. D.
Address 3214 Pinkney Ave Date signed 12-16-42

798733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 copy F 98733 Registered No. 107

PLEASE WRITE PLAINLY with unfading ink. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in each item is correct and complete. Data furnished must agree with the best available medical evidence. The accuracy of the age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2230 E. MADISON ST.
(c) Hospital or institution: 1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town) 3
(d) Street No. 2230 E. MADISON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN RAUSCH

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife TRESA RAUSCH
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 18 1876

8. AGE: Years	Months	Days	If less than one day
66	1	28 27	hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation RETIRED CARPENTER
11. Industry or business

FATHER
12. Name JOHN RAUSCH
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant TRESA RAUSCH (WIFE)
(b) Address 2230 E. MADISON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 19/42 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) DEC 18 1942 (Date received) Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 15 1942, at 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 4 1942, to Dec 15 1942, and that I last saw h. 1m alive on Dec 15 1942.

Immediate cause of death	Duration
Broncho Pneumonia	4 days
Due to Senile Psychosis	3 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pakorny M.D.
Address 2200 E Madison St Date signed 12/16/42

F 98734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98734 Registered No. [redacted]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts
(c) Hospital or institution: Mercy Hospital 4th Floor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Week
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County BALTO.
(c) City or town Glenmills
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew W. Corrigan / Carrigan

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Elizabeth Corrigan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): NOV. 15 1889

8. AGE: Years	Months	Days	If less than one day
53	1	0	hr. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation: CARPENTER
11. Industry or business: FOR SELF

FATHER
12. Name: Geo. Corrigan
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: ELIZABETH UNKNOWN
15. Birthplace: PENNA.

16 (a) Informant: RECORDS OF MERCY HOSP.
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 26/42 (month) (day) (year)
(c) Cemetery or crematory: HOLY REDEEMER
Location: BELAIR ROAD

18 (a) Funeral director: Lilly and Geiler, INC.
(b) Address: 403 S. WOLFE ST.

19 (a) DEC 18 1942 (Date received by registrar) (b) Huntington Williams, M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH December 15 1942 at 10'5 M

21. I certify that death occurred on the date above stated; that I attended deceased from December 8 1942 to December 15 1942, and that I last saw h[illegible] alive on December 15 1942.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operations	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Steinmeier M. D.
Address Mercy Hospital Date signed Dec 15 1942

(over)

F 98735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 98735

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Allen & Caroline Streets
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore 13
(If outside city or town limits, write RURAL and give town)
(d) Street No. 642 South Kenwood ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary A. Buck

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harry O. Buck

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): APR. 9 1888

8. AGE: Years: 54 | Months: 8 | Days: 7 | If less than one day: ____ hr. ____ min.

9. Birthplace: Baltimore, Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: AT HOME

FATHER
12. Name: EARNEST RATKE
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: MARIE PAUSCH
15. Birthplace: GERMANY

16 (a) Informant: HARRY D. BUCK (HUSBAND)
(b) Address: 642 S. KENWOOD AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: DEC. 20/42 (month) (day) (year)
(c) Cemetery or crematory: OAK LAWN
Location: EASTERN AVE. EXT.

18 (a) Funeral director: Lilly & Zeiler INC.
(b) Address: 403 S. WOLFE ST.

19 (a) (Date received by Local Registrar) DEC 18 1942 (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 16th 1942 at 10:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12th 1942 to Dec. 16 1942; and that I last saw h[illegible] alive on Dec. 16th 1942.

Immediate cause of death: Respiratory failure — Duration

Due to: Acute Congestive heart failure —

Due to: Myocardial damage & fibrillation

Other conditions: Diabetes & Diabetic gangrene R.L.

(Include pregnancy within 3 months of death)

Date of operation: & Appendectomy (mild)

Major findings of operation: Jaundiced

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Paula Dellinger M.D.
Address: St. Joseph's Hospital
Signed Dec. 16th 1942
Baltimore Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Erasures, interlineations, or words written over others cannot be accepted. Be sure that every item is correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

98736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. F 98736

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4120 EIERMAN AVE.
(c) Hospital or institution: 27

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 4120 EIERMAN AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: JUSTINE BARNICKEL

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: FEMALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced.: MARRIED

6 (b) Name of husband or wife: JOHN BARNICKEL
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 15 1868

8. AGE: Years 77 | Months 86 | Days 2 | If less than one day hr. min.

9. Birthplace GERMANY (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name UNKNOWN
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant JOHN BARNICKEL (HUS.)
(b) Address 4120 EIERMAN AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 21/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 DEC 18 1942 (Date rec'd by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

AM.

20. DATE OF DEATH DEC. 17 1942 at 10/58

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1942 to Dec 17 1942 and that I last saw h[illegible] alive on Dec 16 1942

Immediate cause of death	Duration
Generalized Arteriosclerosis · C-V-Disease	4
Paralysis Agitans.	2-1-42
Due to Myocardial Failure	Dec 2-42.
Due to	
Other Conditions None.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eatchmunk M. D.
Address 842 E. Fort Ave. Date signed 12-18-42

VS 8

F 98737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 839

F 98737 Registered No.

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Give the information requested on all lines, if the exact facts are not known, supply the information required to the best of your knowledge and belief. Be sure that the items relating to place of death and name of deceased are complete and correct. Age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6100 Bellona Ave.
(c) Hospital or institution: Edgewood Nursing Home 27-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4dys
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2915 Fleetwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) FULL NAME SOPHIE HOTTENBACHER

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none
4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife: - - -
6 (c) If alive, give age - years
7. Birth date of deceased (mo., day, yr.) June.30.1866
8. AGE: Years 76 | Months 5 | Days 16 | If less than one day ___ hr. ___ min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Governess-retired 10 yrs
11. Industry or business

FATHER
12. Name Ernest Hottenbacher
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Fuchs
15. Birthplace Germany

16 (a) Informant Mr. Ernest Lindner (nephew)
(b) Address 225 Hopkins Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec.19.1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave.& Broadway.

19 (a) 8 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

DEC 18

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec.16.1942 at 4.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1942, to Dec 16 1942 and that I last saw h er alive on Dec 16 1942

Immediate cause of death: Bronchial Pneumonia — Duration 4 days
Due to: Paralysis — 5 days
Due to:
Other Conditions: Unknown
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter E Kuckeman M. D.
Address 225 Innsdale Rd Date signed 12/18/42

F 98738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98738 Registered No. 1310

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Do not leave any blanks. If unknown, or not applicable, write the word. Items 1 to 23 must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 512 N. Caroline st

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 512 N. Caroline st

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Paul Williams

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Minnie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-15-1886

8. AGE: Years	Months	Days	If less than one day
56	1	2	hr. min.

9. Birthplace Hillsboro Ga.

(Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business —

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Minnie Williams

(b) Address 512 N. Caroline st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-42 (day) (year)

(c) Cemetery or crematory Mt. [illegible] Cem

Location A. C. County Md.

18 (a) Funeral director William A Jackson

(b) Address 916 Pennsylvania ave

19 (a) DEC 18 1942 (Date received by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to Dec 17 1942, and that I last saw h alive on 19

Immediate cause of death Cardiac Renal

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature H. J. Statler

Address 1725 Pennsylvania Date signed 12-17-42

VS 3

F 98739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. F 98739

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp. 10
(d) Length of stay in hospital of inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 E. Eager St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas S Mac Dougall

3 (b) If veteran, name war: Yes World war No 1
3 (c) Social Security Account No. 216-09-9168

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Agnes C. Willis
Mac Dougall
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) July 6. 1891

8. AGE: Years	Months	Days	If less than one day
51	5	11	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Port Marine Service

FATHER
12. Name Donald MacDougall
13. Birthplace Scotland

MOTHER
14. Maiden Name Matilda M Baird
15. Birthplace Ireland

16 (a) Informant Mrs. Agnes C. MacDougall
(b) Address 1210 E. Eager St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location 5301 Frederick Ave

18 (a) Funeral director Edmund W. Conklin & Son
(b) Address 924 E. Eager St Huntington Williams

19 (a) DEC 18 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1942, at 12.4 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
acute cardiac dilatation	
Due to cardiac fibrosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Yeatman M.D. Medical Examiner.
Date signed Dec 17 1942.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Physicians: please write the causes of death clearly and correct age is especially important.

VS 6

F 98740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 B

F 98740 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Where correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1437 Myrtle Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1437 Myrtle Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME George Thomas Ray

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-2925

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Susie R. Ray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1872

8. AGE: Years	Months	Days	If less than one day
70	2	21/5	hr. min.

9. Birthplace Sunderland, Calvert Co. Md.
(Town, county and state)
10. Usual Occupation Waiter
11. Industry or business Hotel

FATHER
12. Name Wesley T. Ray
13. Birthplace Md.

MOTHER
14. Maiden Name Barbara J. Marquess
15. Birthplace Md.

16 (a) Informant Susie R. Ray (wife)
(b) Address 1437 Myrtle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 20, 1942 (month) (day) (year)
(c) Cemetery or crematory Sunderland
Location Calvert Co. Md.

18 (a) Funeral director Johan M. Johnson
(b) Address 1700 Druid Hill Ave.

19 (a) DEC 18 1942 (Date rec'd by registrar) Huntingtown, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16, 1942, at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-5 1942 to Dec. 16 1942 and that I last saw him alive on Dec. 14 1942

Immediate cause of death Coronary Thrombosis — Duration 8 hrs.
Due to Mitral Insufficiency — 15 yrs.
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury —

23. Signature J. H. Rutherford, M.D.
Address 825 N. Fremont Ave. Date signed 12/19/42 M D

VS 3

F 98741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 98741 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 6-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 915 Jefferson Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Payne (Birth F 5 f 146)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1942

8. AGE: Years | Months: 3 | Days: 28 | If less than one day: hr. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John Louis Payne

FATHER 13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Annie McMillin

MOTHER 15. Birthplace N. C.

16 (a) Informant John L. Payne

(b) Address 915 Jefferson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/17/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy O. Wilson

(b) Address 1000 Pleasant Ave

19 (a) (Date received by registrar) DEC 18 1942 (b) Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-16- 1942, at 9:40 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest (Autopsy or Inquiry) and from the evidence obtained by said Autopsy & Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Malpas M.D. Medical Examiner.

Date signed 12-16-42

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Punctuate and capitalize properly. Use only standard abbreviations. Do not use ditto marks. Be sure to answer all questions, and make entries in every space. Do not abbreviate. Write words in full so that they may be understood. If unknown or if the question is not applicable, write "unknown" or "none." Physicians: please write the causes of death clearly and legibly. Cause of death may be entered in terms of the disease causing death, or in terms of the mode of dying, such as heart failure, asthenia, etc. It is important that the entry be made in the part of the certificate designated for the cause from which the deceased suffered the greatest number of years. Please do not enter names of institutions or addresses in lines for causes of death. Please do not report "cancer," "tumor," or "malignancy" as the cause of death without stating the organ affected. Please do not report "infection" without specifying the location and nature. Please do not report "hemorrhage," "embolism," "thrombosis," or "coronary occlusion" without stating whether the condition was due to trauma or disease. Please do not report "pneumonia" without stating whether lobar, bronchial, or hypostatic. Please do not report "uremia" without stating whether the kidney disease was acute or chronic. Please do not report "gangrene" without stating whether it was due to disease or to external violence. Please do not report "senility" without stating the chief contributory disease. Please do not report "heart disease" without stating whether the heart disease was valvular, hypertensive, arteriosclerotic, or myocardial.

F 98742 ✓ F 98742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Druid Hill Ave
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1129 N. Gilmor St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Jordan (Birth F 59897)

3 (b) If veteran, name war /

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-16-42

8. AGE: Years	Months	Days	If less than one day
0	2	1	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Henry Jordan Jr.
13. Birthplace North Carolina

MOTHER
14. Maiden Name Bertha Pendleton
15. Birthplace Virginia

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/19/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Co.

18 (a) Funeral director Chas. H. Alexander
(b) Address 927 N. Mount St.

DEC 18 1942 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17-1942, at 1 a.m. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-16 1942, to 12-17 1942 and that I last saw h[illegible] alive on 12-17 1942.

Immediate cause of death Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. B. Butler per W. M. D.
Address Provident Hosp. Date signed 12-17-42

98743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10-2 ✓ 107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Ashland Ave. Ward) Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Gertrude E. Banks

If U. S. Veteran specify WAR

(a) Residence: No. 1308 Ashland Ave St., Ward (Birth F. 54 7 1)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Baby

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): July 23, 1942

7. AGE: Years | Months: 4 | Days: 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Willie Banks

14. BIRTHPLACE (city or town) (State or country): Farmville Va.

MOTHER

15. MAIDEN NAME: Vernell Eutsey

16. BIRTHPLACE (city or town) (State or country): S. Carolina

17. INFORMANT: Willie Banks

(Address) 1308 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date Dec 18, 1942

19. UNDERTAKER: Mrs Robert G. Ellis Dgk.

(Address) 1129 N. Carrollton St.

20. FILED DEC 18 1942 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 16, 19 42

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1942 to Dec 16, 1942

I last saw h[illegible] alive on Dec 16, 1942 Death is said to have occurred on the date stated above, at 1.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia (Primary)	Dec. 11 1942

Other contributory causes of importance:

Was an operation performed? None Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Geo. S. Allen M. D.

(Address) 912 Augusta St

V0 2

98744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98744
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use a separate sheet if necessary. Do not abbreviate. Give exact street address or location. If not in a hospital, write the word "None." Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 004
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 427 N. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SIMON SCOTT

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Widower

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Frances Clark
(b) Address 427 North Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 18 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A. A. County

18 (a) Funeral director Mrs. R. A. Elliott Downs
(b) Address 1129 N. Carolina St.

19 (a) DEC 18 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1942, at 4 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerosis	
cardiovascular	
Due to disease	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. T. J. Wollenweber M.D.
Medical Examiner.
Date signed Dec 11, 1942

VS 6

F 98745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94B

F 98745 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct and complete. Use only typewriter ribbon. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 821 Park ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr 6 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 821 Park ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME NORMAN BENTLEY GARDINER

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-05-8509

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: DIANE LAWRENCE

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) JAN 1 1874

8. AGE: Years 68 | Months 11 | Days 15 | If less than one day: hr. min.

9. Birthplace Louisville Ky.
(Town, county and state)

10. Usual Occupation Retired

11. Industry or business

FATHER (15A)
12. Name Alston Bird Gardiner
13. Birthplace New York City

MOTHER
14. Maiden Name Mary Austen
15. Birthplace Glencoe Md.

16 (a) Informant Norman B. Gardiner Jr.
(b) Address Towson Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 18 1942 (month) (day) (year)
(c) Cemetery or crematory Glencoe
Location Glencoe Md

18 (a) Funeral director Henry W. Jenkins & Son
(b) Address McCulloh & Richard Sts

19 (a) (b) Huntington Pittsburgh Pa. Registrar

DEC 18 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1942 at 8.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1942 to 19 and that I last saw h— alive on Dec 16 1942

Immediate cause of death: Acute Pulmonary Edema — Duration 2 yrs

Due to: (Hypertension with recurrent attacks)

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature I Henry E. Nelson

Address 3 W. Mid Ave signed 12-16-42

E 98746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

Registered No. E 98746

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 1/2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2206 Brookfield Road
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Art Cohen Cohen

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.:

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married - separated

6 (b) Name of husband or wife: Annie Seidel
6 (c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): January 13, 1897

8. AGE: Years 45 | Months 11 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace: Key West, Florida (Town, county, and state)

10. Usual Occupation: Storekeeper, delicatessen

11. Industry or business: Delicatessen business

FATHER
12. Name: Jacob Cohen
13. Birthplace: Havana, Cuba

MOTHER
14. Maiden Name: Clara Karol
15. Birthplace: Havana, Cuba

16 (a) Informant: Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-42 (month) (day) (year)
(c) Cemetery or crematory: Pleasure
Location: Pikesville Rd & Hamilton Ave

18 (a) Funeral director: Jack Lama Serv
(b) Address: 1438 E. Balto St.

DEC 18 1942 (Date rec'd by Registrar) Huntington Williams, M.D. (Registrar)

VS-150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1942, at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-1-1942 to 12-16-1942 and that I last saw him alive on 12-16-1942.

Immediate cause of death: Pulmonary infarct and embolism — Duration: 2 days
Due to: Melanoma of left heel
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation: None
Major findings of operation:
of autopsy: Refused

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: No
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Wm McNeelie M. D.
Address: U. S. Marine Hosp. Baltimore, Maryland Date signed

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8747 / 520 — Registered No. F 8747

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Underline the correct age is especially important. Physicians: please write the causes of death clearly and [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4311 Valley View Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits write RURAL and give town)
(d) Street No. 4311 Valley View Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura E. Holstein

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FM	W	Widowed

6 (b) Name of husband ~~or wife~~ Adam Holstein

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1876

8. AGE: Years	Months	Days	If less than one day
66	5	4	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER — 12. Name Frederick Priller

13. Birthplace Md.

MOTHER — 14. Maiden Name Mary Bettgner

15. Birthplace Md.

16 (a) Informant Herman B. Holstein

(b) Address 4311 Valley View Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location

18 (a) Funeral director Edward J. Feeney

(b) Address 5305 Harford Rd

(c) DEC 18 1942 (Date received by registrar) (d) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1942, at 5 15/24 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1 1942 to Dec. 17 1942, and that I last saw h[illegible] alive on Dec. 15 1942

Immediate cause of death — Duration

Carcinoma of kidney — 8 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harold A. Grott. M. D.

Address 8100 Harford Rd Date signed 12/17/42

98748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. F 98748

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 E Madison St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah A T Hart

3 (b) If veteran, name war No

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 11 - 1865

8. AGE: Years	Months	Days	If less than one day
77	2	5	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER — **12. Name** Thomas Hart

FATHER — **13. Birthplace** Ireland

MOTHER — **14. Maiden Name** Bridges ? (unknown)

MOTHER — **15. Birthplace** Ireland

16 (a) Informant Katherine Mc Court

(b) Address 1205 N Luzerne av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location

18 (a) Funeral director Leonard L Buck

(b) Address 5315 Harford Rd

19 (a) (Date received) (b) Huntington Williamsport, Md

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17 1942, at 9:20 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1942, to Dec 17 1942, and that I last saw her alive on Dec 16 1942

Immediate cause of death	Duration
Bronchopneumonia	2 d
Thrombus cerebri	4 d.
Due to Mitral Regurgitation	1 yr
Due to Chr. Interstitial Nephritis	1 yr.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos F A Stevens

Address 2878 Harford Rd Date signed 12-16-42

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98749 Registered No. F 98749

S 98749 1937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as to every detail. Answer each question. If none, or not applicable, write NONE. If unknown, or cannot be determined, write UNKNOWN. Where a choice is given, underline the correct answer. Do not use abbreviations except in technical medical terms. Be sure that the age is correctly stated. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5425 Belair Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5425 Belair (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Crawford

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 6 863

8. AGE: Years	Months	Days	If less than one day
79	1	10	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Charles W. Crawford
13. Birthplace Va

MOTHER
14. Maiden Name Mary Ann Markley
15. Birthplace

16 (a) Informant Mary Ann Johnson
(b) Address 5425 Belair Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location

18 (a) Funeral director Leonard J. Buck
(b) Address 3305 Harford Rd.

DEC 18 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16 1942, at 11 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death arteriosclerotic cardio-vascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Featherston M.D. Medical Examiner
Date signed Dec. 18 1942

F 98750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 98750

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where necessary. Be sure that the information given is correct and complete. Use additional sheet if necessary. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EARL D HARP

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Catherine

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 21 - 1894

8. AGE:

Years	Months	Days	If less than one day
48	8	25	6 hr. — min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business Baltimore Ship Co

FATHER
12. Name Not Known
13. Birthplace Md

MOTHER
14. Maiden Name Florence Stanowney
15. Birthplace Md.

16 (a) Informant Catherine Harp
(b) Address 1624 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-42 (month) (day) (year)
(c) Cemetery or crematory Union Cha[illegible] Cem
Location Frederick Co Md

18 (a) Funeral director Powell & Albaugh
(b) Address Westminster Md

DEC 18 1942 (Date received by Registrar) (b) Livingston Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1942 at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary arteriosclerosis with infarction	
Due to	
Due to	
Other Conditions Hx	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollammeber M.D. Asst Medical Examiner
Date signed 12-18-42

98751
42673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B

Registered No. E 98751

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 129 S Lemmond Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Harry McLeod.

3 (b) If veteran, name war W

3 (c) Social Security Account No. 215-09-6267

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White.	married

6 (b) Name of husband or wife Katherine.
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 3/21/88

8. AGE: Years	Months	Days	If less than one day
59.	8	26	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Machine Operator.
11. Industry or business National Can Co.

FATHER
12. Name Wm. McLeod.
13. Birthplace Md.

MOTHER
14. Maiden Name Edith West.
15. Birthplace Md

16 (a) Informant Records, JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/42 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location Balto. Md.

18 (a) Funeral director William Bork Inc
(b) Address 1217 St Paul St

19 (a) DEC 18 1942 (Date received) Washington Nathaniel, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/17 1942 at 1:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/8 1942 to 12/17 1942 and that I last saw him alive on 12/17 1942.

Immediate cause of death Cirrhosis

Due to anuria

Due to Carcinoma Bladder (Primary) metastasis.

Other Conditions Hemolytic Jaundice (Include pregnancy within three months of death)

Date of operation 12/11/42

Major findings of operation: Papillary Carcinoma of Bladder

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John E. Kleinfelter M. D.
Address Johns Hopkins Hosp. Balto Date signed 12/17/42

98752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 W

F 98752 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette St
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 W. Baltimore St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Adam Hammel

3 (b) If veteran, name war: W
3 (c) Social Security Account No. 0048

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs. Ada Hammel
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) June 10 - 1874

8. AGE: Years	Months	Days	If less than one day
68	6	7	hr. min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Adam Hammel
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Doll
15. Birthplace Germany

16 (a) Informant Mrs. Catherine Hammel
(b) Address Mercy Hosp

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/19/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilhoyte Coal Co
(b) Address 1217 E Coal St

DEC 18 1942 (Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1942, at 2:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1942 to Dec 17 1942 and that I last saw h— alive on Dec 17 1942.

Immediate cause of death	Duration
Resp. Failure	
Due to Bronchopneumonia	
Due to	
Other Conditions Carcinoma Lung	
Cardiac insufficiency	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wilhelmina G. Adam M.D.
Address Mercy Hospital Date signed 12/17/42

Dr Cook 2530 E. Baltimore st Wa 3911

F 98753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. F 98753

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3107 Kenyon Ave
(c) Hospital or institution: No

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3107 Kenyon Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Christian

3 (b) If veteran, name war No
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband: Felix Christian
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1855
8. AGE: Years 87 | Months 3 | Days | If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Joseph F. Savich
(b) Address 3107 Kenyon Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/42 (month) (day) (year)
(c) Cemetery St. Stanislaus
Location Balto. Md.
18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.
19 (d) DEC 18 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17th 1942 at 11:30 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1942 to 12-17 1942 and that I last saw h[illegible]live on 12-16 1942

Immediate cause of death: Arterio Sclerosis — Duration: 1yrs
Due to: Coronary Thrombosis — Duration: 1 Day
Due to: —
Other Conditions: —
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward F. Cook C
Address 3302 Baltimore Date signed 12/18/42 D

VS 180

98754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89 W

Registered No. F 98754

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light St.

(c) Hospital or institution: South Balto. Gen'l Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 5423 Park Heights Ave
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jerry RUBIN (Birth F 63641)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 2 1942

8. AGE: Years	Months	Days	If less than one day
		16	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Morris Rubin
13. Birthplace Bal & Md

MOTHER
14. Maiden Name Rose Silverman
15. Birthplace Balto. Md.

16 (a) Informant Morris Rubin
(b) Address 5423 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/42 (month) (day) (year)

(c) Cemetery or crematory Hebrew Orphan
Location Hamilton Ave.

18 (a) Funeral director Sol Levinson Bros.
(b) Address 1124-26 W North Ave

19 (a) (Signature of Registrar) (Huntington Williams, M.D. Registrar)

DEC 18 1942

VS 154

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/18 1942, at 8 Y O D M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/16 1942, to 12/18 1942 and that I last saw him alive on 12/18 1942.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Atelectasis	
Due to Acute tubal obstruction	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Lt. Andrew Zabel M. D.

Address 1213 Light St. Date signed 12/19/42

98755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 W

Registered No. F 98755

PLEASE WRITE PLAINLY with pen and ink. Do not use pencil. Do not abbreviate. Give the full name of the deceased. Do not use initials alone. Be sure to answer each question. If none, write none. Where the space provided is insufficient, use the reverse side. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 W. Redwood St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 W. Redwood St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Montgomery

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1887

8. AGE: Years	Months	Days	If less than one day
55	5		hr. min.

9. Birthplace Cambridge Md. (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER 12. Name John Montgomery

13. Birthplace

MOTHER 14. Maiden Name Nancy ?

15. Birthplace ?

16 (a) Informant Mrs. Rose Sneed

(b) Address 1326 Myrtle Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec. 21, 1942 (month) (day) (year)

(c) Cemetery or crematory Md. Calvary

Location

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill Ave.

19 DEC 18 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/15 1942 at 9:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.

Immediate cause of death: Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rueben B. Nuttall M.D. Medical Examiner.

Date signed 12/16/42.

F 98756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1318

Registered No. F 98756

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2218 Brunt St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN BUTTS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widowed

6 (b) Name of husband or wife Nattie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Baltimore md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Rita Snowden
(b) Address 2216 Brunt st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-19-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave.

19 (a) DEC 18 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1942 at 3 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h/s death on the day stated above.

Immediate cause of death Chronic pancreohymatitis nephritis — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. T. Wallenmeyer M.D. Asst Medical Examiner.

Date signed 12-13-42

VS 6

98757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 8302

F 98757 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Give full name of deceased. If not in hospital or institution, give residence. Do not report occupation of housewife unless she was engaged in business. If deceased was a child, give name of father or mother. Physicians: please write the causes of death clearly and legibly. Be sure that the statement of the cause of death and the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 Jenkins Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Thomas

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Anne Arundel Co. Md (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER — 12. Name John Thomas
13. Birthplace Md.

MOTHER — 14. Maiden Name Mary Stewart
15. Birthplace Md.

16 (a) Informant William Thomas
(b) Address 1025 Jenkins st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-19-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave.

19 (a) DEC 18 1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-12- 1943 at 9:25 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage, Spontaneous	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 12-13-43

VS 6

PLEASE WRITE PLAINLY, with unfading ink, and DO NOT FOLD. Use typewriter if possible. Do not abbreviate or use ditto marks. Be sure to answer all questions, and if any question does not apply write "None," or "Unknown," as the case may be. Please see that the certificate is complete and correct and that it is signed on the line provided. Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Be sure that the age is correct. The age is especially important.

(a) Baltimore City, Maryland

(b) Street address .....

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....

(e) Length of stay in Baltimore (yrs., mos., or days) .....

(a) State ..... (b) County .....

(c) City or town ..... (If outside city or town limits, write RURAL and give town)

(d) Street No. Pearl Street, No ? (If rural give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3 (a) FULL NAME Mrs. Frank Thomas, Name Unk. 12-13-42

3 (b) If veteran, name war ?

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	?

6 (b) Name of husband or wife ?

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
65 ?			..... hr. ..... min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation ?

11. Industry or business ?

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant —

(b) Address .....

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)

(c) Cemetery or crematory .....

Location .....

18 (a) Funeral director .....

(b) Address .....

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12.12 1942 at 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12.5. 1942 to 12.12. 1942 and that I last saw h[illegible] alive on 12.12 1942

Immediate cause of death ..... Duration

(a) Pulmonary edema ? 7 hrs

Due to (b) cardiac decompensation 4 days

Due to (c) hypertension & cerebral hemorrhage ? 5 days

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)

(e) Means of injury .....

23. Signature J. Adler M. D.

Address 515 Wolfe St Date signed 12.12

VS 3

98753 JL 78557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

E 98758 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 N. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irvin Prater

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	?

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1869

8. AGE: Years	Months	Days	If less than one day
73	10	3	hr. min.

9. Birthplace Missouri (Town, county, and state)
10. Usual Occupation Relief
11. Industry or business

FATHER
12. Name ? Prater
13. Birthplace Mo.

MOTHER
14. Maiden Name Doccie ?
15. Birthplace Mo.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec. 22, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Date received by Registrar) (b) Huntington, West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-16 1942 at 11:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-3 1942 to 12-16 1942 and that I last saw him alive on 12-16 1942

Immediate cause of death Uraemia — Duration 7 days

Due to Hypertension C.V.D. & Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operations:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Henry Isaacs M. D.
Address Baltimore City Hosp. Date signed 12-17-42

VS 150

F 98759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98759 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 822 Fredericks Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Carroll

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo. day yr.) Dec. 23, 1929

8. AGE: Years	Months	Days	If less than one day
12	11	23	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Retail Boy
11. Industry or business

FATHER 12. Name Francis Horace Carroll
13. Birthplace Md.

MOTHER 14. Maiden Name Emma Isaac
15. Birthplace Md.

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 19, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore Md.

18 (a) Funeral director Easton Sons
(b) Address Ellicott City

19 (a) (Date received by Local Registrar) DEC 18 1942 (b) Filed by [illegible]

VS Form

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/16 1942 at 9:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/16 1942 to 12/16 1942 and that I last saw him alive on 12/16 1942

Immediate cause of death Peritonitis — Duration 8 hrs

Due to Perforated ulcer of sigmoid

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12/16/42

Major findings of operation: Peritonitis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James M. Cranor M. D.
Address St. Agnes' Hosp. Date signed 12/18/42

F 98760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. F 98760

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1805 Warwick Ave
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 Warwick Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Inez M. Reno

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Wm. Reno

6 (c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) April-15-1877

8. AGE: Years 65 | Months 8 | Days 2 | If less than one day: hr. min.

9. Birthplace Tennessee
(Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Thomas Moore
13. Birthplace Tennessee

MOTHER
14. Maiden Name Vina
15. Birthplace Tennessee

16 (a) Informant Mr. Woodrow M. Reno (son)
(b) Address 1805 Warwick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Mays
Location Moreaburg, Tenn.

18 (a) Funeral director Steward & Mowen Co.
(b) Address 108 W. North Ave.

19 (a) [illegible] (b) [illegible]
(Date received by Registrar) DEC 18 1942 Hunter to Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1942 hr. at 4:45 p.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ autopsy thereon and from the evidence obtained by said autopsy or inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions hx

(Include pregnancy within 3 months of death)

Date of operation hx

Major findings of operation:

of autopsy: hx

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Wallenmeier M.D.
Medical Examiner.
Date signed 12-18-42

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

F 98761 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 E 21st St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 85 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 E 21st St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah L. Wright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years 86 | Months — | Days — | If less than one day hr. min.

9. Birthplace Baltimore (Town, county and state)

10. Usual Occupation Clerk

11. Industry or business Grocery Business

FATHER
12. Name John Wright
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Murphy
15. Birthplace Ireland

16 (a) Informant Mrs L. Commins
(b) Address 517 E. 21st St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 16 42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location —

18 (a) Funeral director Mary M. Medford
(b) Address 521 E 22nd St

19 (a) DEC 18 1942 (b) Registrar Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12.13 1942, at 10.30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Octo 1942 to 12.13 1942; and that I last saw h[er] alive on 12.12 1942.

Immediate cause of death: Gastroenterostomy C-V disease Pulmonary emphysema

Duration: years 4

Due to

Due to

Other Conditions Senility (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Greenwood, M.D. M. D.
Address 1402 Eutaw St Date signed 12.13.42

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 98762 F 98762

CERTIFICATE OF DEATH 1939

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 N. Mount St. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Adolison Cook

If U. S. Veteran specify WAR

(a) Residence: No. 524 N. Mount St., Ward. Not a Res.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carrie Cook

6. DATE OF BIRTH (month, day, year) Feb 22, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Edgar Cook

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Willis ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Carrie Cook

(Address) 524 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 19, 19

19. UNDERTAKER Mrs Katie R. Wellington

(Address) 322 N. Schroeder St.

20. FILED DEC 18 1939 H. Hunter Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-16-, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-10-, 1939 to 12-16-, 1939

I last saw h[illegible] alive on 12-15-, 1939. Death is said to have occurred on the date stated above, at 4.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis (valvular disease of heart)	1939

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical findings Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John E. Slaughter M. D.

(Address) 639 N. Carey St

Information should be carefully supplied. Age, Residence, Occupation, Color, Race, Sex, Date of Birth, Date of Death, Place of Death, State of Disease, etc., must be properly answered. Effort should be made to state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V8 3

F 98763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98763 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 511 Haggett
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 Haggett (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martha V. Hawkins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1926

8. AGE: Years	Months	Days	If less than one day
17			hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name Benny Hawkins
13. Birthplace N. C.

MOTHER
14. Maiden Name Layra . Wms
15. Birthplace N. C.

16 (a) Informant Benny Hawkins
(b) Address 611 Haggett Alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location

18 (a) Filed DEC 18 1942 Walter R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1942, at 2.30 M

21. I certify that death occurred on the date above stated, that I attended deceased from Dec 10 1942 to Dec 16 1942, and that I last saw h[illegible] alive on Dec 16 1942.

Immediate cause of death Pulmonary TB

Duration
8 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 12-17-42

Huntington Williams M.D. Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly, correct age is especially important.

F 98764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 98764 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 758 Waseche St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harvey Goodman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Mary Goodman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1870

8. AGE: Years	Months	Days	If less than one day
72	1 2	4 3	hr. min.

9. Birthplace S. C. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Adam Goodman
13. Birthplace S. C.

MOTHER
14. Maiden Name Fronie
15. Birthplace S. C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 20, 1937 (month) (day) (year)
(c) Cemetery or crematory Sumter
Location South Carolina

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St Huntington Hotel Apt

19 (a) DEC 18 1937 (Registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-14 1937, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-7 1937 to 12-14 1937 and that I last saw him alive on 12-14 1937.

Immediate cause of death Uremia — Duration 1 days

Due to Hypertension Cardiac Failure — Duration

Due to Generalized Arteriosclerosis — Duration

Other Conditions Hypertension Chronic Nephritis — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Vogel Jr. M. D.
Address Balto City Hosp. Date signed 12-14-37

F 98765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

F 98765 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3411 Dennlyn Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Co (If outside city or town limits, write RURAL and give town)
(d) Street No. 3411 Dennlyn Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rosa Brocato Tamburro

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Widow

6 (b) Name of husband or wife Joseph Tamburro
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 18th 1861

8. AGE: Years	Months	Days	If less than one day
81	1	5	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Francesco Brocato
13. Birthplace Italy

MOTHER
14. Maiden Name Gagna Brocato
15. Birthplace Italy

16 (a) Informant Anthony Tamburro
(b) Address 3411 Dennlyn Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Rd

18 (a) Funeral director Frank V. Pistone
(b) Address 2518 E. Balto St

19 (a) [illegible] (Date received by registrar) (b) Huntington Williams M.D.

DEC 18 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1942, at 4 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-26- 1940, to 12-18 1942, and that I last saw h[illegible] alive on 12-17 1942.

Immediate cause of death Cardiac dilatation — Duration 1 week.

Due to Arterio Sclerosis & Hypertension — Duration several years.

Due to Chronic Nephritis

Other Conditions.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Tamburro M. D.
Address Medical Arts Bldg Date signed

M. D. R. 1200-6

98766 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 98766

CERTIFICATE OF DEATH ✓ 92 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3449 Roland Ave St. Ward) Interment

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry R Buhrman

(a) Residence: No. 3449 Roland Ave St. 13-6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Annie T Hannon

6. DATE OF BIRTH (month, day, year) Jan 8, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Charles H. Buhrman

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mr. Coroner
(Address) 6202 E. Lombard Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hardwick, Waynesboro Date Dec 21, 1942

19. UNDERTAKER Walter G Grove
(Address) Waynesboro Pa.

20. FILED DEC 19 1942 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18 42, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1940, 19 to Dec 18 42, 19

I last saw h[illegible] alive on Dec 18 42, 19 Death is said to have occurred on the date stated above, at 2.35 P.M.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation — Date of onset 2 years

Other contributory causes of importance:

Hyp Heart Disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry B Coltman M. D.

(Address) 1203 Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

98767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 B

Registered No. E 98767

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2017 Frederick Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John H. Stallings

3 (b) If veteran, name war	3 (c) Social Security Account No. 219-01-1266

4 Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marie V. Stallings
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 31 – 1891

8. AGE: Years	Months	Days	If less than one day
50	11	17	16 hr. min.

9. Birthplace Howard Co. Md.
(Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name John A. Stallings
13. Birthplace Howard Co. Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Howard Co. Md.

16 (a) Informant Mrs. Marie V. Stallings
(b) Address 2017 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21-42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director George L. Lehnert
(b) Address 2101 Frederick Ave

Filed Dec 19 1942 Harry Hunting for Williams Mar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/17/42 19 , at 8 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/5/42 19 to 12/17/42 19 and that I last saw h. alive on 12/17/42 19

Immediate cause of death	Duration
Cerebral Embolism	
Due to Rheumatic Heart Disease	2 years
Due to Arteriosclerosis	2 years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James E. Boardman Jr. M. D.
Address Franklin Sq Hosp Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

98768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 98768

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1295 Calverton Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 4
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1295 Calverton Rd. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Gakenheimer

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-5902

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Florence Gakenheimer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18, 1889

8. AGE: Years	Months	Days	If less than one day
53	1	28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Optician
11. Industry or business

FATHER
12. Name Christian Gakenheimer
13. Birthplace Germany

MOTHER
14. Maiden Name Charlotta
15. Birthplace Germany

16 (a) Informant Mrs. Florence Gakenheimer
(b) Address 1295 S. Calverton Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 19-42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director George L. Schmidt
(b) Address 2101 Frederick Ave

DEC 19 1942 Hampton Williams M.D. Registrar
(Date received by local registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/16 1942 at 1:00 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an aut. on (Autopsy or Inquiry) thereon and from the evidence obtained by said aut. find that said deceased came to from death on the day stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McDonald Jr. M.D. Medical Examiner.
Date signed 12/18/42

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in items 16 to 18 is complete and correct. Age is especially important.

F 98769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98769
Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Give correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 S. Payson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 110 S. Payson St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Catherine Schroeder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Frederick Schroeder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26-1848

8. AGE: Years	Months	Days	If less than one day: hr.	min.
94	4	21		

9. Birthplace Catonsville Md. (Town, county, and state)
10. Usual Occupation Retired Housewife
11. Industry or business

FATHER
12. Name Michael Blum
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Hoffman
15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth Kaiser
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21-1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director George L. Schwab
(b) Address 2101 Frederick Ave.

19 (a) Filed DEC 19 1942 (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1942 at 11:4 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1941, to Dec 17 1942 and that I last saw h[illegible] alive on Dec 16 1942.

Immediate cause of death Arteriosclerosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Scagnetti M. D.
Address 1729 W. Lombard Date signed 12/18/42

Take Copy to Dec 19 F 98770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

F 98770 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3822 Edmondson Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lelleine Schmidt

3 (b) If veteran, name war: N
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Md

6 (b) Name of husband or wife: William F. Schmidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1875

8. AGE: Years: 67 | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/19/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director William Cook Jr
(b) Address 1219 E. Lanvale St

19 (a) (Date rec'd by registrar) (b) for William A. M.D. Registrar

VS 150 DEC 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17 1942 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-7 1942 to 12-17 1942 and that I last saw her alive on 12-17 1942.

Immediate cause of death	Duration
Pulmonary edema, acute	
Due to Cardiac decompensation acute	
Due to Hypertensive Cardiovascular renal disease	
Other Conditions none	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: none
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hearn Macculloch M. D.
Address Date signed

F 98771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1642

F 98771 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5820 Hamilton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB G. TEAL

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 212-09-8948

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Kate Teal

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 2, 1908

8. AGE: Years 34 | Months 2 | Days 15 | If less than one day hr. min.

9. Birthplace Glyndon Md (Town, county, and state)

10. Usual Occupation Machine Helper
11. Industry or business Bethlehem Steel Co

FATHER
12. Name William A Teal
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Annie Allender
15. Birthplace Glyndon Md

16 (a) Informant Richard F. Teal
(b) Address 3626 Maywood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/42 (month) (day) (year)
(c) Cemetery or crematory All Saints
Location Reisterstown Md

18 (a) Funeral director Williams & Son
(b) Address 1217 E Fort Ave

19 (a) DEC 19 1942 (Date filed) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1942 at 3 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Gunshot wound of chest — Duration
Due to homicide
Due to mental derangement
Other Conditions none

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Dec 17, 1942 at about 3 M
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? (Specify type of place)
(e) Means of injury shot gun

23. Signature H. L. Weldenmeyer M.D. Medical Examiner.
Date signed 12-17-42

VS 6

F 98772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 98772 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished, as any omission may cause delay. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6217 Ridge View Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2332 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma L. Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James J. W. Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 15, 1849

8. AGE: Years	Months	Days	If less than one day
93	-	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Arnold LaPorte
13. Birthplace France

MOTHER
14. Maiden Name Caroline Koch
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Walter L. Pierce
(b) Address 2332 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 19, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director E. W. Passano
(b) Address 1005 N. Baltimore St.

19 (a) DEC 19 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17 1942, at 2.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1/c 1942 to Dec 17 1942, and that I last saw her alive on Dec 17 1942.

Immediate cause of death	Duration
Arteriosclerosis,	1 hr.
Due to Myocardial degeneration	6 mos.
Due to Myocardial Insufficiency	3 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Benson M.D.
Address 1 W. Overlea Ave. Date signed 12/18/42

VS 3

FRENCH

F 98773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 98773 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give exact street address or location. Be sure to answer every question. Where there is no entry to be made, write "None." Do not leave blanks. Be sure that the date of death and the age are correctly stated. Be sure that the cause of death is correctly and fully reported. Be sure that the statement of facts concerning operations and autopsy is complete. Be sure that the medical certification is signed. Be sure that the certificate is signed by the undertaker. Be sure that the certificate is filed with the Registrar of Vital Statistics. Be sure that the certificate is filed within the time prescribed by law. Be sure that the certificate is filed in the proper district. Be sure that the certificate is filed in the proper county. Be sure that the certificate is filed in the proper state. Be sure that the certificate is filed in the proper city. Be sure that the certificate is filed in the proper township. Be sure that the certificate is filed in the proper village. Be sure that the certificate is filed in the proper borough. Be sure that the certificate is filed in the proper parish. Be sure that the certificate is filed in the proper ward. Be sure that the certificate is filed in the proper precinct

F 98774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163H Registered No. F 98774

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dont
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 924 E 20th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PAULINE CIKOWSKI

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Simon Cikowski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years 82 | Months | Days | If less than one day hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At Home

FATHER
12. Name John Wyprocht
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Sucha
15. Birthplace Poland

16 (a) Informant Helen Fisher
(b) Address 924 E 20th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozazewski
(b) Address 1930 Eastern Ave

19 (a) DEC 19 1942 (Date Received) Hamburger (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1942 at 2 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said I find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Carbon monoxide poisoning — Duration
Due to Suicide
Due to Mental derangement
Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence Dec 17, 1942 at 2 P M
(c) Where did injury occur? at home Aloha
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Gas poisoning from kitchen stove

23. Signature [illegible] M.D.
(Medical Examiner)
Date signed 12-17-42

VS 6

Please write plainly, with pen, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98775

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98775
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 525 E Washington (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Delores Krawczyk

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1940

8. AGE: Years 2 | Months 5 | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Edward Krawczyk
13. Birthplace Baltimore

MOTHER 14. Maiden Name Stella Widomski
15. Birthplace Baltimore

16 (a) Informant Edward Krawczyk
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/19/42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1304 Eastern Ave

19 (a) (Date rec'd by registrar) DEC 19 1942 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1942 at 6 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1942 to Dec 18 1942 and that I last saw her alive on Dec 18 1942

Immediate cause of death Meningococcemia — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert D. Solomon M. D.
Address J. Hopkins Hosp Date signed 12/18/42

F 98776

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98776 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 DAY
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County Baltimore
(c) City or town PARKVILLE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2923 Chenoak Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY E CHENOWETH
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) ~~Single~~, married, ~~widowed~~ or ~~divorced~~: Married
6 (b) Name of husband or wife: JOHN G. CHENOWETH
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Aug. 22 1871
8. AGE: Years 71 | Months 3 | Days 26 | If less than one day ____ hr. ____ min.
9. Birthplace MARYLAND (Balto. Co.) (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business At Home

FATHER
12. Name WILLIAM FULLER
13. Birthplace MARYLAND (Balto. Co)

MOTHER
14. Maiden Name Mary P. REESE
15. Birthplace MARYLAND (Balto. Co)

16 (a) Informant HOSPITAL CHART
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21 1942 (month) (day) (year)
(c) Cemetery or crematory, Mira Methodist
Location Parkville, Balto. Co. Md.

18 (a) Funeral director Lanahan Funeral Home
(b) Address 7401 Belair Road

19 (a) Date received Dec 19 1942 (b) Registrar Washington Williams Registrar
DEC 19

MEDICAL CERTIFICATION

20. DATE OF DEATH DECEMBER 19 42 at 11 58 P M

21. I certify that death occurred on the date above stated; that I attended deceased from DEC. 17 19 42 to DEC 18 1942 and that I last saw h[illegible] alive on DEC 18 19 42

Immediate cause of death SHOCK
CIRCULATORY COLLAPSE — Duration: 20 hours
Due to 2ND & 3RD° BURNS of Hands, Body, & Legs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ACCIDENT
(b) Date of occurrence DEC. 17 1942 at 1PM M
(c) Where did injury occur? PARKVILLE MD (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? HOME (Specify type of place) While at work? HOUSE WORK
(e) Means of injury DRESS CAUGHT FIRE FROM STOVE

23. Signature Frank H. Ridgely Jr. M.D.
Union Memorial Hospital Date signed 12-18-42
Baltimore, Md. Howard J. Mallis M.D.

F 98777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 Registered No. F 98777

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 RIVERSIDE AVE
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 RIVERSIDE AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MAURICE HAMPTON SR

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife MARY. E. HAMPTON
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) DEC 15 1864

8. AGE: Years	Months	Days	If less than one day
78	0	3	hr. min.

9. Birthplace MARYLAND (Town, county, and state)
10. Usual Occupation RETIRED
11. Industry or business B & O R.R.

FATHER
12. Name NOT KNOWN
13. Birthplace MARYLAND

MOTHER
14. Maiden Name ? HADAWAY.
15. Birthplace MARYLAND

16 (a) Informant MARY. E HAMPTON
(b) Address 1213 RIVERSIDE AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-22-42 (month) (day) (year)
(c) Cemetery or crematory BALTIMORE CEM
Location BALTO. CITY.

18 (a) Funeral director Bernard C Hale
(b) Address 121 E. Main St Huntingtown Williamsport, Md

19 (a) (To be signed by registrar). (b) Registrar

DEC 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 18 1942, at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1941 to Dec 18 1942 and that I last saw h alive on 19

Immediate cause of death Coronary Occlusion — Duration 2 Hours
Due to arteriosclerosis
Due to senility
Other Conditions cardiac failure & pulmonary edema — Duration 1 Hour
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac Nuttle M. D.
Address 122 E N Charles St Date signed 12/19/42

I, ..., correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 98778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5 1 D Registered No. E 98778

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123 N. Broadway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 5
(e) Length of stay in Baltimore (yrs., mos., or days) 2 - 6 Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 N Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William E. McAuliffe

3 (b) If veteran, name war: No.
3 (c) Social Security Account No. 087-01-4593

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Ann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 28, 1894

8. AGE: Years	Months	Days	If less than one day
48	3	24	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Pipe covering
11. Industry or business

FATHER
12. Name Thomas McAuliffe
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary King
15. Birthplace Ireland

16 (a) Informant Edward McAuliffe
(b) Address 123 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-42 (month) (day) (year)
(c) Cemetery or crematory St. Pauls
Location Sixteenth St.

18 (a) Funeral director Mart H. E. Dipper
(b) Address 375 S. Carey St.

DEC 19 1942 (Date received by Registrar) Huntington Williams M.D. (Signature of Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1942 at 5 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4 1942 to Dec. 17 1942 and that I last saw him alive on Dec. 17 1942.

Immediate cause of death: Carcinoma of the Prostate with metastasis — Duration

Due to

Due to

Other Conditions Cystitis Nephritis

(Include pregnancy within 3 months of death)
Date of operation Nov. 1942
Major findings of operation: Carcinoma of the Prostate with metastasis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Linder M. D.
Address 14 S. Broadway Date signed 12/18/42

98779 F 98779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830 Registered No.

PLEASE WRITE PLAINLY, with ink. Do not use pencil. Do not abbreviate. Give full name of street and number, or other exact location. Do not omit any information, or mark it "unknown" if you can obtain the correct answer. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hos
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 3 23/12

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or ~~town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1813 Laurel Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Noah Dupree

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) ~~Single, married~~, widowed, or divorced. Widower

6 (b) Name of husband or wife Sallie Dupree 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1880

8. AGE: Years 62 | Months 4 | Days 23 | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant James H. Dupree
(b) Address 912 Arlington Wilson Pk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. City

18 (a) Funeral director Lewis N. Evans & Son
(b) Address 638 N. Gilmor St.

19 (a) Filed DEC 19 1942 (b) Huntington Williams Jr.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/16/42 10:39 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15/42 to 12/16 19 42, and that I last saw h[illegible] alive on 12/15/42.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to Left sided Paralysis	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard Dupree
Address 113 Harlem Ave Date signed 12/17/42

F 98780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1192

F 98780 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 441 W. 24th St.
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 441 W. 24th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM BRESSLER (Birth F-57903) ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1942

8. AGE: Years	Months	Days	If less than one day
	3	11	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Paul Bressler
13. Birthplace Dunkerry, Pa.

MOTHER
14. Maiden Name Helen Stern
15. Birthplace Danville, Pa.

16 (a) Informant Helen Stern Bressler
(b) Address 441 W. 24th St.

17 (a) Burial (b) Date thereof Dec 21-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory [illegible]
Location St. Marys - Hampden

18 (a) Funeral director F W Leigh
(b) Address 814 W 36th St

19 DEC 19 1942 (c) Signature of local registrar Hunting for Hillmeyer M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1942 at 10 50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Pneumonia, lobular	
Due to: Heart Block, Infantile	
Due to:	
Other Conditions: No	

(Include pregnancy within 3 months of death)

Date of operation: No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A Z Wollenweber M.D.
Medical Examiner.

Date signed Dec 19 1942

PLEASE WRITE PLAINLY, WITH INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 98731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 Registered No. F 98781

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3305 Winterbourne Rd.
(c) Hospital or institution:

16-9

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3305 Winterbourne Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY ROBINSON OPPELT

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Edmund J. Oppelt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 29, 1863

8. AGE: Years 79 | Months 10 | Days 18 19 | If less than one day hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: housewife
11. Industry or business

FATHER
12. Name: Andrew Robinson
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Isabel White
15. Birthplace: Ireland

16 (a) Informant: Mr. John K. Robinson
(b) Address: 3305 Winterbourne Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) DEC 19 1942 (Date received by Registrar) Huntington Williams M.D. 3300 N. Charles St. (b) Date signed 12/18/42

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18, 1942 at 11:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 2 1942 to Dec. 17 1942, and that I last saw her alive on Dec. 17, 1942.

	Duration
Immediate cause of death: Heart failure with edema of lungs	16 days
Due to: Coronary Thrombosis (Four attacks)	1½ years
Due to:	
Other Condition: Arterio-sclerosis & Hypertension	?

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice E. Shamer M. D.
3300 N. Charles St. Date signed 12/18/42

F 98782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1200

F 98782

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Use "None" or "Unknown" where necessary. Do not leave blanks. Be sure to give correct age in each case. Underlining is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 223 N. Monument St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 - 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 223 N. Monument St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** Laura E. Johnson

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Rev. J. W. Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12, 1862

8. AGE: Years	Months	Days	If less than one day
80	8	5	hr. min.

9. Birthplace Talbot Co., Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER	12. Name Leech T. Bartlett
	13. Birthplace Talbot Co., Md
MOTHER	14. Maiden Name Laura E. Graham
	15. Birthplace Talbot Co., Md

16 (a) Informant Johnson W. Fortenbaugh
(b) Address 223 N. Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/19/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director Wm. H. Tickner & Sons
(b) Address Balto., Md.

19 (a) DEC 19 1942 (Date received by Registrar) (b) Filed at Hunter's Town, Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1942, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased ~~last~~ Dec. 17, 1942. 12/17/42 19..., and that I last saw ~~him~~ her alive on Dec. 17 1942.

Immediate cause of death: Exhaustion from Duration

Due to Age

Due to

Other Conditions Contusion - contusion of chest wall

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Lee Ellis M. D.
Address 92 W. Madison Ave Date signed 12/18/42

VS 8

F 98783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 98783 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3203 N. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-2
(e) Length of stay in Baltimore (yrs., mos., or days) 65 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 3203 N. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BLANCHE HORNER LOVE

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	Female	White	Widowed

6 (b) Name of husband ~~or wife~~ William L. Love
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1871

8. AGE: Years	Months	Days	If less than one day
71	9	10	hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Alexander Horner
13. Birthplace Pa.

MOTHER
14. Maiden Name Julia Kraft
15. Birthplace Baltimore Md.

16 (a) Informant Mr. Kenneth F. Love
(b) Address 111 Enfield Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/19/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS INC.
(b) Address North & Pa Aves. Balto Md.

19 (a) (b) Huntington Williams, M.D.

DEC 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17, 1942 at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to Dec 16 1942 and that I last saw her alive on Dec 16 1942

Immediate cause of death Pneumonia — Duration 1 week
Due to Myocardial insufficiency — Duration 5 yrs 6 mo.
Due to Arteriosclerosis — Duration
Other Conditions Chronic Nephritis — Duration 1 year

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Williams M.D.
Address 810 North Gay Date signed Dec 19 1942

F 98784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

F 98784
Registered No.

PLEASE WRITE PLAINLY, WITH INK AND ADD ALL DATA. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4712 Pimlico Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN HENRY GILLELAND

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Marie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1900

8. AGE: Years	Months	Days	If less than one day
42	1	14	12 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Samuel H. Gilleland
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Martin
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Marie Gilleland
(b) Address 4712 Pimlico Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29 1941 (month) (day) (year)

(c) Cemetery or crematory St. Mary's Hampden
Location

18 (a) Funeral director Leon J. Tyldesley Sons Inc
(b) Address 3107 W Pennsa Ave Balto

19 (a) DEC 15 1941 (Date rec'd by registrar) (b) Huntington Williamsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1941, at 4:20 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Duration

Immediate cause of death Hypertensive cardiovascular disease

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.

Date signed 12-15-41

VS 6

98785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 307

Registered No. E 98785

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 Argyle Ave 2nd floor
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Littleton

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1893

8. AGE: Years	Months	Days	If less than one day
49	11	7	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Welder

11. Industry or business

FATHER
12. Name John Littleton
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Erwin
15. Birthplace Leesylvania, Va.

16 (a) Informant Mrs Peggie Scott
(b) Address 6314 Butler St. Pittsburg, Pa.

17 (a) Burial (b) Date thereof Dec 21 1942
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location Baltimore Co. Md.

18 (a) Funeral director Mrs Geo. A. Holland
(b) Address 1621 Druid Hill Ave

19 (a) DEC 19 1942 (b) Huntington Pittsburgh Pa.
(Date rec'd by registrar) Registrar

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as to every item. Data for items 20 to 24 are required from physicians; in certain circumstances, however, the certifier may be a coroner. Items 25 to 30 are required from the informant. Cause of death must be certified in accordance with the International Lists of Diseases and Causes of Death. Diagnosis must be based on personal knowledge of the physician. Personal knowledge of the coroner must be based on investigation. Statements must be based on personal knowledge of the informant. Underlining the cause to which death should be charged statistically is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-16- 1942, at 9:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to h— death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death — Duration

Ruptured Aortic Aneurysm

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. Howard J. Menefee M.D.
Medical Examiner.

Date signed 12-18-42

F 98786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1945 E

F 98786 Registered No.

PLEASE WRITE PLAINLY; with ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Wks.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3710 St. Margarets St. Brooklyn Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Somers.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mildred

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years 46 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Carpenter.

11. Industry or business

FATHER
12. Name Samuel Somers
13. Birthplace Oxford Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Oxford Md

16 (a) Informant Mildred Somers
(b) Address 3710 St. Margarets St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-42 (month) (day) (year)
(c) Cemetery or crematory Oxford Md
Location

18 (a) Funeral director Joseph Kaminska Inc.
(b) Address 602 Wilkens Ave Baltimore Md

19 (a) [illegible] (b) Huntington (City or county registrar) Registrar

DEC 19 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 18 1942 at 4:36 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 10 1942 to Dec. 18 1942 and that I last saw h. alive on Dec. 18 1942

Immediate cause of death: Uremia — Duration

Due to Ascending urinary infection

Due to Compression of spinal cord due to dislocated thoracic vertebra

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically. 25/6

22. If death was due to external causes, fill in the following:
(a) Accident, ~~suicide~~, or ~~homicide~~ Struck by street car.
(b) Date of occurrence October 10-42 at 10 A. M.
(c) Where did injury occur? Baltimore, Maryland. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Baltimore Car Barn (Specify type of place) While at work? yes.
(e) Means of injury Struck by street car backing into

23. Signature [illegible] M. D.
Address St. Josephs Hosp. Date signed 12-18-42

Howard L. Mudgett, M.D.

98787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46 E ✓ F 98787

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4128 Forest Park Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Jobbocco Rife~~ Bertha Bragonier Rife 28-2

If U. S. Veteran specify WAR

(a) Residence: No. 4128 Forest Park Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John M. Rife

6. DATE OF BIRTH (month, day, year) Aug. 6, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middletown, Md.

FATHER

13. NAME Alfroed Bragonier

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rebecca E. Macgee

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elizabeth R. Norris

(Address) 4412 Wickford Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem'ty Date 12/19/42 19

19. UNDERTAKER Wm. A. Mitchell Funeral Home Inc.

(Address) 1900 Eutaw Place for Wm. A. Mitchell M.D.

20. FILED DEC 19 1942 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1942

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1916 to Dec 18, 1942

I last saw h-- alive on Dec. 17, 1942. Death is said to have occurred on the date stated above, at 1.30 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of ascending Colon — Date of onset 7:26:38

Other contributory causes of importance: Pulmonary Infarct, Pericardial Malignant endocarditis 6-20-42

Was an operation performed? Yes Date of 7-26-38

For what disease or injury? Malignant obstruction - Carcinoma

Name of operation Exp. Laparotomy

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Clay Judd M. D.

(Address) 222 Wendover Road

Instructions: Fill in all items, so that it may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S.

F 98788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 98788

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address N. 6 roadway

(c) Hospital or institution: Church Home and Infirmary 6

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d

(e) Length of stay in Baltimore (yrs., mos., or days) 2 ½

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore 5

(If outside city or town limits, write RURAL and give town)

(d) Street No. N. Broadway Ca H D

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Miss Mary Pendleton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1 1857

8. AGE: Years	Months	Days	If less than one day
85	10	17	hr. min.

9. Birthplace St. Louis, Missouri (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Wm. Armistead Pendleton

13. Birthplace Virginia

MOTHER

14. Maiden Name Mary Berry

15. Birthplace Virginia

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22/42 (month) (day) (year)

(c) Cemetery or crematory Lexington Cemetery

Location Lexington Ave

18 (a) Funeral director John D. Whitney & Son

(b) Address 1900 Eutaw Place

DEC 19 1942 (Registered by Registrar)

Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 18 1942, at 7:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 29 1941, to Dec. 19 1942, and that I last saw her alive on Dec 18 1942.

Immediate cause of death	Duration
Adenocarcinoma of Breast	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Segesberg M. D.

Address Church Home Hospital Date signed 12/18/42

F 98789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98789 Registered No. 1704

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Gen'l Hosp. 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2156 Druid Park Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Esther R Daily

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Seth E. Daily

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1879

8. AGE: Years 63 | Months 6 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore County, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jarrett Wilson
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Mary Powers
15. Birthplace Md. Ajie Pa.

16 (a) Informant Seth E. Daily
(b) Address 2156 Druid Park Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 19 42 (month) (day) (year)
(c) Cemetery or crematory Immanuel
Location Glenrose md

18 (a) Funeral director Albert W. Berry
(b) Address 440 E. Preston St. Baltimore, Md.

DEC 19 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16 1942, at 11 05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquiry thereon and from the evidence obtained by said Autopsy / Inquiry find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death Coughing	
as a result of Fracture of skull	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec. 16 1942 at 9 P M
(c) Where did injury occur? Druid Park Drive (City or town) Baltimore (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (specify type of place) While at work? No
(e) Means of injury Struck by car

23. Signature Robert Lee Scantlebury M.D.
Medical Examiner.
Date signed Dec. 18 1942.

PLEASE WRITE PLAINLY, with unfading ink. Fill in all blanks. Be sure and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 98790

HEALTH DEPARTMENT—CITY OF BALTIMORE

98790

CERTIFICATE OF DEATH

1310 98790

Registered No.

1. PLACE OF DEATH 2117 Denison St
CITY OF BALTIMORE: (No. Balto. md. St. 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret R. Amberson.
If U.S. Veteran specify WAR

(a) Residence: No. 2117 Denison St., Ward Wynnewood Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Wht.	Married

5a. If married, widowed, or divorced (or) WIFE of Presley N. Amberson

6. DATE OF BIRTH (month, day, year) Dec. 12, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. --

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) --

12. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Indiana (State or country)

FATHER

13. NAME Wm. Ruthrauff

14. BIRTHPLACE (city or town) unknown (State or country)

MOTHER

15. MAIDEN NAME Mary Douglas

16. BIRTHPLACE (city or town) Balto., Md. (State or country)

17. INFORMANT Mrs. R. O. Stone
(Address) 1 Christopher St. New York City

18. ~~BURIAL~~ CREMATION, ~~REMOVAL~~
Place Greenmount Date 12/21/42 19

19. UNDERTAKER Wm. J. Tickner & Sons
(Address) 1 E. Lanvale St.

20. FILED DEC 20 1942 Huntington Williams, M.D. Registrar.

VS 3

Information should be carefully considered, and the answers to each question plainly written, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, and OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/17 1942

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1942 to Dec 17 1942
I last saw her alive on Dec 17 1942. Death is said to have occurred on the date stated above, at 4:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio vascular renal disease	

Other contributory causes of importance:
Myocardial failure
Terminal hypostatic pneumonia

Was an operation performed? no Date of
For what disease or injury? ~

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Fon Tredon, M. D.
(Address) 1031 St Paul St

98791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 B

F 98791

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 329 S Dremond St., W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dennis Dashen Jr

If U.S. Veteran specify WAR

(a) Residence: No. 329 S Dremond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ella Fisher

6. DATE OF BIRTH (month, day, year): May 10 1845

7. AGE: Years 57 | Months 4 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Grocery wrd

10. Date deceased last worked at this occupation (month and year): Sept 4 yr

11. Total time (years) spent in this occupation: yrs

12. BIRTHPLACE (city or town) (State or country): Anne Co Md

FATHER

13. NAME: John Dashen

14. BIRTHPLACE (city or town) (State or country): Anne Co Md

MOTHER

15. MAIDEN NAME: Winnie Nelson

16. BIRTHPLACE (city or town) (State or country): Anne Co Md

17. INFORMANT: Dennis Dashen Jr

(Address): 601 N Caroline

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: Dec 20, 1944

19. UNDERTAKER: Mrs. Katie R. Williams

(Address): 322 N Schroeder St

DEC 20 1944 H H to Williams

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 17, 1944

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1944 to Dec 17, 1944

I last saw him alive on Dec 17, 1944 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Tuberculosis in	
(Lungs)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Sputum positive Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ward Saunders M. D.

(Address) 1 W Lee St

Information should be carefully supplied. All items must be properly classified. "Don't know" is not a proper answer. If uncertain, state CAUSE OF DEATH in plain terms, so that it may be properly classified. "Laborer" is not a proper OCCUPATION. See instructions on back of certificate.

vs 3

0

F 98792

BALTIMORE CITY HEALTH DEPARTMENT X ✓ F 98792 Registered No.

CERTIFICATE OF DEATH 1192

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broen + Redwood
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Jessups Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 22 C
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Harding

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1942

8. AGE: Years	Months	Days	If less than one day
		21	hr. min.

9. Birthplace Jessups, Md., Howard county
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Stanley Harding
13. Birthplace ?

MOTHER
14. Maiden Name Beatrice Clark
15. Birthplace

16 (a) Informant Stanley Harding
(b) Address Jessups Md

17 (a) Burial (b) Date thereof 12 20 42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Guilford Md

18 (a) Funeral director The W. C. White Bro. Inc.
(b) Address Farmington Williams M.D.

19 (a) (b) Registrar
(Signature of Deputy Registrar)

DEC 20 1942

VS-150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18, 1942 at 2.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 27, 1942 to Dec. 18, 1942, and that I last saw h[illegible] alive on Dec 18, 1942.

Immediate cause of death	Duration
Diarrhea of Newborn	1 week
Due to	
Due to	
Other Conditions Sclerodema	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. C. Wrecha M. D.
Address Univ. Hosp. Date signed 12-21-42

AB-38919 F 98793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98793 Registered No. 93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Exact age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 9 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 Arlington Street - (Ave) (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Amanda Williams

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Separated

6 (b) Name of husband or wife Edward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 3-1878

8. AGE: Years	Months	Days	If less than one day
64	9	15	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name David Williams
13. Birthplace Va.

MOTHER
14. Maiden Name Polly ?
15. Birthplace Va.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12-22-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus cem
Location Arbutus md

18 (a) Funeral director George B. Nelson
(b) Address 1303 Pennsylvania Ave

DEC 20 1942 (Signature of Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18 1942 at 6 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1939 to 12-18 1942; and that I last saw h.e alive on 12-18 1942.

Immediate cause of death Bronchopneumonia — Duration 3 Days
Due to Hypertensive C.V. disease — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balt. City Hosp Date signed 12-19-42

VS 180

F 98794

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
93D

F 98794
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1530 Thamer St
(c) Hospital or institution:
Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 17-4-

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1530 Thames Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Majcelek (Wojnicza)

3 (b) If veteran, name war

(c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Separated

6 (b) Name of husband or wife Anna Wojnicza

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) ? 1878

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace POLAND
(Town, county, and state)

10. Usual Occupation LABOR.

11. Industry or business

FATHER
12. Name Joseph.
13. Birthplace POLAND

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Adolf Majcelek
(b) Address 2822 Bonnell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Germany Hill Rd. Md.

18 (a) Funeral director John J. Wanda
(b) Address 2829 Hudson St

(Signature of local registrar) Hunter's or Fillmore St

DEC 20 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18- 1942 at 5-05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

	Duration
Immediate cause of death	
Arteriosclerotic Cardio-Vascular	
Due to Dyspnea	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 12-19-42

F 98795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F. 98795 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians supplying the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 39
(e) Length of stay in Baltimore (yrs., mos., or days) 49 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1816 Parlane (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----------

3 (a) FULL NAME Mrs. Anne Plunkett McAuliffe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles H. McAuliffe
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1863

8. AGE: Years	Months	Days	If less than one day
79	2	21	--- hr. --- min.

9. Birthplace Washington, D. C. (Town, county, and state)
10. Usual Occupation None
11. Industry or business -----

FATHER
12. Name James F. Maguire
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Honora Fennessy
15. Birthplace Ireland

16 (a) Informant Mrs. Louise M. Boyle
(b) Address 734 Reservoir Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

DEC 20 1942 (Date received by Registrar) Hunter Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17-42 19 ..., at 8:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-8 1942 to 12-17 1942; that I last saw h.e.r. alive on 12-12 19 42.

Immediate cause of death: Coronary Occlusion — Duration 6 weeks

Due to Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McCafferty M. D.
Address Bon Secours Hosp. Date signed 12-17-42

VS 2

F 98796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

D 98796 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution:
W. Cold Spring Lane Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 926 S. East Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME William Gamble

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1865

8. AGE: Years	Months	Days	If less than one day
77	10	16	hr. min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation News paper carrier
11. Industry or business Balto. News American

FATHER
12. Name James Gamble
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Hill
15. Birthplace Ireland

16 (a) Informant Mrs. Corckran
(b) Address 3402 Powhattan Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) DEC 23 1942 (Date received by Registrar) (b) [illegible] Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1942; at 8 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1942 to Dec 18 1942, and that I last saw h[illegible] alive on Dec. 18 1942

Immediate cause of death Chronic Myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. M. Patterson
Address 2324 Reisterstown Rd Date signed 12/19/42

F 98797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98797 Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 702 S.Rose St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 702 S.Rose St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME George Schmeiser

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan.6,1895

8. AGE: Years	Months	Days	If less than one day
47	11	11	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John Schmeiser
13. Birthplace Germany

MOTHER
14. Maiden Name Gertrude Neutzel
15. Birthplace Germany

16 (a) Informant August Schmeiser
(b) Address 702 S.Rose St.

17 (a) Burial (b) Date thereof 12/21/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Trinity
Location O,Donnell St.

18 (a) Funeral director Clarence F.Hoffmann
(b) Address 1639 N.Broadway.

19 (a) (b)
(Date received by registrar) Registrar

DEC 30 1942

VS 150 10-42

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 - 1942, at 2" A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 17 1942, to Dec 17 1942, and that I last saw h[illegible] alive on Dec 17 1942

Immediate cause of death Cardio-vascular renal — Duration

Due to disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Clarence Zeller, M.D.

Address 2739 Eastern Ave Date signed 12/19/42

AB-7840 F 98798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98798 Registered No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 911 Binney St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Hartman

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-1164

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Rose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2-1895

8. AGE: Years	Months	Days	If less than one day
47	-	16/5	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation World War Veteran
11. Industry or business

FATHER
12. Name John Hartman
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Straddlemeyer
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) Filed (Local Registrar) DEC 20 1942 (b) Interring for Williams M.D.

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17 1942, at 11:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-5 1942 to 12-17 1942, and that I last saw him alive on 12-17 1942

Immediate cause of death Coronary thrombosis — Duration 1 hr.
Due to Hypertension S.V.D.
Due to
Other Conditions 2nd & 3rd degree burns of left arm & chest — 11 days
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12/5/42 at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Overturned pot of hot

23. Signature J. Henry Hoge-Keffer M. D.
Address Bolt Bldg Hag
Date signed 12-18-42

for B.N.S. Superintendent
Howard J. Andersen, M.D.

F 98799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 98799 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 805 S.Bouldin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 805 S.Bouldin St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME George Oeh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Maria Nuetzel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb.24,1867

8. AGE: Years	Months	Days	If less than one day
75	9	23	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Inspector
11. Industry or business Central Foundry

FATHER
12. Name John F.Oeh
13. Birthplace Germany

MOTHER
14. Maiden Name Maria Daum
15. Birthplace Germany

16 (a) Informant Gertrude Oeh
(b) Address 805 S.Bouldin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/42 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location O,Donnell St.

18 (a) Funeral director Clarence F.Hoffmann
(b) Address 1639 N .Broadway.

19 (a) DEC 20 1942 (b) [illegible] Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1942 at 5 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 2 1942 to Dec 17 1942, and that I last saw h[illegible] alive on Dec 16 1942.

Immediate cause of death Arteriosclerotic C.V. Disease

Due to Bronchopneumonia

Due to Congestive Failure

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations None
of autopsy None

Duration
Oct 2/42
Dec 8/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E.A. Schemmel M. D.
Address 842 S. Ellwood Ave. Date signed 12-18-42

F 98800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 48B

F 98800

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 721 S. Montford ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 721 S. Montford ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Apolonia Rostek

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
F	W	Married

6 (b) Name of husband or wife Stanislaus Rostek
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Aug 18 1892

8. AGE: Years	Months	Days	If less than one day
50	3	28	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name John Kaminski
13. Birthplace Poland

MOTHER
14. Maiden Name Rose Wichowska
15. Birthplace Poland

16 (a) Informant Mrs Stanislaus Rostek
(b) Address 721 S. Montford ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 21 42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary C M
Location Baltimore

18 (a) Funeral director John M. Weber
(b) Address 40 S. Chester Street

DEC 20 1942 (b) Registrar

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1942, at 11 50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1942 to Dec 16 1942
and that I last saw h[illegible] alive on Dec 15 1942

Immediate cause of death
Embolism of arteries with generalized Metastasis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration 7

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams
Address 1000 N. Eutaw St Date signed 12/17/42

F 98801 ✓ F 98801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83 W

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere
(c) Hospital or institution:
Hebrew Home for the Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County _____
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvedere Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Lena Steinberg

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Widow

6 (b) Name of husband or wife Dauid
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70			_____ hr. _____ min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Harry
13. Birthplace Poland

MOTHER
14. Maiden Name Tanni
15. Birthplace Poland

16 (a) Informant Hosp. Records
(b) Address _____

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-42 (month) (day) (year)
(c) Cemetery or crematory Ferncliff Cem
Location Old Pikesville Road Lane

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Baltimore St.

19 (a) Date received DEC 20 1942 (b) Registrar Huntington Hillsboro MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18-42 19 , at 3:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-9 1942 to 12-18-1942, and that I last saw her alive on 12-18-1942

Immediate cause of death	Duration
Left cerebral hemorrhage	
Arteriosclerosis, Hypertension	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature H Edmund Levy M.D.
Address Lorraine Date signed 12/18/42

PLEASE WRITE PLAINLY with pen or pencil. Physicians: please write the causes of death clearly and legibly; correct age is especially important.

F 98802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

F 98802 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Where none, or not applicable, write none. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2411 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROSE STRAUS

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-16-9754

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Saleslady
11. Industry or business Retail

FATHER
12. Name Herman Straus
13. Birthplace Germany

MOTHER
14. Maiden Name Hannah
15. Birthplace Germany

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-42 (month) (day) (year)
(c) Cemetery or crematory Balto Hebrew Cem
Location Baltimore Md

18 (a) Funeral director Jack Young Son
(b) Address 1429 E Baltimore St

DEC 20 1942 (Date rec'd by Registrar) (b) Attesting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1942, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 24 1942 to Dec 20 1942 and that I last saw h[illegible] alive on Dec 20 1942.

Immediate cause of death Pneumonia — Duration 2 days

Due to

Due to

Other Conditions Malignancy, site undetermined (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur Kaz M. D.
Address Sinai Hosp Date signed 12-20-42

VS 3

F 98803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

F 98803 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2230 E. Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2230 E. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LOUIS LAND

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lena Land
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1870

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Merchant

FATHER
12. Name Meyer Land
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah —
15. Birthplace Russia

16 (a) Informant Mrs. Sam Berman
(b) Address 56 Dundee Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-42 (month) (day) (year)
(c) Cemetery or crematory Pikesville
Location Pikesville Rd.

18 (a) Funeral director Fred Lauer, Inc.
(b) Address 1139 E. Balto. St.

19 (a) DEC 20 1942 (Date received by registrar) (b) Huntington Williams, M.D. (Signature of registrar)

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-19-42 19 45 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from December 19, 1942 to 19, and that I last saw him ~~alive~~ dead 12/19/42.

Immediate cause of death	Duration
Acute Congestive Heart Failure	1 day
Acute Pulmonary Edema	1 day
Due to Arteriosclerosis.	Uknown
Chronic Myocarditis.	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philibert Artigiani
Address 2942 E. Fayette St. Date signed 12/19/42

Howard J. Waldeck, M.D.

F 98804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98804 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use Hospital, etc., if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 3
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 55

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2140 Brookfield Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Julius Traub

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma E. Stoner
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Real
11. Industry or business Estate

FATHER
12. Name Isreal Traub
13. Birthplace Russia

MOTHER
14. Maiden Name Zelda Rachael
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-42 (month) (day) (year)
(c) Cemetery ~~—~~ City Chapel
Location Wash Co Rd

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St

(a) DEC 20 1942 (Date rec'd by Registrar) (b) Huntingtown Hillsboro, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18 1942, at 1:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-15 1942 to 12-18 1942, and that I last saw him alive on 12-18 1942.

	Duration
Immediate cause of death Acute Pulmonary Edema	
Due to Coronary Occlusion	
Due to Arteriosclerotic Hypertension Cardiovascular Disease	
Other Conditions Benign Prostatic Hypertrophy (Include pregnancy within 3 months of death)	
Date of operation 12-13-42	
Major findings of operation: Benign hypertrophy of prostate gland.	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. R. Schwartz M. D.
Address Sinai Hospital Date signed 12-18-42

F 98805

F 98805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4650 PK. Hgts. Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4650 PK. Hgts. Ave (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME PHILIP AARON

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Widowed

6 (b) Name of husband or wife Alice G. Aaron
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
75			..... hr. ..... min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name —
13. Birthplace Poland.

MOTHER
14. Maiden Name —
15. Birthplace Poland

16 (a) Informant Benj. J. Aaron
(b) Address 4650 PK. Hgts. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-42 (month) (day) (year)
(c) Cemetery or crematory Levering
Location Phila. Rd.

18 (a) Funeral director Jos. Reuwer Inc
(b) Address 1439 E. Balto. St

19 (a) DEC 20 1942 (Date received by Registrar) (b) Registrar Huntington Williams Asst. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-16-42 19.. at 5:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/16 19 42 to 12/16 19 42, and that I last saw him alive on 12/16 19 42.

Immediate cause of death	Duration
(a) acute pulmonary edema	2 days
Due to (b) Arteriosclerotic cardiovascular disease	10 years
Due to (c)	
Other Conditions. Hemiplegia	10 years

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature A. H. Schwartz M. D.
Address 3703 Fairmount Blvd Date signed 12/19/42

VS 150

F 98806

426685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98806 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3733 Reisterstown Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Eagle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife Sadie

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) [illegible]74

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Jacob Eagle
13. Birthplace RUSSIA

MOTHER
14. Maiden Name ANNA BYRNES
15. Birthplace RUSSIA

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 Burial (Burial, cremation, or removal) (b) Date thereof 12-20-42 (month) (day) (year)
(c) Cemetery [illegible] Mount Lebanon
Location [illegible]

18 (a) Funeral director [illegible]
(b) Address [illegible]

DEC 20 1942 (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1942, at 520 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1942 to Dec 20 1942 and that I last saw him alive on Dec 20 1942.

Immediate cause of death Uremia — Duration

Due to Ch. glomerular nephritis

Due to

Other Conditions Hypertension, Aneurysm of aorta
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Laura L'Hommedieu M. D.
Address Johns Hopkins Hosp. Date signed 12-20-42

9880 E 9880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

832

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 408 Eusler St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. 7 mos. 13 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sadie Graham

If U.S. Veteran specify WAR

(a) Residence: No. 408 Eusler St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced (or) WIFE of Sidney Graham 57

6. DATE OF BIRTH (month, day, year) May 4 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "Chinese"

10. Date deceased last worked at this occupation (month and year) Dec 42 | 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Lewis Harris

FATHER

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Jannie Eleven

16. BIRTHPLACE (city or town) (State or country) Accomac Co. Va.

17. INFORMANT Helen Harris

(Address) 408 Eusler

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date 12/20, 1942

19. UNDERTAKER Watts & Bryant

(Address) 12 & Williamson Ave.

DEC 20 1942 Huntington Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/17, 1942

22. I HEREBY CERTIFY, That I attended deceased from 12/10, 1942, to 12/17, 1942

I last saw her alive on 12/17, 1942 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemmorhage — Date of onset 12/9

Hypertension

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David J. Wyndham M. D.

(Address) 12 E. Lee

Information should be carefully supplied. All items must be answered. Write plainly in ink. Do not use pencil. Be sure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Be sure to state OCCUPATION in every case. OCCUPATION is very important. See instructions on back of certificate.

98808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. E 98808

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2618 Maryland avenue
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2618 Maryland ave. (If rural give location)
(e) Citizen of foreign country NO (Yes or No)
If yes, name country

3 (a) FULL NAME SALLIE A. BOYLE

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widowed

6 (b) Name of husband or wife Thomas Boyle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1866

8. AGE: Years	Months	Days	If less than one day
76	4	29	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name John Conroy
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary O'Toole
15. Birthplace Ireland

16 (a) Informant Miss Sallie Ann Boyle
(b) Address 2618 Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Gunn, Son & Co.
(b) Address 118 N. Mt. Royal Ave

19 (a) Date rec'd by registrar DEC 21 1942 Wm. Hampton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1942 at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1928 to Dec. 17 1942 and that I last saw h&R alive on Dec. 17 1942

Immediate cause of death Coronary Thrombosis — Duration 1 day

Due to Hypertension and Cardio Vascular disease — 5 yrs.

Due to Diabetis Mellitus — 20 yrs.

Other Conditions Senile Gangrene right foot — 3 mo.

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature George H E Cross M. D.
Address 38 W. Lafayette St. Date signed 12-18-42

IF WHITE PLAINLY, WITH UNFADING INK. Entry must be complete in every detail. Write age is especially important. Physicians: please write the causes of death clearly and legibly.

98809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

100 B

F 98809
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument + Wolf Sts
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara GANS

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Charles Gans

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 12 1871

8. AGE: Years 71 | Months — | Days 9 | If less than one day hr. min.

9. Birthplace Baton Rouge La
(Town, county, and state)

10. Usual Occupation Registered Nurse

11. Industry or business

FATHER
12. Name John Lineaux
13. Birthplace Unknown

MOTHER
14. Maiden Name M
15. Birthplace

16 (a) Informant Morris M Nash
(b) Address 1202 Penrith Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/21/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore 9 Md

18 (a) Funeral director Wilbur Cook Jr
(b) Address 1217 St Paul St

19 (a) (Registrar's signature) (b) Huntington Williams, M.D. Registrar

DEC 21 1942
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/19/42 19 at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/14 19 42 to 12/19 19 42 and that I last saw her alive on 12/19 19 42

Immediate cause of death Pulmonary infarct — Duration

Due to Thrombophlebitis

Due to "milk leg" and auricular fibrillation

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: pulmonary infarct

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isadore Lloroftsky M. D.
Address Sinai Hosp Balt Date signed

98810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 98810

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Mths
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 N Port St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma M Ramsey

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: John Henry Ramsey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1. 1872

8. AGE: Years	Months	Days	If less than one day
70	3	17	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name John Brooks
13. Birthplace England
14. Maiden Name Emma Atkinson
15. Birthplace Unknown

16 (a) Informant Harry M Ramsey
(b) Address 5724 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/42 (month) (day) (year)
(c) Cemetery or crematory National
Location Baltimore Md

18 (a) Funeral director Tilton Cook Inc
(b) Address 1217 E Fayette St

DEC 21 1942 Herbert Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1942 at 1030 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 3 1942 to Dec. 18 1942. and that I last saw her alive on Dec 18 1942.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. N. Pretterman, M.D.
Address 2324 Reisterstown Rd Date signed 12/19/42

98811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. E 98811

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2704 Englewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2704 Englewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William G. Sumwalt

3 (b) If veteran, name war W

3 (c) Social Security Account No. 0140

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Emma C Summers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19. 1861

8. AGE: Years 81 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Engineer Retired

11. Industry or business R R

FATHER
12. Name W. Sumwalt
13. Birthplace W

MOTHER
14. Maiden Name W.
15. Birthplace W.

16 (a) Informant G Fred Bowers
(b) Address 2704 Englewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wm Hyde & Son
(b) Address 1217 E Lexington St Williamsport Md.

19 DEC 21 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19, 1942, at 11:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1937 to Dec. 19 1942, and that I last saw him alive on Dec. 19, 1942

Immediate cause of death Cardiac Decompensation — Coronary Heart Disease — Duration 2 years

Due to Cerebral Thrombosis — Generalized Arteriosclerosis

Due to Chronic Hypertrophic Arthritis

Other Conditions Chronic Nephritis — Gangrene, left big toe

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Janney, D
Address 7101 Harford Rd Date signed 12/19/42

PLEASE WRITE PLAINLY, with unfading ink. Do not use pencil. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and fully.

VS 3

E 98812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. E 98812

AB-26563

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5- 3- 8 26
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE 12
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Fox

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife Aurelia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2-1870

8. AGE: Years	Months	Days	If less than one day
72	9	16	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Harry Fox
13. Birthplace Md.

MOTHER
14. Maiden Name Agnes Horner
15. Birthplace Pa.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/42 (month) (day) (year)

(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Mellor Carl Lee
(b) Address 1217 E. Fayette St. Baltimore Md.

DEC 21 1942
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18 1942 at 12 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-3 1941, to 12-18 1942, and that I last saw him alive on 12-18 1942.

Immediate cause of death	Duration
Bronchopneumonia	3 Days
Due to Carcinoma ulceris duodeni	5
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Rackham M. D.
Address Balto. City Hosp. Date signed 12-18-42

F 98813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1820

Registered No. F 98813

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Ellamont St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William F. Willis Jr. (Birth F 63432)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 22nd 1942

8. AGE: Years	Months	Days	If less than one day
—	—	28	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name William Walter Willis
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Marie Ess
15. Birthplace Balto Md.

16 (a) Informant Mrs Mamie Willis
(b) Address 5 Ellamont St.

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 12/22/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1257 St Paul St Huntington for Williams Md.

19 (a) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1942, at 9 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) and inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Suffocation due to bed clothes — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec. 20 1942 at M
(c) Where did injury occur? 5 Ellamont St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? No (Specify type of place)
(e) Means of injury Found suffocated in bed

23. Signature Robert Lee Fruchtman M.D. Medical Examiner.
Date signed Dec 22 1942

DF 6-21 FORM
VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item on this certificate must be answered. Write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 98814

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison + Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 77 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1418 N. Broadway (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Alice V. Clark

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband James T. Clark

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 8th 1865

8. AGE: Years 77 | Months 4 | Days 12 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At Home

FATHER 12. Name Chas. E. Harrison

FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Virginia Jackson

MOTHER 15. Birthplace Md.

16 (a) Informant Mrs. Genevieve Cooney

(b) Address 1418 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location Balto. Md.

18 (a) Funeral director Wm. Peters Cook Inc.

(b) Address 1217 St. Paul St.

19 DEC 21 1942 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/20 1942, at 5:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/19 1942, to 12/20 1942, and that I last saw her alive on 12/19 1942.

Immediate cause of death Hypostatic pneumonia — Duration

Due to Arteriosclerotic degeneration cardio-renal disease

Due to

Other Conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Loy M. Zimmerman M. D.

Address Md. Gen. Hosp. Date signed 12/20/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

98815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

Registered No. E 98815

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 960 W. Franklin St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 960 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Susie Harrell Henderson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Albert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1905

8. AGE: Years 37 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace Scotland Neck, N. C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Samuel A. Clark

13. Birthplace N. C.

MOTHER 14. Maiden Name Leatha Emma Dixon

15. Birthplace N. C.

16 (a) Informant Emma E. Brooks

(b) Address 910 N. Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy O. Wilson

(b) Address 1005 Bloom Ave

19 (a) [illegible] (b) Huntington Williams, M.D.

DEC 21 1942

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16 1942, at 9:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/7 1942 to 12/16 1942, and that I last saw her alive on 12/14 1942

Immediate cause of death: Acute Cardiac Dilatation — Duration: 24 hrs

Due to

Due to Physical Exhaustion

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Huntington M.D.

Address 825 N. Fremont Ave Date signed 12/16/42

F 98816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 98816 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Gledwood & Green Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Munroe (Mary Chase Munroe)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: James M. Munroe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): August 25, 1860

8. AGE: Years: 82 | Months: 5 | Days: 25 | If less than one day: hr. min.

9. Birthplace: Minnesota (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Charles Lott Chase
13. Birthplace: Richfield, Kentucky

MOTHER
14. Maiden Name: Emily ?
15. Birthplace: New York

16 (a) Informant: Mr. Walter C. Munroe
(b) Address: Annapolis, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 23, 1942 (month) (day) (year)
(c) Cemetery or crematory: St. Ann's Cemetery
Location: Annapolis, Md.

18 (a) Funeral director: E. W. Lamoreaux
(b) Address: 1003 W. Baltimore St.

19 (a) (b) Huntington Williams M.D. Registrar

DEC 21 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 20 1942, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 17 1942 to Dec 20 1942 and that I last saw her alive on Dec 20 1942.

Immediate cause of death	Duration
Cardiac failure, Chronic	
Due to Streptococcus infection	
Due to Syphilis	
Other Conditions: diabetes mellitus; pernicious anemia; senility	

(Include pregnancy within 3 months of death)

Date of operation: none

Major findings of operation:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Richard C Leary M. D.
Address: University Hospital Date signed: 12-20-42

F 98817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 98817 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Light St ext. Cor S

(c) Hospital or institution: South Balto. General Hospital 2,3 Light St.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 306 Tunnyston St (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Pauline Haug

3 (b) If veteran, name war –

3 (c) Social Security Account No. 216-12-6284

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband Sebastine Haug

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6 – 1869

8. AGE: Years	Months	Days	If less than one day
73	7	13	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business –

FATHER 12. Name Johann Gunther

13. Birthplace Germany

MOTHER 14. Maiden Name Margaret Faul

15. Birthplace Germany

16 (a) Informant Sebastine Haug

(b) Address 306 Tunnyston St Brooklyn Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 22 42 (month) (day) (year)

(c) Cemetery Dec 22-42 Location Cedar Hill Cemetery Brooklyn Md

18 (a) Funeral director Milton Schilling

(b) Address 3914 S. Hanover St

19 (a) (b) Huntington Williams, M.D. Registrar

DEC 21 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-19 1942, at 1:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-17 1942, to 12-19 1942 and that I last saw her alive on 12-19 1942.

Immediate cause of death Bronchopneumonia

Due to Hypertensive Arteriosclerotic cardio-vascular disease

Due to

Other Conditions Incipient bilateral cataracts; pyorrhea; Arthritis (Include pregnancy within 3 months of death)

Date of operation /

Major findings of operation: /

of autopsy: /

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide /

(b) Date of occurrence / at / M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. Andrew Zapf

Address 1213 Light St. Date signed 12/19/42

F 98818 ✓ F 98818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8 | a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 Hope ST. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME HANKEMAN, HENRY O.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Pauline (Mikan)
6 (c) If alive, give age 49 years
7. Birth date of deceased (mo., day, yr.) 12/25/1888

8. AGE: Years	Months	Days	If less than one day
53	11	24	___ hr. ___ min.

9. Birthplace Tilden Pa (Town, county, and state)
10. Usual Occupation Piano Mover
11. Industry or business Wm. H. Maeller Co.

FATHER
12. Name Max P. Hankeman
13. Birthplace Germany

MOTHER
14. Maiden Name Rosalia (Waltons)
15. Birthplace New York

16 (a) Informant Mrs. Pauline Hankeman
(b) Address 1823 Hope ST
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.
18 (a) Funeral director George J. Kopp Jr.
(b) Address 53 Hoffman St.
19 (a) DEC 21 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-19 1942, at 9:25 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 12-15 1942 to 12-19 1942 and that I last saw him alive on 12-19 1942

Immediate cause of death	Duration
Staph Infection	6 days
Meningitis	
Due to	
Due to	
Other Conditions Bronchopneumonia both lungs!	5 days.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature William H. Feasting M.D.
Address St. Joseph's Hosp. Date signed 12-21-42

VS 3

F 98819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832

F 98819 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life 80 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5216 Gwynn Oak Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rev. Charles L. Pate

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mattie H. Pate
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1862.

8. AGE: Years	Months	Days	If less than one day
80	7	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Clergyman
11. Industry or business Methodist Conference

FATHER
12. Name Charles L. Pate
13. Birthplace Washington (Balto)

MOTHER
14. Maiden Name Margaret Underwood
15. Birthplace Baltimore

16 (a) Informant Mrs. Harry B. French
(b) Address 5216 Gwynn Oak Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md. Huntingtown Williamsport, Md.

19 (a) DEC 21 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 1942, at 10:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 18, 1942, to Dec. 19 1942, and that I last saw him alive on Dec. 19, 1942.

Immediate cause of death	Duration
Cerebro-vascular accident	
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Martin W. Krepp, Jr. M. D.
Address Md. Gen. Hosp. Date signed 12/21/42

VS 8

correct age is especially important

F 98820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 98820

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Libut & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 507 Hamilton Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Emerine (Charles August Emerine)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	217-07-5646	Male	White	Married

6 (b) Name of husband or wife Edna Emerine nee Harper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16 1876

8. AGE: Years	Months	Days	If less than one day
66	8	5	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Steward (Restaurant Bus. retired)
11. Industry or business

FATHER
12. Name John H Emerine
13. Birthplace Saint Air Md

MOTHER
14. Maiden Name Margaret Esperide
15. Birthplace Maryland (Balto)

16 (a) Informant Mrs. Jackmaine adst
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/42 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Balto. Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Dec 21 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1942, at 12 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1942, to Dec 19 1942, and that I last saw him alive on Dec 19 1942.

Immediate cause of death	Duration
Pyramidal Failure	
Due to Coronary Thrombosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Williams A. Jackson M. D.
Address Mercy Hospital Date signed 12/19/42

correct age is especially important. Physicians: please write the causes of death very plainly. The

F 98821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

Registered No. F 98821

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2826 N. Howard St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2826 N. Howard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert D Schaum

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widower

6 (b) Name of husband or wife unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1872

8. AGE: Years	Months	Days	If less than one day
70 75 ~~Yrs~~	4	2	hr. min.

9. Birthplace N. J. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Louis F. Schaum
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Moseley
15. Birthplace Norfolk, Va.

16 (a) Informant Mrs. Lucy Phillips
(b) Address 506 E. 39th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/42 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 21 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1942, at 11:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest thereon and from the evidence obtained by said autopsy & inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic Cardiovascular-renal disease

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec. 20 1942

VS 6

F 98822

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937 ✓ Registered No. F 98822

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2952 Arunah Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Alfred Lane (Alfred T. Lane)

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 213-05-9462

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Laura V. (nee Work)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1875

8. AGE: Years	Months	Days	If less than one day
67	3	18	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Retired (laborer)
11. Industry or business Baltimore Transit

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Wm. R. Wagner
(b) Address 2952 Arunah Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/42 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 DEC 21 1942 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1942, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16 1942 to Dec. 19 1942 and that I last saw him alive on Dec. 19 1942.

Immediate cause of death: Bronchopneumonia — Duration: 4 days
Due to:
Due to:
Other Conditions: Arteriosclerosis Cardio Vascular Disease ?
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Kreig M.D. M. D.
Address Bon Secours Hosp. Date signed 12/19/42

VS 8

correct age is especially important. Physicians: please write the cause of death in plain English.

F 98823

AB-78033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

F 98823 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1Mo. 2Da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1821 Clifton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Glen

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	none	M	W	Married

6 (b) Name of husband or wife Annie Glen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10-1873

8. AGE: Years	Months	Days	If less than one day
69	9	1	hr. min.

9. Birthplace Md. (Baltimore)
(Town, county, and state)
10. Usual Occupation None (Bartender)
11. Industry or business

FATHER
12. Name James Glen
13. Birthplace Scotland

MOTHER
14. Maiden Name Martha Ann Peel
15. Birthplace Pa.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/42 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK CEM.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 21 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-20 1942, at 6 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-17 1942, to 12-20 1942, and that I last saw him alive on 12-20 1942.

Immediate cause of death Pneumonia
Interval between onset and death 1 day
Due to Hypostatic Congestion
Due to

Duration

Other Conditions Extreme emaciation
(Include pregnancy within 3 months of death)*
Date of operation* Not operated
Major findings of operation*
of autopsy: No

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 12-21-42

VS 180

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 98824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 98824
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Catonsville and Wilkens Ave.
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3016 Rockwood Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Powell

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	215-09-6048

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Evelyn W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19 1905

8. AGE: Years	Months	Days	If less than one day
37	7	1	..... hr. ..... min.

9. Birthplace Virginia (Roanoke)
(Town, county, and state)
10. Usual Occupation Expeditor
11. Industry or business Julian P. Frieze Co.

FATHER
12. Name William M. Powell
13. Birthplace Roanoke Virginia

MOTHER
14. Maiden Name Mary Falls
15. Birthplace Roanoke Virginia

16 (a) Informant Mrs. Evelyn W. Powell
(b) Address 3016 Rockwood Ave.

17 (a) Removal (b) Date thereof 12/22/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Roanoke, Va.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) ..... (b) Huntington Williams
(Date rec'd by registrar) Registrar

VS 200

DEC 21 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20, 1942, at 11:19 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13 1942 to Dec. 20 1942, and that I last saw him alive on Dec. 20 1942.

Immediate cause of death	Duration
Lobar pneumonia	14 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rossberg M.D.
Address St. Agnes Hosp. Date signed 12/21/42

F 98825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98825 Registered No. 1570

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital H
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15d
(e) Length of stay in Baltimore (yrs., mos., or days) 15d

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Wash.
(c) City or town Hagerstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 21 W Centre Town St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James D. Devilbiss

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27? 1942

8. AGE: Years	Months	Days	If less than one day
0	1	25?	hr. min.

9. Birthplace Hagerstown Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Devilbiss
13. Birthplace Pa

MOTHER
14. Maiden Name Jean James
15. Birthplace Pa

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-42 (month) (day) (year)
(c) Cemetery or crematory Rose Hill Cemetery
Location Hagerstown Md.

18 (a) Funeral director Fred'k Kraiss
(b) Address Hagerstown Md.

19 (a) DEC 21 1942 (Date Received) Thurlington Whitmore Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/20 1942 at 5 39 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/5 1942 to 12/20 1942 and that I last saw him alive on 12/20 1942

Immediate cause of death	Duration
Brain tumor (infiltrating)	
Due to Carcinomatosis encephalo-Glio-	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: none

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature R. K. Thompson M. D.
Address University Hospital Date signed
Balto Md

F 98826

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ F 98826 Registered No. 83a (over)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5117 Greenwich Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 5117 Greenwich Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. William Thomas Milbourne

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6 (c) If alive, give age
7. Birth date of deceased (mo., day, yr.): Jan 10 - 1870
8. AGE: Years 72 (72) Months 11 Days 10 If less than one day hr. min.
9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: Tel. Operator
11. Industry or business: Retired

FATHER
12. Name: Wm T. Milbourne, Jr.
13. Birthplace: do not know

MOTHER
14. Maiden Name: Sophia L. Bengel
15. Birthplace: Balto. Md

16 (a) Informant: Mr. Robert T. Stevens
(b) Address: 5117 Greenwich Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12 (month) 21 (day) 43 (year)
(c) Cemetery or crematory: Cedar Hill
Location: Balto. Md.

18 (a) Funeral director: Jos. Weber & Son
(b) Address: 2503 Edmondson Ave

19 DEC 21 1943 (Date received by local registrar) (b) Hamilton-on-Williamsville, N.Y.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20th 1943, at 3 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 17, 1943 to Dec. 20 1943 and that I last saw him alive on Dec. 19, 1943.

Immediate cause of death: Cerebral hemorrhage — Duration: 3 days.
Due to: Arterio sclerosis — Duration: 2
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Eugene L. Pearson M.D.
Address 514 Drury Lane Date signed 12/20/43

VS 3

F 98827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 98827 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Please see that correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 221 S. Monroe (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph N. Bowers

3 (b) If woman, name of husband: None
(c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	SINGLE

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) DECEMBER 19-1912

8. AGE: Years	Months	Days	If less than one day
29	11	20	hr. min.

9. Birthplace Balto County Md (Town, county, and state)
10. Usual Occupation
11. Industry or business Huckster

FATHER 12. Name Wm H. Bowers
13. Birthplace Glyndon Md

MOTHER 14. Maiden Name Carrie O. Hewitt
15. Birthplace Baltimore Md

16 (a) Informant Wm H. Bowers
(b) Address 1841 Dover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Roll & Gaylord M. Walters
(b) Address Pratt & Hanover Sts.

19 (a) Date received by registrar Dec 21 1942 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1942, at 10 7 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Chronic myocardial degeneration	
Due to Coronary arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec. 20 1942

F 98828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. F 98828

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 18 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 508 W. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Earl Thomas Peiffer

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-16-1593

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 16-1922

8. AGE: Years	Months	Days	If less than one day
20	1	2	hr. min.

9. Birthplace Reading Pa
(Town, county, and state)

10. Usual Occupation Baggageman

11. Industry or business B. & O. R.R.

FATHER
12. Name James H. D. Peiffer
13. Birthplace Pa.

MOTHER
14. Maiden Name Helen R. Deibler
15. Birthplace Pa.

16 (a) Informant Helen R. Madden
(b) Address 508 W. Fayette Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21. 1942 (month) (day) (year)

(c) Cemetery or crematory London Park
Location City

18 (a) Funeral director McNulty & John W. Teufel & Son
(b) Address 501 W. Fayette St

(b) Registrar

DEC 21 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-19- 1942, at 10 42 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Found drowned

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, ~~suicide, homicide~~ Found drowned
(b) Date of occurrence 12-18-42 at 10 20 P.M
(c) Where did injury occur? Canton Bay 25/5
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? Yes
(Specify type of place)
(e) Means of injury Received from motor

23. Signature Howard J. Braddock M.D.
Medical Examiner.

Date signed 12-19-42

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 98829 F 98829

CERTIFICATE OF DEATH

1. PLACE OF DEATH Levering's Sanitarium 61 Registered No.

CITY OF BALTIMORE: (No. 606 Chapelgate Lane St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Chenowith w 5

If U. S. Veteran specify WAR

(a) Residence: No. 606 S. Chapelgate Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Andrew Chenowith

6. DATE OF BIRTH (month, day, year) Dec. 24, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Martin Dic

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosie Sauerbeir

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Andrew Chenowith
(Address) Baynesville, Balto. Co., Md.

18. BURIAL, ~~CREMATION~~, OR REMOVAL Providence M.E.
Place ~~Mt. Moriah Cem.~~ Date Dec. 27, 19 42

19. UNDERTAKER John Burns' Sons
(Address) Towson, Md.

20. FILED DEC 21 1942 19 Thos. J. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 18, 19 42

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1942 to Dec 18, 1942

I last saw her alive on Dec. 16 1942 Death is said to have occurred on the date stated above, at 1 55 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1930?
Hypertension	1930?
Pulmonary Edema	Dec 16, 42
Other contributory causes of importance:	
Diabetes Mellitus	1940
Bronchial Arthritis	Yesterday
Senile Senility	1940

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury hr. 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Earl Paso M. D.

(Address) 4001 Wilkens Ave.

VS 2

F 98830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

F 98830 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 608 N. Collington Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 N. Collington Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) NAME Henrietta G. Lloyd
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife James A. Lloyd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1902

8. AGE: Years	Months	Days	If less than one day
40 yrs	3	27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name John T. Harp
13. Birthplace Baltimore

MOTHER
14. Maiden Name Lindeman
15. Birthplace Baltimore

16 (a) Informant James A. Lloyd (husband)
(b) Address 608 N. Collington Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location 3310 Taylor Avenue

18. (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) 12/19/42 (Date rec'd by Local Registrar) DEC 21 1942 (Date filed by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-19-1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 19 42 to Dec 19 1942 and that I last saw h alive on Dec 19 42.

Immediate cause of death — Duration

Avitaminosis — 1 mo

Due to Acute Ulcers

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 600 N. Potters Lane Date signed

F 98831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 98831

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3102 E Balto St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Arthur Rodgers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/9/86.

8. AGE: Years 56 | Months 11 | Days 11 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Bethlehem Steel Co.

11. Industry or business

FATHER
12. Name John Rodgers
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Balto, Md.

16 (a) Informant wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location North Ave. Pkwy. & ...

18 (a) Funeral director Charles S. Schumm
(b) Address 2601-03 E. Baltimore St.

19 (a) (Date rec'd by registrar) (b) Huntington Pittman Registrar

DEC 21 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1942, at 8 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2 1942 to Dec. 20 1942, and that I last saw h. alive on Dec. 20 1942.

Immediate cause of death Lobar Pneumonia — Duration 3 weeks

Due to

Due to

Other Conditions Arteriosclerotic C-V Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Fuesting M. D.
Address St. Joseph's Hosp. Date signed 12-20-42

F 98832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

F 98832 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1820 Bank St.
(c) Hospital or institution: Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 Bank St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Pieczkowski

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation
11. Industry or business Laborer

FATHER 12. Name unknown
13. Birthplace

MOTHER 14. Maiden Name unknown
15. Birthplace

16 (a) Informant Mary Pulaski
(b) Address 1820 Bank st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-42. (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md

18 (a) Funeral director George A Weber
(b) Address 704 S. Linn st

19 (a) DEC 21 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1942, at 12 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an in quest & in spection thereon (Autopsy or Inquiry) and from the evidence obtained by said in quest & in spection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: not

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Featherston M.D. Medical Examiner.
Date signed Dec. 19 1942

VS 6

F 98833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

F 98833 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 497 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Warner St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Julian Saunders 68052

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1895

8. AGE: Years	Months	Days	If less than one day
47	11	10	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation tailor

11. Industry or business

FATHER
12. Name Theodore
13. Birthplace Md.

MOTHER
14. Maiden Name Louise Stevens
15. Birthplace Md.

16 (c) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/42 (month) (day) (year)
(c) Cemetery or crematory Laurel
Location

18 (a) Funeral director Elroy O Wilson
(b) Address 1[illegible] Brentlayne

19 (a) DEC 21 1942 (Date registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1942 at 9:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 7 1941 to Dec. 17 1942, and that I last saw him alive on Dec. 17 1942

Immediate cause of death Pulmonary infarct — Duration 3 days
Pulmonary tuberculosis — 20 mos?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Hartz
Address Balto City Hosp Date signed 12/28/42

F 98834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 98834

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 238 S. Durham St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura Satchell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife Amos (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years	Months	Days	If less than one day
85 ?	?	?	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name ? Hampton
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Thos. A. Wilson
(b) Address 1000 Eastern Ave

19 (a) DEC 23 1942 (Date rec'd by registrar) (b) Huntington Fitzgerald Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-17 1942, at 11 09 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14 1942, to 12-17 1942 and that I last saw h alive on 12-17 1942.

Immediate cause of death	Duration
Bronchopneumonia	5 days
Due to Senile arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp Date signed 12-18-42

VS 150

F 98835

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

F 98835 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2530 Frederick Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2530 Frederick Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis F. Ware

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	married

6 (b) Name of husband or wife Ella E. Ware nee Hale 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1870

8. AGE: Years	Months	Days	If less than one day
72	2	26	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Produce dealer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Ella E. Ware
(b) Address 2530 Frederick Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry A. Whitlock
(b) Address 4101 Edmondson Ave

19 (a) DEC 21 1942 (Date Received) Huntington Williams, M.D. (Registrar) Address 54 S. Fulton Ave

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/19/42. 19 . at 12:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1935. to 19 ,
and that I last saw him alive on 12-18 19 42

Immediate cause of death	Duration
Arteriosclerotic myocarditis	
Due to Generalized arteriosclerosis	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Morris B. Schnabel M. D.
Address 54 S. Fulton Ave Date signed 12-21-42

VS 150

F 98836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1084

F 98836 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 S. Rosedale St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) Ca

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 S. Rosedale St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lester H. Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-9007

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Isabelle A. nee Ferray
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 12, 1915

8. AGE: Years	Months	Days	If less than one day
27	2	6	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Welder
11. Industry or business Both. Fairfield

FATHER
12. Name Albert Thompson
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Burden —
15. Birthplace Balto. Md

16 (a) Informant Isabella A. Thompson
(b) Address 6 S. Rosedale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Wittle
(b) Address 4101 Edmondson Ave

19 (a) DEC 21 1942 (b) Registrar
(Date received by local registrar)

VS 350

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/18/42 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15 19 42 to 12/18 19 42 and that I last saw h[illegible] alive on 12/17 19 42

Immediate cause of death Heart Collapse — Duration

Due to Lobar pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 537 Wildwood Pkwy Date signed 12/19/42 M. D.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

98837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 98837
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1613 Patapsco St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Patapsco St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary E. Milby

3 (b) If veteran, name war No
3 (c) Social Security Account No. No

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harry L. Milby
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Sept. 3, 1900

8. AGE: Years 42 | Months 3 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Richmond, Va.
(Town, county, and state)

10. Usual Occupation Housewife at Home

11. Industry or business

FATHER
12. Name George P. Weber
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Anna R. Brown
15. Birthplace Richmond, Va.

16 (a) Informant Harry L. Milby Husband
(b) Address 1613 Patapsco St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21, 1942 (month), (day), (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location A. A. Co., Md.

18 (a) Funeral director J. Howard Emma
(b) Address 1400 St. Charles St.

19 DEC 21 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17, 1942 at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1939, to Dec 17 1942 and that I last saw h[illegible] alive on Dec 17 1942

Immediate cause of death

Cardiac [illegible]
Due to Fracture
Hypertension
Due to Cardiovascular
disease.

Other Conditions Something ulcers
due to sprue and anemia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address 203 [illegible] Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

F 98838

F 98838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1318

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2754 Ellicott Driveway
(c) Hospital or institution Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2754 Ellicott Driveway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian Downing

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Joseph Ferdinand Downing

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) June 24/1892

8. AGE: Years 50 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Trenton N.J. (Town, county, and state)

10. Usual Occupation

11. Industry or business Athozze

FATHER
12. Name William Shinn
13. Birthplace Trenton N.J.

MOTHER
14. Maiden Name Margaret Stanton
15. Birthplace Trenton N.J.

16 (a) Informant Joseph F. Downing
(b) Address 2754 Ellicott Driveway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21/1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Ellicott City Funeral
(b) Address 3911 Liberty Heights Ave

19 (a) DEC 21 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/17/42 19 at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/14/42 19 to 12/17/42 19.
and that I last saw h[illegible] alive on 12/17/42 19.

Immediate cause of death Chronic Nephritis — Duration ?

Due to

Due to

Other Conditions Uremia — 3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lewis E. Hamburger M. D.
Address Franklin Sq Hosp Date signed

VS 3

F 98839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 98839 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 92 Gray Alley
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 92 Gray Alley (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Sprouts

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-6012

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	married

6 (b) Name of husband or wife Mattie Sprouts
6 (c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.) Mar. 4, 1876

8. AGE: Years	Months	Days	If less than one day
66	9	14	..... hr. ..... min.

9. Birthplace N. C. (Town, county and state)
10. Usual Occupation Retired R.R. Laborer
11. Industry or business

FATHER
12. Name Harry Sprouts
13. Birthplace N.C.

MOTHER
14. Maiden Name Mandy Pettigrew
15. Birthplace N.C.

16 (a) Informant Mary McCaee
(b) Address 923 W. Sharp St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.R.C. Md

18 (a) Funeral director Isaiah R Brompton
(b) Address 1018 W Montgomery St

19 (a) Filed by (Signature or Title) (b) Dec 21 1942 Huntington Williams MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 1942, at 11:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1942 to Dec 18 1942 and that I last saw him alive on Dec 17 1942

Immediate cause of death Acute Uremia — Duration 4 days

Due to Chr. Cardio-vascular disease. — Duration Intermediate

Due to — Duration

Other Conditions None — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Gaynes M. D.
Address 6654 Bank St Date signed 12/22/42

F 98840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

F 98840 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2325 N. Grantham st
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 6 mos
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2325 N. Grantham st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Russia

3 (a) FULL NAME Meyer Seloff

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Mal	W	Married

6 (b) Name of husband or wife Bessie Sternberg
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1874
8. AGE: Years 68 | Months | Days | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Clothing
11. Industry or business Contractor

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Wm Seloff
(b) Address 2716 The Alameda
17 Burial (Burial, cremation, or removal) (b) Date thereof 12-24-42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Union Home
Location Windsor Mill Rd
18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St
19 (a) DEC 21 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1942, at 1.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1942, to Dec 21 1942, and that I last saw h/im alive on Dec 21 1942.

Immediate cause of death Coronary Occlusion
Due to Coronary Sclerosis
Due to Hypertension and Arteriosclerosis
Due to
Due to
Other Conditions Carcinoma of Bladder
Benign Prostatic Hypertrophy
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Cancer of bladder
Benign Prostatic Hypertrophy
of autopsy: none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alexander P Brodsky M.D.
Address Sinai Hosp Date signed 12/21/42

VS 3

F 98841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98841 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123 N. Augusta
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 123 N Augusta (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John W. Tyler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 9, 1894

8. AGE: Years 48 | Months 9 | Days 24 11 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Nat Known

13. Birthplace

MOTHER 14. Maiden Name Mary Green

15. Birthplace Md.

16 (a) Informant Helen Simpson

(b) Address 23 N. Augusta St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-42 (Month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy Welsh

(b) Address 1000 Brantley

19 (a) [illegible] by [illegible] to Williamsport

DEC 21 1942

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-20 1942 at 7P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-16 1942 to 12-20 1942 and that I last saw him alive on 12/20 1942

Immediate cause of death Acute Lobar Pneumonia (Cold) — Duration 12-15

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations:

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

Signature Geo. B. Allen M.D.

Address 124 Augusta St Date signed 12-20-42

Correct age is especially important. If unknown, please write the causes of death clearly and legibly.

F 98842

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

F 98842
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 215 Dallas Court
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 5
(If outside city or town limits, write RURAL and give town)
(d) Street No. 215 Dallas Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY EPPS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Married

6 (b) Name of husband or wife Thomas
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) June 15, 1889

8. AGE: Years	Months	Days	If less than one day
53	06	2	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Edward Wilson
13. Birthplace Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Thomas Epps
(b) Address 215 Dallas Street

17 (a) Buried (b) Date thereof 12/21/37
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 2100 Pennsylvania Ave

19 (a) DEC 21 1937 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1937, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Enterocolostomy	
Carcinomatosis	
Due to Cancer	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed Dec 18 1937

VS 6

F 98843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. F 98843

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 111 N. Dallas ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 N. Dallas St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Stanley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24 1890

8. AGE: Years	Months	Days	If less than one day
52	3	20	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name George Stanley
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Robt. Wilson
(b) Address 111 N. Dallas Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address

19 (a) DEC 21 1942 (Date rec'd by registrar) (b) Thos. G. Hollington M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1942, at 11:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Chronic pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Eustace M.D. Medical Examiner.
Date signed Dec. 20 1942.

PHYSICIAN
Underline the cause to which death should be charged statistically.

VS 6

F 98814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1706

F 98814 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3033 Northern Parkway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alfred Robert Kipp

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Indianapolis Ind (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Katherine Hessel
(b) Address 3033 Northern Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-1942 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Frederick Road

18 (a) Funeral director A. Lee Ader
(b) Address 4644 York Road

19 (a) (Date received by Registrar) (b) Signature of Registrar

DEC 21 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16 1942, at 9:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & inspection thereon and from the evidence (Autopsy or Inquiry) obtained by said inquest & inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull

Due to Compound comminuted fracture of left tibia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec. 13 1942 at 8:45 P M
(c) Where did injury occur? Harford Rd & Northern Pkwy (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? No
(e) Means of injury Struck by auto

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec. 17 1942

F 98845

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 98845 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 77 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3409 Wellrock Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME William James Albert Rieker Rieker

3 (b) If veteran, name war: Vet.
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Elsie Sabanff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/14/65

8. AGE: Years	Months	Days	If less than one day
77	4	5	hr. min.

9. Birthplace Reading, Pa. (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business

FATHER
12. Name Christian G. Rieker
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Sauter
15. Birthplace Germany

16 (a) Informant Patient
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 27 1942 (month) (day) (year)
(c) Cemetery or crematory U. S. National Cem. Location Arlington, Va.

18 (a) Funeral director A Lee Aden
(b) Address 4644 York Road

19 (a) (Personal supervision) (b) Hunting & Williams

DEC 31 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/19/1942, at 1.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19..., to 19..., and that I last saw h... alive on 19...

Immediate cause of death: Bronchopneumonia, Lobar — Duration: 7
Due to: Arteriosclerotic heart disease — Duration: 2
Due to:
Other Conditions: Cardiac hypertrophy and dilatation
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Chamberlain M. D.
Address Marine Hosp Balto Date signed 12/20/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 17a

F 98846 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 217 Myrtle ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 217 Myrtle ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Montgomery

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 10, 1925

8. AGE: Years	Months	Days	If less than one day
17	10	7	hr. min.

9. Birthplace Brooklyn Md (town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name Arthur Montgomery
13. Birthplace Prince Georges Co Md

MOTHER
14. Maiden Name Annie Taylor
15. Birthplace Balto Md

16 (a) Informant Anna Montgomery
(b) Address 217 Myrtle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21, 42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) DEC 21 1942 (Date rec'd by Registrar) (b) Burial to be Private

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1942 at 9 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Nov 25 1942 to Dec 17 1942, and that I last saw h[illegible] alive on Dec 17 1942.

Immediate cause of death: Tuberculosis of Brain & Lungs — Duration: 4 yrs
Due to:
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 758 [illegible] Date signed 12/21/42

F 98847

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1600

F 98847 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 931 W. Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Wilson (Birth F 65922)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: Col
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 12-13-42
8. AGE: Years 0 | Months 0 | Days 4 | If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business —

FATHER
12. Name Charles Smith
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Bernice Wilson
15. Birthplace Balto., Md.

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 2221 Pennsylvania Ave

19 (a) DEC 21 1942 (b) (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1942, at 1400 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13 1942 to 12-17-1942, and that I last saw alive on 12-17-1942.

Immediate cause of death — Duration

Cerebral birth Injury

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Manner of injury

23. Signature M. D.
Address Provident Hospital Date signed 12/17/42

F 98818 FONZINO

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92B

Registered No. F 98818

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 S. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PHILIP FONZIINO

3 (b) If veteran, name war

3 (c) Social Security Account No. 207-01-2332

4. Sex m | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Rosa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 47 | Months | Days | If less than one day hr. min.

9. Birthplace Italy Province of Naples (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Beth. Steel Sp. Hgts.

FATHER
12. Name Pasquale Fonzino
13. Birthplace Province of Naples

MOTHER
14. Maiden Name Carmela Salcinella
15. Birthplace Province of Naples

16 (a) Informant Brother
(b) Address Scranton Penna.

17 (a) (Burial, cremation, or removal) (b) Date thereof 12/22/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd + Moravia Ave

18 (a) Funeral director Frank Della Vecchia
(b) Address 52 North Motor St

19 DEC 21 1942 (Date received by Local Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1942 at 9½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cardiac Arrest, Valvular, mitral	
Due to rheumatism	
Due to	
Other Conditions hx	

(Include pregnancy within 3 months of death)

Date of operation hx
Major findings of operation:
of autopsy: hx

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williamson M.D. Medical Examiner.
Date signed 12-17-42

VS 6

98849
H L Dept

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 98849
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 715 S Ellwood ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irma Hilda Bassetti (Birth F 64560)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 12 1942

8. AGE: Years | Months | Days: 8 | If less than one day: hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Leo Bassetti
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Rena Fratte
15. Birthplace Balto Md.

Records

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Rd & Moravia Ave
18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Monroe St

DEC 21 1942 (b) Registrar
(Registrar)

Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1942 at 6 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19
and that I last saw h alive on 19

Immediate cause of death: Bronchopneumonia — Duration: 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harriet G. Guild M. D.
Address Johns Hopkins Hospital Date signed 12/20/42

98850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No. F 98850

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3025 W. North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3025 W. North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN HARRY SHANNON

Burth F 56103

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 26, 1942

8. AGE: Years	Months	Days	If less than one day
--	3	24	hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation --

11. Industry or business

FATHER
12. Name John Shannon
13. Birthplace Cumberland Md.

MOTHER
14. Maiden Name Mable Skidmore
15. Birthplace Myersdale, Pa.

16 (a) Informant John Shannon
(b) Address 3025 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/21/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto. Md. Huntington Williamsport

DEC 21 1942 (Registrar)

(b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-20 19 42 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20 19 42 to 19.
and that I last saw h alive on 19.

Immediate cause of death	Duration
Due to Congenital Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. Thompson Dougherty M. D.
Address 3053 W. North Ave. Date signed 12/21/42

N 2 Wallenmeier M D Asst Medical Examiner

F 98851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1710

F 98851
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if obtainable. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2927 Armiah Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES OSCAR JACO

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 214-22-6098

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Ida E. Jaco
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1874

8. AGE: Years	Months	Days	If less than one day
68	7	9	hr. min.

9. Birthplace West Virginia
(Town, county, and state)
10. Usual Occupation Bethlehem Shipbuilding
11. Industry or business

FATHER
12. Name Thomas Jaco
13. Birthplace West Virginia

MOTHER
14. Maiden Name Mary ?
15. Birthplace West Virginia

16 (a) Informant M. Wallace Jaco
(b) Address 2015 Bolton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/42 (month) (day) (year)
(c) Cemetery or crematory
Location Grafton, W. Va.

18 (a) Funeral director W. J. Tuckner & Sons
(b) Address North & Pine Huntington Williamsport, Md

19 (a) Filed by (Registrar) DEC 21 1942 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21st 1942 at 6 45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration
Due to
Due to
Other Conditions: no
(Include pregnancy within 3 months of death)
Date of operation: no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence Dec 21, 1942 at 6 P M
(c) Where did injury occur? Armiah Ave and Poplar Grove at (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? no
(Specify type of place)
(e) Means of injury pedestrian struck by street car

23. Signature H. L. Wallenmaier M.D.
Medical Examiner.
Date signed Dec 21, 1942

F 98852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 98852 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 32 ~~Patterson Pl~~ Parkin St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie Bender

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-5364

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Lith. (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lith.

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith.

16 (a) Informant Edward Bender
(b) Address 321 Meredel Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph Kaminska Inc.
(b) Address 604 Wash. Blvd

19 (a) DEC 21 1942 (Registrar's signature) Huntington Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/19/42 19 , at 1:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/18/42 19 to 12/19/42 19 ; and that I last saw her alive on 12/19/42 19 .

Immediate cause of death	Duration
Coronary Thrombosis	6 days
Due to Arteriosclerotic Heart Disease	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 12/19/42

98853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98853

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4702 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yr
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 263 Ridge Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie J Stemmell

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Levi Stemmell
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov 24 1864

8. AGE: Years 78 | Months 0 | Days 26 | If less than one day: hr. min.

9. Birthplace: Cisona Pa
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: John Rouse
13. Birthplace: Pa

MOTHER
14. Maiden Name: Sarah Carrell
15. Birthplace: Pa

16 (a) Informant: Mrs Lillian Schmelzer
(b) Address: Towson Md

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof 12/23/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore Md

18 (a) Funeral director: Wilhelm Bros
(b) Address: 1214 E Fort Ave

19. (a) Filed DEC 21 1942 (Date filed with Registrar)
(b) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1942 at 8:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1942 to Dec 19 1942 and that I last saw her alive on Dec 19 1942

Immediate cause of death: Chronic myocarditis — Duration: Unknown

Due to: Arteriosclerosis

Due to:

Other Conditions: Uremia
Fracture left femur
(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: N. V. Harbold M. D.
Address: Balt Md Date signed 12/20/42

N. E. Wollenweber M.D. and husband Coroner

98854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98854

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Miles H. Beetham

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Helen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6. 1879

8. AGE: Years 63 | Months 5 | Days 13 | If less than one day: hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name John Cuthorp

13. Birthplace England

14. Maiden Name Mary Stanley

15. Birthplace England

16 (a) Informant Ethel B Wheeler

(b) Address 1006 E 28th St

17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof 12/21/42 (month) (day) (year)

(c) Cemetery or crematory Greenmount location

18 (a) Funeral director Myers & Ford

(b) Address 1217 E Fort Ave

(b) Date received DEC 21 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1942, at 11.15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1942, to Dec 20 1942, and that I last saw him alive on Dec. 20 1942.

Immediate cause of death: Coronary Occlusion — Duration: 6 weeks

Due to Arteriosclerotic Cardio-Vascular Disease — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fuenting M.D.

Address St. Joseph's Hosp. Date signed 12-20-42

VS 3

98855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98855

Registered No. 181

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Catonsville Milbens Ave.
(c) Hospital or institution:
St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 days
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4202 academy Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Nancy Clutz

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None
4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Myrtle Clutz
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 5/10/1864
8. AGE: Years 78 | Months 7 | Days 10 | If less than one day hr. min.
9. Birthplace Maryland (Taneytown) (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business Self

FATHER
12. Name William Klutz M.D.
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Elizabeth Yetter
15. Birthplace Md

16 (a) Informant Grace E. Heidenman
(b) Address 3058 Hearnwood Forge Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location or Md.
18 (a) Funeral director William Cook Inc
(b) Address 317 St Paul St
DEC 21 1942 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21, 1942 at 4:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 11/16 1942 to 12/21 1942 and that I last saw h[illegible] alive on 12/20 1942.

Immediate cause of death: Chronic Nephritis — Duration: 1 month
Due to: 20-30 years — 1 month
Due to:
Other Conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 11/16 1942 at 4 P M
(c) Where did injury occur? Balto (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury fell in tub while
23. Signature J. M. Dorsey M. D.
Address St Agnes Hosp. Date signed 12/21

VS 180

W. L. Wallenmeier MD Cert. had been burning leaves

98856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 98856 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3513 Keswick Road.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Y 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3513 Keswick Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur E. Harman.

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-1810

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married.

6 (b) Name of husband or wife Lillie G. Harman

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Sept 20, 1872

8. AGE: Years	Months	Days	If less than one day
70 69	2	27	hr. min.

9. Birthplace Md.
(Town, county and state)

10. Usual Occupation Retired machinist

11. Industry or business

FATHER
12. Name Lewis Harman.
13. Birthplace Md.

MOTHER
14. Maiden Name Mahala Haas.
15. Birthplace Md.

16 (a) Informant Lillie G. Harman.
(b) Address 3513 Keswick Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21/42 (month) (day) (year)

(c) Cemetery or crematory St. Mary's
Location Zanesville

18 (a) Funeral director Ehenbroeck & Sonneman
(b) Address 3615-17 Eastern Ave.

19 (a) DEC 21 1942 (Date received by Registrar) (b) Huntington Killiam, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17, 1942 at 10 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1942 to Dec 17 1942, and that I last saw h alive on Dec 17 1942

Immediate cause of death Paralysis

Due to Cerebral Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
8 yrs.
mos.
days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. E. Richardson M.D.

Address 117 W. 25th Date signed Dec. 19, 42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

98857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161C

Registered No. F 98857

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3951 Roland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3951 Roland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Wiley (Birth F 6481)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	S.

6 (b) Name of husband or wife
6 (c) If alive, give age (16) years

7. Birth date of deceased (mo., day, yr.) Dec 17, 1942

8. AGE: Years	Months	Days	If less than one day
—	—	2	hr. min.

9. Birthplace md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Albert Wiley.
13. Birthplace md.

MOTHER
14. Maiden Name Clara Hare.
15. Birthplace md.

16 (a) Informant Albert Wiley.
(b) Address 3951 Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21/42 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director Ebenezer A. Bowman
(b) Address 3615-17 Chestnut Ave

19 (a) DEC 21 1942 (Date rec'd by registrar) (b) Huntington Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1942, at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry & no autopsy thereon and from the evidence obtained by said Inquiry & no autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia Neonatorum — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Gastman M.D.
Medical Examiner.
Date signed Dec. 19 1942

VS 6

98858

F 98858

AB-78652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 104

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1037 Mount St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miles Coffey

3 (b) If veteran, name war

3 (c) Social Security Account No. 237-10-6578

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widower

6 (b) Name of husband or wife Evelyn (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug?-?-05?

8. AGE: Years	Months	Days	If less than one day
39 ?	8 ?4	?	hr. min.

9. Birthplace N.C.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Pickett Coffey
13. Birthplace N.C.

MOTHER
14. Maiden Name Elizabeth Moore
15. Birthplace N.C.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (b) Date thereof 12/23/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Washington
Location Washington North Carolina

18 (a) Funeral director Geo. B. Nelson
(b) Address 1303 Pressman St

19 DEC 21 1942 Thurlington Williams M.D.
(Date received) (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-20 1942 at 3 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12?8 1942 to 12-20 1942 and that I last saw him alive on 12-20 1942

Immediate cause of death: Lobar pneumonia — Duration: 1 week

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 12-20-42

correct age is especially important, as it affects the value of policies. Please see that every item is answered correctly and legibly.

1 #98859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1702

F 98859 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3036 O' Donnell Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3036 O' Donnell Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Coyne

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 28 1927

8. AGE: Years 15 | Months 8 | Days 22 | If less than one day 21 hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation School boy

11. Industry or business

FATHER
12. Name Frank Coyne
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Bruno
15. Birthplace Baltimore, Md.

16 (a) Informant Frank Coyne
(b) Address Baltimore Md.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** DEC. 22/42 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location OLD FREDERICK ROAD

18 (a) Funeral director Lilly & Zeiler Bro.
(b) Address 403 S. WOLFE ST.

19 (a) DEC 21 1942 (Date filed by Registrar) **(b)** Hamilton Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-19- 1942, at 7 15 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractured Skull	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Y

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 12-18-42 at 9 P.M

(c) Where did injury occur? Eastern Ave. & Dillwood Ave (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)

(e) Means of injury Pedestrian - walked into car struck by an auto.

23. Signature Howard J. Mullen M.D. Medical Examiner.

Date signed 12-21-42

F 98850

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1937 F 98850 Registration No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3225 NOBLE ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3225 NOBLE ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE X. BERNICE

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 213 05 2592

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: LILLIE I. BERNICE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 16 1884

8. AGE: Years 58 | Months 3 | Days 2 | If less than one day: hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation BARRELL WASHER

11. Industry or business S.K. MEAT PLANT

FATHER
12. Name LOUIS BERNICE
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant LILLIE I. BERNICE (WIFE)
(b) Address 3225 NOBLE ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 22/42 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly and Zachardon.
(b) Address 403 S. WOLFE ST.

DEC 21 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 18 1942 at 8/50 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1940, to Dec 18 1942 and that I last saw h alive on Dec 18 1942

Immediate cause of death: myocardial degeneration — Duration:

Due to

Due to

Other Conditions arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J. Gorsuch M. D.
Address 19 N Eutaw Date signed 12-21-42

VS 3

correct age is extremely important

38861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46a

Registration No. 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Streets
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town, give township, district, or other town)
(d) Street No. 412 Ramsay Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME M. Edward Warren

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
74 yrs.			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Dan Brown
(b) Address 2101 Hargrove St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 21 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Co Md

18 (a) Funeral director Payson Sanders
(b) Address 1413 E. Lexington St

DEC 21 1942
(Date received by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 18th 1942, at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 9th 1942, to Dec. 18 1942, and that I last saw h[illegible] alive on Dec. 17 1942.

Immediate cause of death	Duration
Respiratory failure	
Due to Malnutrition	
Due to generalized arteriosclerosis	
heart disease.	
Other Conditions Cancer of esophagus	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Dillinger M. D.
Address St. Joseph Hospital Date signed Dec. 18
Baltimore, Md. 1942.

correct age is especially important; physician, please write the causes of death clearly and legibly.

F 98862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98862

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & Johns St.
(c) Hospital or institution: Hospital for Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1800 Park Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Anna Elenora Duke Ann Eleanora Duke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ********
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1875

8. AGE: Years	Months	Days	If less than one day
67	9	27	— hr. — min.

9. Birthplace Leonard Town, Md. (Town, county, and state)
10. Usual Occupation Retired (Public School Teacher)
11. Industry or business

FATHER
12. Name John F. Duke
13. Birthplace St. Mary's Co.

MOTHER
14. Maiden Name Margaret Ann Nuthall
15. Birthplace St. Mary's Co.

16 (a) Informant Mrs. J. C. Hobbs
(b) Address 1118 B. St. N. E., Wash. DC

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Kenny W. Mears & Son
(b) Address 805 N. Calvert St.

19 (a) (b) Williamsport Md.

DEC 21 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10 1942, to Dec. 19 1942, and that I last saw her alive on Dec. 19 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertensive Cardio-Vascular disease & arteriosclerosis	
Due to	
Other Conditions Diabetes mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Short M. D.
Address 1800 Park Ave. Date signed 12-19

F 98863

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98863 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. Type or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 645 W. Conway St.
(c) Hospital or institution: Lydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 645 W. Conway St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jerome Simpson (Birth F 55677)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

(8-16-42) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1942

8. AGE: Years | Months: 4 | Days: 3 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Wilson
13. Birthplace ?

MOTHER
14. Maiden Name Louise Simpson
15. Birthplace Annapolis, Md.

16 (a) Informant Louise Simpson
(b) Address 645 W. Conway St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Co Md

18 (a) Funeral director James A. Stayer
(b) Address 1422 W. Pratt St.

19 (a) DEC 21 1942 (Date received by Registrar) Washington Millhauser M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19, 1942, at 11:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19, 1942, to Dec. 19, 1942, and that I last saw h alive on 19

Immediate cause of death: Purulent meningitis — Duration: 2 days?

Due to: Pneumococcus Type 24

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Pneumococcus Meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature K. Kenneth Kreiser M. D.
Address Lydenham Hosp Date signed 12/24/42

VS 3

F 98864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 207

F 98864
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Marine Hospital V
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d.
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 Gough st
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Williams

3 (b) If veteran, name war: Vet.
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife: Barbara Thiesauf
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) 2/13/880

8. AGE: Years	Months	Days	If less than one day
62	5	6	hr. min.

9. Birthplace: Balto, Md (Town, county, and state)
10. Usual Occupation: stationary engineer
11. Industry or business

FATHER
12. Name: Louis Williams
13. Birthplace: ? Scotland

MOTHER
14. Maiden Name: Charlotte Olsen
15. Birthplace: ? Sweden

16 (a) Informant: Patient
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-42 (month) (day) (year)
(c) Cemetery or crematory: Bal. National cem
Location: Fredrick ave

18 (a) Funeral director: John J. Finda
(b) Address: 2829 Hudson st

19 (Date received) DEC 21 1942 Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-19 1942, at 2:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death	Duration
Tracheal obstruction	2 days
Due to: Aortic aneurysm	?
Due to: Syphilitic aortitis	?
Other Conditions: Bronchopneumonia	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: W. M. B. Cruickshank M. D.
Address: B. M. Hosp. Date signed 12/19/42

VS 150

F 98865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

F 98865 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3000 Reisterstown Road.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3000 Reisterstown Road. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JEROME H. MANSBACH.

3 (b) If veteran, name war ———

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ida H. Mansbach.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1878.

8. AGE: Years	Months	Days	If less than one day
64	1	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Button Mnfgr.
11. Industry or business

FATHER
12. Name Abraham Mansbach,
13. Birthplace Germany.

MOTHER
14. Maiden Name Eliza Gump,
15. Birthplace Germany.

16 (a) Informant Mrs. Ida H. Mansbach,
(b) Address 3000 Reisterstown Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/42. (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom
Location Balto. Md.

18 (a) Funeral director Harris Levine & Son
(b) Address 1902 Eutaw Place.

19 (a) (Date paid by registrar) (b) Huntington Williams M.D. Address 443 E. 25th. St.

DEC 21 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20th. 1942, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1942 to Dec 20 1942 and that I last saw h alive on Dec 20 1942

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Ephraim M. D.
Date signed 12/21/42

F 98866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 107 F 98866

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 9 E. Biddle St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Journeay — If U. S. Veteran specify WAR

(a) Residence: No. 9 E. Biddle St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Lucy H. Raymond

6. DATE OF BIRTH (month, day, year): Nov. 20, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	--	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: engineer, retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York State

FATHER

13. NAME: Albert Journeay

14. BIRTHPLACE (city or town) (State or country): N. Y.

MOTHER

15. MAIDEN NAME: Sarah Harsell

16. BIRTHPLACE (city or town) (State or country): N. Y.

17. INFORMANT: Lucy H. Journeay

(Address): 9 E. Biddle St.

18. BURIAL, ~~CREMATION,~~ OR REMOVAL

Place: Richmond, Staten Island, N.Y. Date: 12/22/42

19. UNDERTAKER: John J. Mitchell & Sons, Inc.

(Address): 1900 Eutaw Place

20. FILED DEC 21 1942 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 19, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1942 to Dec 19, 1942

I last saw h[illegible] alive on Dec 19, 1942 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	12/10/42
Other contributory causes of importance: Acute Bronchitis	12/3/42

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Hackett Freeman, M. D.

(Address) 6 E. Biddle St.

E. Mitchell

98867 F 98867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1310

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Tudor Arms Apts. St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mary S. Leonard 15

(a) Residence: No. Tudor Arms Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Millard Leonard

6. DATE OF BIRTH (month, day, year) June 19, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Alex Southcomb

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Maria Henderson

16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Marie S. Leonard
(Address) Tudor Arms Apts.

18. BURIAL, ~~CREMATION OR REMOVAL~~*
Place Greenmount Cem'ty Date 12/22/42 19

19. UNDERTAKER John O. Mitchell & Sons Inc.
(Address) 2000 Eutaw Place
Huntington Williams, M.D.

20. FILED DEC 21 1942 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1942 to Dec 19 1942

I last saw her alive on Dec 19, 1942 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
(a) Arteriosclerotic Cardiovascular Renal Disease. Chronic nephritis	(a) 6 wks Nov 1, 42
(b)	(b)
(c)	(c)

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lucius E. Turle, M. D.

(Address) 10 W. Madison St.

L. E. Turle

F 98868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98868 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 628 Wicklow Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 628 Wicklow Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth Remmert

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widow

6 (b) Name of husband or wife Wm. F. Remmert
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 4 - 1870

8. AGE: Years	Months	Days	If less than one day
72	11	15	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name
13. Birthplace Balto Md.

MOTHER
14. Maiden Name
15. Birthplace Balto Md.

16 (a) Informant Miss Mary E. Remmert.
(b) Address 628 Wicklow Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22-1942 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto Md.

18 (a) Funeral director Putnam Dorr
(b) Address 2234 Pulaski St

19 (a) DEC 21 1942 Huntington Hilldale M.D.
Registrar Address

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1942, at 2:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10 1942 to Dec. 19, 1942, and that I last saw her alive on Dec. 19, 1942.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to Generalized arteriosclerosis	
Due to	
Other Conditions Cerebral Thrombosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George A. Krupp M. D.
Address 1211 Edmondson Ave. Date signed 12/21/42

VS 8

98869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 98869
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No 1525 Fleet Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Anthkowiak

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
—	219-01-9867	Male	White	Married

6 (b) Name of husband or wife [redacted]
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Pennsylvania (town, county, and state)
10. Usual Occupation Natural Case Co.
11. Industry or business Case Frames

PARENTS:
12. Name John Anthkowiak (Father)
13. Birthplace Poland (Father)
14. Maiden Name Josephine Stankowiak (Mother)
15. Birthplace Poland (Mother)

16 (a) Informant Stella Ankowiak
(b) Address 1525 Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/47 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozmento
(b) Address 1823 Eastern Ave
(c) Huntington Pollard M.D.

DEC 21 1947 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-19- 1947, at 9:00 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by Autopsy or Inquiry said that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-vascular	
Due to Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 12-19-47

VS 6

over.

F 98870

AB -57042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs 4 mo. like
(e) Length of stay in Baltimore (yrs., mos., or days) 54Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTIMORE
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 Robbins Ave. 336 Dover St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Howard Wilson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 55 ?-?-?-

8. AGE: Years	Months	Days	If less than one day
55 ?	?	?	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Howard Wilson (D)
13. Birthplace Md.

MOTHER 14. Maiden Name Jenny ? (D)
15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 21 1942
Commissioner of Health

18 (a) Funeral director
(b) Address
DEC 21 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-13 1942, at 11 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-22 1940 to 12-13 1942 and that I last saw h[illegible] alive on 12-13 1942.

Immediate cause of death Bronchopneumonia — Duration 1 day

Due to Hypertensive cardiovascular disease — 5 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 12-18-42

VS 150

9667

8871 MR 77443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

F 98871 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 27
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 300 Pine St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Giles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Adelaide Giles (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1881

8. AGE: Years	Months	Days	If less than one day
61 yrs.	6	17	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Giles
13. Birthplace Va.

MOTHER
14. Maiden Name ?
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 21 1942

18 (a) Funeral director Commissioner of Health
(b) Address

DEC 21 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-12 1942, at 10 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-16 1942 to 12-12 1942, and that I last saw him alive on 12-12 1942.

Immediate cause of death Gastric hemorrhage
Due to Carcinoma of stomach
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy: none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Henry Haas M. D.
Address Balt. City Hosp. Date signed 12-18-42

VS 150

9666

F 98872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

F 98872 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given and correct. age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2536 E. Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~
(e) Length of stay in Baltimore (yrs., mos., or days) ~

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ~
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2536 E Baltimore St. (If rural give location)
(e) Citizen of foreign country? ~ (Yes or No)
If yes, name country ~

3 (a) FULL NAME Michael A. Tewey

3 (b) If veteran, name war ~

3 (c) Social Security Account No. 705-100-030

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14-1865

8. AGE: Years 77 | Months 8 | Days 5 | If less than one day hr. min.

9. Birthplace Balt (Town, county, and state)

10. Usual Occupation

11. Industry or business B & O. R-R

FATHER 12. Name Michael A. Tewey
13. Birthplace Ireland

MOTHER 14. Maiden Name Jane Jennings
15. Birthplace Md

16 (a) Informant Kath. Tewey
(b) Address 2536 E Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22-42 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Old Frederick Rd

18 (a) Funeral director John C. Mahon
(b) Address 3500 E. Balto. St.

19 (a) DEC 21 1942 Huntington Hillcrest

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1942 at 9:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1942 Dec 19 1942, and that I last saw him alive on Dec 18 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 2 Days

Due to: Arteriosclerosis — 15 yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Lenz, M.D.
Address 2560 E. Baltimore Date signed 12/19/42

98873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91a

Registered No. F 98873

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2516 Lanvale Ave
(c) Hospital or institution: no

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1940

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2516 Lanvale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Alton McKenna

3 (b) If veteran, name war -

3 (c) Social Security Account No. none

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12, 1923

8. AGE: Years 19 | Months 2 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Francis X. McKenna
13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Minnie A Booze
15. Birthplace Jamesville, Md

16 (a) Informant Francis X. McKenna
(b) Address 2516 Lanvale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md

18 (a) Funeral director Howard D. Counton
(b) Address 21 W. 25th St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

DEC 24 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1942 at 5:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to Dec 18 1942 and that I last saw him alive on Dec 18 1942

Immediate cause of death Lobar pneumonia
Endocarditis

Due to Bronchial asthma
Bacterial infection

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward A Morgan M. D.
Address 17 W Mt Royal Ave Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98874

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98874 Registered No. 1482

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 202 S. Loudon St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town.)
(d) Street No. 202 S. Loudon
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Bell VanHorn

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widow

6 (b) Name of husband or wife Franklin C. VanHorn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1873

8. AGE: Years	Months	Days	If less than one day
68	3	23	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Joseph Jennings
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Martha Geyer
15. Birthplace Baltimore, Md.

16 (a) Informant Franklin J. VanHorn
(b) Address 202 S. Loudon Ave.

17 (a) Burial (b) Date thereof 12-21-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Frederick A. Tofty
(b) Address 2410 W. Lombard St.

19 (a) DEC 21 1942 Huntington Williams
(Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18th, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1941, to Dec 18 1942.
and that I last saw her alive on Dec 18 1942

Immediate cause of death — Duration

Adeno-Carcinoma Cervix Uteri — 3 years

Due to

Due to

Other Conditions
Metastases
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. E. Bonelli M.D.
Address 413 Fredmont Rd. Date signed 12/19/42

F 98875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

F 98875 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 428 N. Patterson Park Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** CHARLES WEIDEN MAYER (Birth F-59348)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9-42

8. AGE: Years	Months	Days	If less than one day
	2	11	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Elody W. Weidenmayer
13. Birthplace Phila. Pa.

MOTHER
14. Maiden Name Mildred Grove
15. Birthplace Balto. Md.

16 (a) Informant Mildred Weidenmayer
(b) Address 428 N. Patterson Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location B'Donnells

18 (a) Funeral director John A. Miller
(b) Address 2324 Jefferson St.

19 (a) Date received DEC 21 1942 (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20, 1942, at 10.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19. 1942 to Dec 20 1942, and that I last saw him alive on Dec 20 1942.

Immediate cause of death Heart failure
Cardiac Hypertrophy + dilatation — Duration

Due to Congenital Heart

Due to

Other Conditions Anemia, severe

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J R Lemmon
Address Sinai Hospital Date signed 12/20/42 M. D.

F 98876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 98876 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 16 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 S. Patterson Park (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Ruckhardt. (Birth F 64558)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 6, 1942

8. AGE: Years	Months	Days	If less than one day
		16 14	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Clifford Ruckhardt
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret M. Hanes
15. Birthplace Maryland

16 (a) Informant Medical Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 21/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belgian Rd.

18 (a) Funeral director John L. Mellor
(b) Address 2334 Jefferson St.

(c) Dec 21 1942 (Date received by registrar) (b) Washington Willigus M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1942 at 2:35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 1942 to Dec 20 1942, and that I last saw h[illegible] alive on Dec 20 1942

Immediate cause of death: Premature Birth — Duration: 16 da.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Andrew Zepp M. D.
Address 1213 Light St Date signed 12/20/42

VS 150

F 98877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 98877

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3330 Edmondson Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3330 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** George J. Kaufman

3 (b) If veteran, name war 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1871

8. AGE: Years	Months	Days	If less than one day
71	-	11	hr. min.

9. Birthplace Baltimore Md.
(Town, county and state)

10. Usual Occupation Silk setter

11. Industry or business

FATHER 12. Name George F. Kaufman
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Mary E. Roth
15. Birthplace Balto. Md.

16 (a) Informant Mary E. Kaufman
(b) Address 3336 Edmondson Ave.

17 (a) Buried (b) Date thereof 12/22/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 W. North Ave.

19 (a) (Signature of local registrar) Hattie Williams M.R.

21 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/19/42 19 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/16 1942, to 12/19 1942, and that I last saw him alive on 12/19 1942

Immediate cause of death	Duration
Coronary occlusion	3 days
Due to	
Arteriosclerotic Heart Disease	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Peter E. Rauch

Address 3629 Edmondson Ave Date signed 12/20/42 M. D.

98878 Cecelia Walter

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 98878 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cold Spring Nursing and
(c) Hospital or institution Convalescent Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 110 S. Culver St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Mrs. Cecelia Walters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed or divorced. Widowed

6 (b) Name of husband or wife John W. Walter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23-1864

8. AGE: Years 78 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Housewife

FATHER 12. Name Samuel S. Franklin

13. Birthplace Balto. Md

MOTHER 14. Maiden Name Frances R. Wroton

15. Birthplace Balto. Md.

16 (a) Informant Mrs. Cecelia Butler

(b) Address 110 S. Culver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23-1942 (month) (day) (year)

(c) Cemetery or crematory Int. Olivet

Location Baltimore

18 (a) Funeral director George L. Schwab.

(b) Address Baltimore Md.

19 (d) DEC 22 1942 (Date rec'd by registrar) (e) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 1942 at 5:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1942 to Dec. 21 1942 and that I last saw h.e.r. alive on Dec. 18 1942.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Patterson M. D.

Address 2324 Reisterstown Rd Date signed 12/20/42

VS 3

98879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No. F 98879

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 218 N.Culver St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ***
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 218 N.Culver St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Karl Lundgren (Birth F 64841)

3 (b) If veteran, name war --

3 (c) Social Security Account No. ---

4. Sex Male

5. Color or race Wht.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1942

8. AGE: Years * Months * Days 3 If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Niles Anton Lundgren
13. Birthplace Sweeden

MOTHER
14. Maiden Name Flora Berry
15. Birthplace N.Y.City

16 (a) Informant Mrs. Flora Lundgren
(b) Address 218 N.Culver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22, 1942 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto. Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

DEC 22 1942 Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 1942 at 7 30 M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1942 to Dec 21 1942 and that I last saw him alive on Dec 20 1942.

Immediate cause of death Congenital Heart Disease — Duration 12-18-42

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I Earl Pass M. D.
Address 4001 Wilkens Ave Date signed Dec 21 42

VS 2

F 98850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52 N

F 98850 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 4 D - Homewood Apartments
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Homewood Apts (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mollie Scott Denny

3 (b) If veteran, name war — W
3 (c) Social Security Account No. NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband: Eugene M. Denny
6 (c) If alive, give age years

7. Birthdate of deceased (mo., day, yr.): June 2 1859

8. Age	Years	Months	Days	If less than one day
	83	6	7	hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: Ot Home
11. Industry or business: Self

FATHER
12. Name: James Scott
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Ann E. Atwell
15. Birthplace: Md.

16 (a) Informant: Eugene M. Scott (Brother)
(b) Address: 212 St. Paul St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/23/42 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 127 St. Paul St

19 DEC 22 1942 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21st 1942, at 5 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/12 1942, to Dec 21 1942, and that I last saw h.e alive on Dec 19 1942.

Immediate cause of death: Carcinoma of left Kidney — Duration: 8 mos
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. B. Jones
Address 2818 N. Charles Date signed Dec 22 1942

F 9883 | BALTIMORE CITY HEALTH DEPARTMENT | F 9883 1

CERTIFICATE OF DEATH

832 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6308 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and name town)
(d) Street No. 6308 Harford Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Hebbel Sr

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Emma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1884
8. AGE: Years 58 | Months 6 | Days 25 | If less than one day: hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Baltimore City

FATHER
12. Name Christopher Hebbel
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Stuntzy
15. Birthplace New York

16 (a) Informant Emma Hebbel
(b) Address 6308 Harford Rd

17 (a) Final (Burial, cremation, or removal) (b) Date thereof 12 23 42 (month) (day) (year)
(c) Cemetery or crematory Moland Cem
Location Baltimore Co Md

18 (a) Funeral director William J. Lee
(b) Address 2174 E Pratt St

DEC 22 1942 (Date rec'd by registrar)
(b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1942 at 5-15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15, 1942 to Dec 20 1942 and that I last saw h[illegible] alive on Dec. 19, 1942

Immediate cause of death: Cerebral hemorrhage — Duration: 4 days
Due to: Arterio sclerosis and arterial hypertension
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene L. Cearnal M. D.
Address 514 Drury Lane Date signed 12-21-42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 98882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 98882

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1910 Linden Ave
(c) Hospital or institution: 14

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1910 Linden Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME A. Elizabeth Krezger

3 (b) If veteran, name war N

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 2nd 1911

8. AGE: Years	Months	Days	If less than one day
31	—	18	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Ben O. Krezger
13. Birthplace Pa.

MOTHER
14. Maiden Name Emily MacCullimore
15. Birthplace Balto Md.

16 (a) Informant Emily M. Krezger
(b) Address 1910 Linden Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 12/23/42 (month) (day) (year)

(c) ~~Cemetery or crematory~~ Woodlawn
Location Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

DEC 22 1942

19 (a) (b) Registrar
(Date rec'd by registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/20 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/16/ 1942 to 12/20 1942 and that I last saw her alive on 12/20/ 1942.

Immediate cause of death Bronchopneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene L. Crampton M. D.

Address 514 Quincy Lane Date signed 12/21/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98833 HEALTH DEPARTMENT—CITY OF BALTIMORE F 98833

CERTIFICATE OF DEATH

92 D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 Stockton St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Samuel Digge

If U.S. Veteran specify WAR

(a) Residence: No. 624 Stockton St., Ward 8 S. No. 21d - 03 - 7620

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence Digge

6. DATE OF BIRTH (month, day, year) May 5 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52 yrs	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Digge

14. BIRTHPLACE (city or town) (State or country) Bath, Md.

MOTHER

15. MAIDEN NAME Annie Savage

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Florence Digge

(Address) 624 Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Date 12-22-, 1942

19. UNDERTAKER Joseph L Brown & Son

(Address) 10 W Montgomery St

20. FILED , 19 Huntington Williams Mgr

DEC 22 1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1942

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1942 to Dec 14, 1942

I last saw him alive on Dec 14, 1942 Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Disease (Coronary)	?
Chr. Valvular & Aortic	?
Decompensation	
Other contributory causes of importance: Hypertensive	?

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas. L Julian Jr M. D.

(Address) 511 N Eutaw St

over

F 98884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160 C

F 98884 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wilkens Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 S. Bentalou St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country 3917 Woodridge Rd

3 (a) FULL NAME Baby Redman (Ruth F 64595)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/14/42

8. AGE: Years	Months	Days	If less than one day
—	—	Hours	4 hr. - min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Joseph Redmond
13. Birthplace Md.

MOTHER 14. Maiden Name Ruth Arnold
15. Birthplace Md.

16 (a) Informant Joseph Redmond
(b) Address 25 S. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director
(b) Address

19 DEC 26 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/14 19 42 at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/14 19 42 to 12/14 19 42 and that I last saw h alive on 19

Immediate cause of death Prematurity

Due to Placenta Previa centralis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Placenta Previa centralis.

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James K. Cesare M. D.
Address 7 E. Lanvale St Date signed 12/14/42

VS-180

F 98885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98885 Registered No. 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4702 Schley Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4702 Schley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick H. Brunner

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Augusta G. Brunner

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) April 25, 1883

8. AGE: Years 59 | Months 7 | Days 25 | If less than one day — hr. — min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business City Water Dept

FATHER
12. Name Albert F. Brunner
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Brunner
15. Birthplace Germany

16 (a) Informant Augusta G. Brunner
(b) Address 4702 Schley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director F. D. Nippert-Lee
(b) Address 300 Eutaw Place

19 (a) (Date received by Registrar) DEC 22 1942 Huntington for Nippert Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20th 1942, at 4 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1937, to Dec 20 1942, and that I last saw h[illegible] alive on Dec 19 1942.

Immediate cause of death: Coronary Thrombosis — Duration: 10 Mins

Due to: Hypertensive Cardio Renal Disease — Duration: 5 years

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

M.D. Signature George S. Bayley
Address 1 East Lexington St Balto Md Date signed 12/22/42

Correct Age is especially important. If unknown, state approximate age. Please write plainly.

F 98886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 98886 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto Md
(b) Street address 2221 Roslyn Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2221 Roslyn ave
(If rural give location)
(e) If foreign born, how long in U. S. ✓ years

3 (a) FULL NAME Howard TEBBS

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emilie Lynnes Tebbs
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Jan 29 1870

8. AGE: Years 72 | Months 11 10 | Days 10 20 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Attorney
11. Industry or business

FATHER
12. Name Wm F. Tebbs
13. Birthplace Virginia Fauquier Co

MOTHER
14. Maiden Name Flora Dorcas Bennett
15. Birthplace St Mary's Co Maryland

16 (a) Informant Dr A. S. Chaffant
(b) Address 6210 York Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22 1942
(month) (day) (year)
(c) Cemetery or crematory Dawn Ridge
Location Balto Md

18 (a) Funeral director Walter Brooks Berkley Jr
(b) Address 1922 W. North Ave

19 (a) DEC 22 1942 (Date received by registrar) Washington Hill Balto Md

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 1942 at 1 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1942 to Dec 19 1942, and that I last saw h in alive on Dec 19 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to Hypertension	10 years
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature A. S. Chaffant M. D.
Address 6210 York Rd Date signed Dec 22

correct age is especially important. Physicians: please write the number of years and months.

VS 3

F 98887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 98887 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2232 W. North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 N. Bentalou St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FANNIE ELLEN DAY

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	female	white	Widow

6 (b) Name of husband or wife John D.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1858

8. AGE: Years	Months	Days	If less than one day
84	8	13	hr. min.

9. Birthplace Florence, Howard Co., Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name ? Warfield
13. Birthplace Howard Co., Md.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mr. Howard Day
(b) Address 2232 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 22 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20, 1942, at 10:20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1934 to Dec 20 1942 and that I last saw her alive on Dec. 19 1942.

Immediate cause of death	Duration
Pneumonia (Bronchi)	7 days
Due to —	
Due to —	
Other Conditions Senile Psychosis	?

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

Signature Morris B. Schreiter M. D.
Address 5-4 S. Fulton Ave Date signed Dec 21-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

AB-78090 F 98888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130

F 98888 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 707 Sterling St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Franklin Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-8730

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife May Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10-1882

8. AGE: Years	Months	Days	If less than one day
60	8	10 9	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name David Johnson
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Oliver
15. Birthplace Va.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location D.C. County Md

18 (a) Funeral director Mrs Robert J. Elliott Dept
(b) Address 1123 N. Caroline St.

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 22 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19, 1942, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Pulmonary Tbc — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A S Hart M. D.
Address Balto City Hosp Date signed 12/24/42

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 98889 Registered No.

Please write clearly with pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure that every item is correct and complete. Do not abbreviate. Do not use ditto marks. Be sure that the cause of death is correctly stated. Be sure that the statement of contributory causes is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive & 31st St.
(c) Hospital or institution: U.S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 16
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County: Baltimore
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 910 12th St., Baltimore, Md. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: Polish-born

3 (a) FULL NAME: Peter C. Balon

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	divorced

6 (b) Name of husband or wife: Martha ??

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.): July 25, 1893

8. AGE: Years	Months	Days	If less than one day
49	4	21	____ hr. ____ min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: drag-tender

11. Industry or business: ?

FATHER
12. Name: Unknown
13. Birthplace: Poland

MOTHER
14. Maiden Name: Elizabeth ?
15. Birthplace: Poland

16 (a) Informant: Records
(b) Address: U. S. Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22-42 (month) (day) (year)
(c) Cemetery or crematory: St Marys
Location: Hamden

18 (a) Funeral director: A Reiley Slade
(b) Address: 4907 York Road

19 (a) (Date rec'd by registrar) (b) Registrar

VS 1st DEC 22 1942 Huntington Hillsville MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 16, 1942, at 5:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14, 1942, to Dec. 16, 1942, and that I last saw him alive on Dec. 16, 1942.

Immediate cause of death	Duration
Pneumonia, lobar, bilateral	1 week
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation: NONE
of autopsy: NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: J C Watson, M.D.
Address: U. S. Marine Hospital, Baltimore, Md.
Date signed: 12/16/42

F 98890

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 98890
CERTIFICATE OF DEATH 107
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4652 Falls Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES MATTHEWS (Birth F 59896)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1942

8. AGE: Years | Months: 2 | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Charles Matthews
13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Rachel Matthews
15. Birthplace Howard Co

16 (a) Informant Sophia Matthews
(b) Address 4652 Falls Road

17 (a) Burial (b) Date thereof Dec 22-1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn.

18 (a) Funeral director P. Burke
(b) Address 1463 D. Carey St

19 (a) (Date received by local registrar) (b) Hutton Williams, M.D.

DEC 22 1942

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1942, at 2 50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Pneumonia, lobular
primary — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmaier M.D.
Medical Examiner.

Date signed 12-22-42

F 98891 ✓ F 98891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1344 W. 41st St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1344 W. 41st St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred A. Forthman.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary E. Forthman.

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Oct 1, 1856

8. AGE: Years 86 | Months 2 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Tin Smith.

11. Industry or business

FATHER 12. Name Jacob Forthman,

13. Birthplace Germany,

MOTHER 14. Maiden Name Unknown,

15. Birthplace Unknown,

16 (a) Informant Mary E. Forthman,

(b) Address 708 W. 36th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23, 1942 (month) (day) (year)

(c) Cemetery or crematory Springfield Cem.

Location Lansdowne, Md.

18 (a) Funeral director Walter R. McNamee

(b) Address 4114 Fayette Road

19 (a) Dec 22 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1942, at 9:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1939 to Dec 20 1942 and that I last saw h[illegible] alive on Dec 16 1942

Immediate cause of death Pneumonia 1 week.

Duration 6 mon.

Due to Arterio sclerosis. cardio. vascular disease

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Howard J. Andrews M.D.

Address 446 W 36th. Date signed 12/23/42

F 98892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

F 98892 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3027 Weaver Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Buford Beale

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Wt.	M

6 (b) Name of ~~husband or wife~~ Sophia Vonachke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11 1882

8. AGE: Years	Months	Days	If less than one day
60	4	10	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation City Commission
11. Industry or business

FATHER
12. Name Buford Beale
13. Birthplace Va

MOTHER
14. Maiden Name Sarah Gail
15. Birthplace Va

16 (a) Informant Sophia Beale
(b) Address 3027 Weaver Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Leonard J. Rupp
(b) Address 6305 Harford Rd

19 (a) DEC 22 1942 (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-21 1942, at 11:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-27 1942, to 12-21 1942 and that I last saw him alive on 12-21 1942.

Immediate cause of death Cardio-Respiratory Failure — Duration

Due to Ca of Pancreas

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12-2-42

Major findings of operation: Inoperable Ca of pancreas

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James R. McCosh Jr. M. D.
Address Union Memorial Hosp Date signed 12-21-42

F 98893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 98893 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2921 Overland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2921 Overland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katherine E Raffert

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Frank C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10, 1864

8. AGE: Years	Months	Days	If less than one day
77	4	11	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Leonard Bangert
13. Birthplace Md

MOTHER
14. Maiden Name Katherine Krause
15. Birthplace Germany

16 (a) Informant Mrs Mary P. Blyleth
(b) Address 2921 Overland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore

18 (a) Funeral director Samuel Myers
(b) Address 5305 Harford Rd

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 22 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-14-42 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1932 to Dec 21 1942, and that I last saw her alive on Dec 10 1942

Immediate cause of death Coronary Occlusion — Duration 1 hour

Due to Chronic Hypertension — 5 yrs

Due to Arterio-Sclerosis — 8 yrs

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury None

23. Signature H. E. Worthington M.D.
Address 5106 Harford Rd Date signed 12-21 1942

H. E. Worthington, M.D.
for Howard J. Krause, M.D.

F 98834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

✓ F 98894

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Martine St
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hours
(e) Length of stay in Baltimore (yrs., mos., or days) Long

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2514-N-Charles St
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME William North Owings

3 (b) If veteran, name war — No —

3 (c) Social Security Account No. ?

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Ida C. Owings

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) March-11-1867

8. AGE: Years 75 | Months 9 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Pharmacist

11. Industry or business Drugs

FATHER
12. Name Samuel Owings
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Hannah Randall
15. Birthplace Baltimore Md

16 (a) Informant Mrs Ida C. Owings (wife)
(b) Address 2514 N Charles St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Dec-22-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Edward Morrow Co
(b) Address 1020 Mt Royal

19 (a) (Date received by local registrar) DEC 22 1942 Hunting to Williams, M.D. St. Joseph's Hosp.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1942 at 2:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1942 to Dec. 20 1942, and that I last saw him alive on Dec. 20 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 12 hours

Due to: Hypertensive Cardio-Vascular Disease — Duration ?

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fearing M. D.
Address St. Joseph's Hosp. Date signed 12-20-42

VS 3

F 98835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. F 98895

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 330 Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 402 Hawthorne Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest James Gibson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife (Jessie Rennick Gibson) Mrs. Ernest J. Gibson
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) April 17, 1876

8. AGE: Years	Months	Days	If less than one day
66	8	3	hr. min.

9. Birthplace Baltimore Md. (town, county, and state)
10. Usual Occupation Ry. Water Works
11. Industry or business

FATHER 12. Name	Henry Gibson
13. Birthplace	England
MOTHER 14. Maiden Name	Caroline Hayes
15. Birthplace	England

16 (a) Informant Mrs. Jessie R. Gibson (wife)
(b) Address 402 Hawthorne Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Stewart Mortuary Co.
(b) Address 1000 Mont Ave.

19 (a) (Signature of registrar) (b) Huntington Williams, M.D.

DEC 22 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1942, at 4:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 1942, to Dec 20 1942, and that I last saw him alive on Dec 20 1942.

Immediate cause of death Myocardial failure — Duration: —

Due to Pulmonary infarcts — Duration: 1 wk.

Due to Coronary occlusion — Duration: 2 wks.

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Coronary occlusion Pul infarcts

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B. Muller M.D.
M. D.
Address Union Memorial Hospital Date signed 12-20-42

FB 150

correct age if apparently impossible. If unknown, please write the causes of death clearly and legibly.

F 98896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 D

✓ F 98896

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 729 St Johns Road
(c) Hospital or institution: athome

(d) Length of stay in hospital or inst. (yrs., mos., or days) 07

(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore 13
(If outside city or town limits, write RURAL and give town)
(d) Street No. 729 St Johns Road (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME Agnes Marie Woollen

3 (b) If veteran, name war no

3 (c) Social Security Account No. no

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Henry A. Woollen

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 19 1860

8. AGE: Years 82 | Months 7 | Days 2 | If less than one day hr. min.

9. Birthplace A. A. Co. Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER 12. Name Dr Richard Wells

13. Birthplace Ada

MOTHER 14. Maiden Name Maria Sellman

15. Birthplace Ada

16 (a) Informant Mrs Jos. Trahnell (daughter)

(b) Address 729 St John Road

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12-23-42 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville

18 (a) Funeral director Sherwood Memorial

(b) Address 608 W Mont Ave

19 (a) DEC 22 (Date rec'd by registrar) (b) 1942 Hunting ton Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec - 21 1942 9:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15, 1941, to Dec - 15 1942, and that I last saw h alive on Dec - 22 1942

Immediate cause of death Sudden heart failure Possible Coronary Occlusion Was dead on my arrival

Due to Chronic Endocarditis

Other Conditions

Duration: 1 yr +

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Gilson Porter M. D.

Address 4822 Roland Ave Date signed 11/2/42

Howard A. Andrews M. O.

98837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 98837
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1513 Hilton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 Hilton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME TALBOTT D. LEVERING ENNEAD

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-16-4907

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
M	W	Married

6 (b) Name of husband or wife Grace Levering
6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1884

8. AGE: Years	Months	Days	If less than one day
58	10	28	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business Civil Engineering

FATHER
12. Name Robert Levering
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ella Pennell
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Nellie Levering (sister)
(b) Address 1413 Park Avenue

17 (a) Burial (b) Date thereof 12-23-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Balto Md

18 (a) Funeral director Stewart & Mowen Co
(b) Address 109 W. North Ave.

DEC 22 1942
(Date rec'd by registrar)

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1942 7:40 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions hy	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed Dec 24 1942 (over)

VS 6

F 98838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

F 98898 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 659 Light Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 659 Light St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Flem Isaac Hall

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Martha Elliott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. - 1873

8. AGE: Years	Months	Days	If less than one day
69	4		hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Isaac Hall
13. Birthplace Virginia

MOTHER
14. Maiden Name Sarah Moore
15. Birthplace Virginia

16 (a) Informant Mrs. A. W. Hall
(b) Address Renick, W. Va.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-22-42 (month) (day) (year)
(c) Cemetery or crematory
Location Concord, W. Va.

18 (a) Funeral director Jack Levisone
(b) Address 143 E. Balto. St

DEC 22 1942 (Date rec'd by registrar) Hamilton Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-21-42 19 at 9 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/9 1942 to 12/21 1942 and that I last saw him alive on 12/20 1942

Immediate cause of death Carcinoma of Colon — Duration 2 years

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Carcinoma of Colon + General

of autopsy: not autopsied

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 12/24

VS 150

F 98839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 98839 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6100 Park Heights Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) yr
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6100 Park Heights Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Israel Herman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Real Estate

11. Industry or business

FATHER
12. Name Morris Herman
13. Birthplace Russia

MOTHER
14. Maiden Name Ida
15. Birthplace Russia.

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 4439 E. Baltimore St

19 (a) DEC 22 1942 (Date rec'd by local registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-21- 1942 at 7 55 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/19 1935 to 12/21 1942, and that I last saw h[illegible] alive on 12/21/42 19

Immediate cause of death Coronary thrombosis MA
Acute myocardial infarct

Duration
2½ h.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Leman M. D.
Address 11 E. Chase St Date signed 12/24/42

VS 150

F 98900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 98900 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3729 Park Heights
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 21.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3729 Park Heights (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROSE GALBARD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Dom Galbard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 53 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home

11. Industry or business None

FATHER 12. Name Unknown

FATHER 13. Birthplace Russia

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace Russia

16 (a) Informant Husband

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-42 (month) (day) (year)

(c) Cemetery Hebrew Ist Cong. Location Wash Rd

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E Balto St

19 (a) Date of death (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-21-42 19 , at 6A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 42 to 12/21 19 42, and that I last saw h alive on 12/13 19 42

Immediate cause of death

Coronary artery thrombosis

Due to Arteriosclerosis

Due to

Other Conditions Jaundice Coronary artery sclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, is public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Meyer Brush

Address 2904 Reisterstown Rd Date signed 12-22-42 M. D.

VS 3

Dr Weinstock
4603 Park Heights ave

F 98901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 98901 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4613 Park Heights
(c) Hospital or institution: Mt Sinai Home
(d) Length of stay in hospital or inst. (yrs., mos., ~~or days~~) 6
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4613 Park Heights (If rural give location)
Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Abraham Isaac Light

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Katie Light
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 71 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Re Merchant

11. Industry or business

MOTHER / FATHER
12. Name Unknown
13. Birthplace R
14. Maiden Name Unknown
15. Birthplace R

16 (a) Informant Louis L. Rubin
(b) Address

17 Burial (Burial, cremation, or removal) (b) Date thereof 12-22-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Belair Rd

18 (a) Funeral director Jack Louis Isaac
(b) Address 1139 E. Baltimore St

DEC 22 1942 Clayton Williams Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-21 1942 at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19__ to Dec 21 1942 and that I last saw h. 14 alive on Dec 21st 1942

Immediate cause of death
Arterio Sclerotic Cardio Vascular disease
Due to Hypertension
Due to Cerebral Hemorrhage
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

Duration
Few years
few years
Terminal

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alex A Weinstock M. D.
Address 4603 Park Heights ave Date signed 12-21-42

COPIES AGE IS especially important

F 98902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 98902 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 309 Lombard St
(c) Hospital or Institution
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 309 E. Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME Yetta Brown
3 (b) If veteran, name War —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Louis Brown
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 78 | Months — | Days — | If less than one day — hr. — min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation At home
11. Industry or business —

FATHER
12. Name Gait Brass
13. Birthplace Russia

MOTHER
14. Maiden Name Lenna
15. Birthplace Russia

16 (a) Informant Max Brown
(b) Address 3805 Copley Road

17 (a) Burial (Burial, cremation, or removal) (b) Date of 12-22-42 (month) (day) (year)
(c) Cemetery or crematory Southern Ave
Location Southern Ave

18 (a) Funeral director Jones Service Inc.
(b) Address 1429 E. Baltimore St

19 (a) Date received 12-22-42 (b) Registrar's signature Clayton Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21 1942 at 7:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 16 1942 to Dec 20 1942 and that I last saw h[illegible] alive on Dec 20 1942.

Immediate cause of death — Duration
Coronary Thrombosis
auricular fibrillation
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature Benjamin Kaden M. D.
Address 2306 Eutaw Pl Date signed 12-21-42

F 98903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 98903 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere Ave
(c) Hospital or institution:
Hebrew Home for the Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvedere Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barney Silverman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Widowed

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Transfer Business
11. Industry or business

FATHER
12. Name Morris Silverman
13. Birthplace Russia

MOTHER
14. Maiden Name Linda —
15. Birthplace Russia

16 (a) Informant Miss Emma Silverman
(b) Address 2614 Auchentoroly Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-42 (month) (day) (year)
(c) Cemetery or crematory Sinai Hebrew Cem
Location Rosedale

18 (a) Funeral director Jack Kaiser Inc
(b) Address 4309 E. Baltimore St

19 (a) DEC 22 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 21 - 1942, at 9 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July - 21 - 1933, to 12 - 21 - 1942, and that I last saw him alive on 12 - 21 - 1942.

Immediate cause of death: Acute Coronary Thrombosis
Arteriosclerosis.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Levin, M. D.
Address Levindale Date signed 12/24/42

VS 3

98904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98904

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 136 W. 25th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 136 W. 25th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert Edward Spaid

3 (b) If veteran, name war -

3 (c) Social Security Account No. 213-09-4005

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Emilie L. Spaid

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19, 1900

8. AGE: Years 42 | Months 8 | Days 0 | If less than one day hr. min.

9. Birthplace Buffalo, Otsego (Town, county, and state)

10. Usual Occupation Steel Worker

11. Industry or business Beth. Steel Corp

FATHER 12. Name James Spaid

13. Birthplace Buffalo, Ohio

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Emilie Spaid

(b) Address 136 W. 25th St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Dec. 22 1942 (month) (day) (year)

(c) Cemetery or crematory Morland Mem. Pk.

Location Balto. Md.

18 (a) Funeral director Leonard J. Compton

(b) Address 21 W. 25th St

19 (a) Date received DEC 22 1942 (b) Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19, 1942, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 6, 1942 to Dec 19, 1942 and that I last saw him alive on Dec 19 1942

Immediate cause of death Carcinoma of Lungs — Duration 1 Year?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Cooper, MD

Address 407 Park Ave Date signed 12/24/42

VS 2

98905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

F 98905
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2229 Ramsay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2229 Ramsay St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ferdinand G. Kaiser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Esther A. Nee Shaffer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1897

8. AGE: Years	Months	Days	If less than one day
45	11	17	hr. min.

9. Birthplace Brest. Md
(Town, county, and state)
10. Usual Occupation Sheet Metal
11. Industry or business Worker

FATHER
12. Name Geo. J. Kaiser
13. Birthplace Md

MOTHER
14. Maiden Name Katherine M. Kaiser
15. Birthplace Md

16 (a) Informant Esther A. Kaiser
(b) Address 2229 Ramsay St

17 (a) Burial (b) Date thereof 12/22/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Smith
(b) Address 4101 Edmondson Ave

DEC 22 1942
(Date rec'd by registrar)

Huntington Williams Mort

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/19 1942, at 10-M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1940 to 12/19 1942 and that I last saw him alive on 12/19 1942

Immediate cause of death: Metastasis to lungs & liver

Due to: Carcinoma of rectum

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 4/1/42

Major findings of operation: Carcinoma of sigmoid with perirectal

of autopsy: metastasis

Duration
1 year

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
(f) Signature Egbert H. Mortimer Jr
Address 700 St Paul Date signed 12/21/42

F 98906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 98906 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland BALTIMORE CITY.
(b) Street address 706 WEST LAFAYETTE AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 79. YEAR

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE CITY. (If outside city or town limits, write RURAL and give town)
(d) Street No. 706 WEST LAFAYETTE AVE. (If rural give location)
(e) Citizen of foreign country? NO. (Yes or No) If yes, name country

3 (a) FULL NAME ROBERT KERR LEWIS.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
79	1	9	hr. min.

9. Birthplace Baltimore Md. (Town, county and state)
10. Usual Occupation Retired Editor
11. Industry or business City Tax Dept

FATHER 12. Name Samuel T. Lewis
FATHER 13. Birthplace Baltimore Md.
MOTHER 14. Maiden Name Sarah A. Callender
MOTHER 15. Birthplace Baltimore Md.

16 (a) Informant Mary E. Lewis
(b) Address 706 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23 1942 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md.

18 (a) Funeral director Putnam & Co.
(b) Address 2224 N. Charles St.

19 (a) [illegible] (b) Registrar Huntington Williams M.D.
DEC 24 1942

VS 2

MEDICAL CERTIFICATION 45

20. DATE OF DEATH DECEMBER 21 1942 at 11. A M

21. I certify that death occurred on the date above stated; that I attended deceased from DEC 17 1942 to DEC 21 1942. and that I last saw him alive on DEC 21 1942.

Immediate cause of death	Duration
CHRONIC MYOCARDITIS DEC 17	1942.
Due to ARTERIOR SCLEROSIS	1942.
Due to SENILITY	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation NONE
Major findings of operation
of autopsy NONE

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward A. Blantree M. D.
Address 3013 ST PAUL ST. Date signed dec. 21

98907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

✓ F 98907 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1718 Hanford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 Hanford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stanley Rufus George Foster

3 (b) If veteran, name war No
3 (c) Social Security Account No. 705-05-3463

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Annie E. Foster
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Jan. 26 1890

8. AGE: Years 52 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace Jan 26 1890 Balto Md (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business B & O R R

FATHER 12. Name ? Foster
13. Birthplace Dont know

MOTHER 14. Maiden Name Dont know
15. Birthplace Dont know

16 (a) Informant Mrs. Annie E. Foster (Wife)
(b) Address 1718 Hanford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Baltimore Md

18 (a) Funeral director P. Howard Evans
(b) Address 1 W. Preston St.

DEC 22 1942 (Date received by Registrar) (b) Wm Williams M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1942 at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1941 to Dec 20 1942 and that I last saw him alive on Dec 19 1942.

Immediate cause of death Coronary Sclerotic Heart Disease — Duration 1 yr 11 Mo.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sol Smith
Address 1223 E. North Ave Date signed 12/22/42 M.D.

VS 180

98908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 98908

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Jefferson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 Jefferson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elvira Oliver (Birth F-4/2376)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	C	Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9 1942

8. AGE: Years	Months	Days	If less than one day
	11	11	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name John Oliver

13. Birthplace New Castle Co. Del

14. Maiden Name Clarkesie Trusty

15. Birthplace Md

16 (a) Informant Clarkesie Oliver

(b) Address 1514 Jefferson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A.A. Co. Md

18 (a) Funeral director Belmont Francis H. Knight

(b) Address 721 Aisquith St

19 (a) DEC 22 1942 (Must be filed by registrar) Registrar

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1942 at 9 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1942 to Dec 20 1942 and that I last saw him alive on Dec 19 1942

Immediate cause of death

Acute Bronchopneumonia — Duration: Dec 18 1942

Due to Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. F. Allen

Address 121 Aisquith St Date signed 12-22-42

VS 3

98909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122B

Registered No. E 98909

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died Day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Charles.
(b) City or town Port Tobacco
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. ~~Lillie~~ Lillian Commodore Morgan

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife William Morgan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles C. Eichelberger
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Heake
15. Birthplace Maryland

16 (a) Informant admission record
(b) Address

17 (a) Burial (b) Date thereof 12/24/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Ignatius
Location Bel Alton

18 (a) Funeral director Hunt & Ryon
(b) Address Waldorf, Md. Huntingtown, Md.

DEC 22 1942
(Date Received by Registrar)

Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22 1942, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 1942, to 12-22 1942, and that I last saw h. alive on 12-22 1942.

Immediate cause of death	Duration
Cardio-Respiratory Failure	
Due to Toxemia	
Due to Intestinal Obstruction	24 hours.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 12-22-42
Major findings of operation: Intestinal obstruction - gangrenous bowel.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank H. Ridgely Jr. M. D.
Union Memorial Hospital
Baltimore, Md.
Date signed 12/22/42

98910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. F 98910

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 - Forrest St.
(c) Hospital or institution: Maryland Penitentiary Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 954 - Forrest St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** George W. Carter

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1878

8. AGE: Years 64 | Months 10 | Days 1 | If less than one day: hr. min.

9. Birthplace Poolesville, Mont. Co. Md. (Town, county, and state)

10. Usual Occupation Marble cutter

11. Industry or business

FATHER 12. Name Joseph Carter

13. Birthplace Virginia

MOTHER 14. Maiden Name Mary ?? Johnson

15. Birthplace Montgomery County, Md.

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-42 (month) (day) (year)

(c) Cemetery or crematory Lenegen

Location Wenfield, Carroll Co. Md.

18 (a) Funeral director C. M. Walz

Address Wenfield, Md.

DEC 22 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1942 at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1942, to Dec 20 1942, and that I last saw him alive on Dec 20 1942.

Immediate cause of death: Carcinoma of stomach — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Carter M. D.

Address 1125 - St. Paul St. Date signed 12-20-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 250

F 98911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 V

Registered No. F 98911

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mt Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1807 Monroe Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ada Wolfe

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
W —	None	Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired Nurse

11. Industry or business

FATHER
12. Name Frank A Wolfe
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Ella Greenbaugh
15. Birthplace Easton Md

16 (a) Informant Wm A Wolfe
(b) Address 3426 Old York Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/42 (month) (day) (year)
(c) Cemetery or crematory London Park Cem
Location Baltimore Md

18 (a) Funeral director Tillman Cook Inc
(b) Address 1219 St Paul St

19 (a) (Date received by local registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-21-1942 at 3 10 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Arteriosclerotic Cardio-vascular	
Due to Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Walker M.D.
Medical Examiner.
Date signed 12-22-42

98912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. E 98912

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Driveway and 31st St.,
(c) Hospital or institution:
U.S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 39 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 500 Franklin Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LUTHER BAZEMORE

3 (b) If veteran, name war SAW

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Minnie Chila

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1877

8. AGE: Years 64 | Months 11 | Days 28 | If less than one day hr. min.

9. Birthplace Lewiston, N. C.
(Town, county, and state)

10. Usual Occupation Brakeman

11. Industry or business B. & O.

FATHER
12. Name Jim K. Bazemore
13. Birthplace North Carolina

MOTHER
14. Maiden Name Milanda Cooper
15. Birthplace North Carolina

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn
Location Balto. Md.

18 (a) Funeral director Fallon Bros. Inc.
(b) Address 1219 E. Oral St.

19 (a) DEC 22 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21, 1942, at 11:45PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13, 1942, to Dec. 21, 1942, and that I last saw him alive on Dec. 21, 1942.

Immediate cause of death	Duration
Hemiplegia, right	Unk.
Hemorrhage, cerebral, left	Unk.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations None

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature US Marine Hospital
Baltimore, Maryland
Address Date signed 12/22/42

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98913

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 119a

F 98913 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 646 N. Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lionel Bradford Davenport (Birth F 64537)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M.
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single (Infant)
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 6, 1942
8. AGE: Years | Months | Days: 14 | If less than one day: hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Gennett Davenport
13. Birthplace Va

MOTHER
14. Maiden Name Victoria Lambert
15. Birthplace Va

16 (a) Informant Garnett Davenport
(b) Address 646 N. Franklin St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn, Cem
Location Baltimore, Md.
18 (a) Funeral director Wellington A. Jackson
(b) Address 916 Pennsylvania Ave
19 DEC 22 (Date filed by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-20 — 1942, at 6:50 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 12-18 — 1942, to 12-20 — 1942, and that I last saw him alive on 12-20 — 1942.
Immediate cause of death Diarrhoea
Due to
Due to
Other Conditions Pernicious vomiting (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature C. R. Campbell M. D.
Address Provident Hospital Date signed 12-20-42

VS 3

F 98914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16/a

Registered No. F 98914

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Marriottsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Brenda Hoit (Holt)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
—	—	8	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Elbert Holt
13. Birthplace Maryland

MOTHER
14. Maiden Name Thelma Willis
15. Birthplace Maryland

16 (a) Informant Elbert Holt
(b) Address Marriottsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. View Cem.
Location Howard Co., Md.

18 (a) Funeral director C. Harry Weer
(b) Address Laytonsville, Md.

19 (a) (Signature and address) (b) Date received 1942

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1942, at 12 05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20 1942 to 12-21 1942 and that I last saw her alive on 12-21 1942

Immediate cause of death — Duration

Pulmonary Atelectasis — Bilateral

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. E. Weeks M. D.
Address Univ. Hospital Date signed 12-21-42

Dec 22 1942 Huntington Williams, M.D.

VS-159

F 98915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 98915 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4010 8th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 m

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Brooklyn – Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4010 8th st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James R Anderson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 11 1942

8. AGE: Years	Months	Days	If less than one day
	4	10	____ hr. ____ min.

9. Birthplace Newport News Va (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Willard C Anderson
13. Birthplace NC

MOTHER
14. Maiden Name Mildred L Creasman
15. Birthplace NC

16 (a) Informant Mr Willard C Anderson
(b) Address 4010 8th st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/22/42 (month) (day) (year)
(c) Cemetery or crematory Green Hill
Location N. C.

18 (a) Funeral director William H Maresh
(b) Address 715 Light St Huntington Williamsport

19 (a) DEC 22 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1942, at 10:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1942, to Dec 21 1942, and that I last saw h im alive on Dec 21 1942.

Immediate cause of death bilateral broncho pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip W. Kuster M. D.
Address 3545 Howard Av. Date signed Dec 23 1942

VS 3

correct age is especially important. Physicians, please write plainly and use only standard abbreviations.

F 98916

BALTIMORE CITY HEALTH DEPARTMENT

DEC 22 1942

F 98916

Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 302 E. West St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James W. Edwards 78563

3 (b) If veteran, name war

3 (c) Social Security Account No. 282-09-8987

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Madge
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1900

8. AGE: Years	Months	Days	If less than one day
42	10	8	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Louis Edwards
13. Birthplace Va.

MOTHER
14. Maiden Name Lurande ?
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William J. Marsch
(b) Address 715 Light St

19 (a) DEC 22 (Date rec'd by registrar) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1942, at 1:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1942, to Dec. 19 1942, and that I last saw him alive on Dec. 19 1942.

Immediate cause of death	Duration
Tuberculous meningitis	
Due to Pulmonary tuberculosis	1 mo?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Harte M.D.
Address Balto City Hosp Date signed 12/22/42

VS 150

F 98917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 98917 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Give the information requested on all lines; if unknown, state so. Do not abbreviate. Be sure that the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Colonial Ave
(c) Hospital or institution Jewish Mem 75
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 4yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Colonial Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Katherine Brady Grimes

3 (b) If veteran, name war —
3 (c) Social Security Account No. no

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Harry A Grimes
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct-1860

8. AGE: Years: Abt 82 | Months: — | Days: — | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: none
11. Industry or business: —

FATHER
12. Name: Edw Bradley
13. Birthplace: Balto

MOTHER
14. Maiden Name: Katherine Bishop
15. Birthplace: Balto

16 (a) Informant: Mrs Marcus Brady (niece)
(b) Address: R Lamed Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-42 (month) (day) (year)
(c) Cemetery or crematory: Greenmount
Location: Baltimore

18 (a) Funeral director: Stewart & Co
(b) Address: 1600 Eutaw Pl

19 (a) DEC 22 1942 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 1942, at 3 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1942 to Dec. 22 1942 and that I last saw h[illegible] alive on Dec. 22 1942

Immediate cause of death: Arteriosclerosis C-V-D — Duration: 1

Due to: —

Due to: —

Other Conditions: Diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Clifton Rosberg M.D.
Address: St Agnes Hosp. Date signed 12/22/42

VS 8

F 98918 ✓ F 98918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3447 Kenyon Ave
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3447 Kenyon Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME William Howard Baker

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 717-07-6943

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Elsie G. Baker
6 (c) If alive, give age 54 years
7. Birth date of deceased (mo., day, yr.) Sept-23-1881
8. AGE: Years 61 | Months 2 | Days 29 | If less than one day ..... hr. ..... min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Store Attendant for
11. Industry or business Penna. R.R.

FATHER
12. Name Nelson Baker
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Ida Downey
15. Birthplace Balto. Md.

16 (a) Informant Mr. A. J. Fillmore Son-in-law
(b) Address 3447 Kenyon Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore
18 (a) Funeral director Stewart Memorial
(b) Address 1018 W. Monroe
19 (a) DEC 22 1942 (Date rec'd by registrar) (b) 1942 Registrar

MEDICAL CERTIFICATION

8

20. DATE OF DEATH 12-22- 1942, at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 15 1942, to December 22 1942, and that I last saw him alive on 12-21- 1942

Immediate cause of death: Coronary Thrombosis — Duration 2 days
Due to: Chronic Endo-carditis — Unknown
Due to: —
Other Conditions: —
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

Signature Chester Riland, M. D.
Address 532 Edmondson Ave. Date signed 12-22-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Fill in correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 98919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98919 Registered No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caleuh & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 56 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Timonium (If outside city or town limits, write RURAL and give town)
(d) Street No. Linden Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE WILHELM

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-0123

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mrs. Jacob Wilhelm

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-4-1894

8. AGE: Years 48 | Months 9 | Days 3 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, or state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Jacob Wilhelm
13. Birthplace Md.

MOTHER
14. Maiden Name Angelina Hall
15. Birthplace Md.

16 (a) Informant Mrs. Jacob Wilhelm
(b) Address Linden Rd., Timonium, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1942 (month) (day) (year)

(c) Cemetery or crematory Forrestor
Location Balto. Co., Md.

18 (a) Funeral director Sanders & Bunting
(b) Address Sparrows, Md.

19 (a) (Date received by registrar) (b) Registrar

DEC 24 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 1942 at 2:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 28 1942 to Dec. 22 1942 and that I last saw him alive on Dec. 22 1942

Immediate cause of death / Diffuse Exfoliative Dermatitis

Due to Infection from Staphylococcus infection

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation 11-19-42

Major findings of operation: Abscess in thigh & back, pelvis

of autopsy: Same

Duration: 73 days / 16 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry F. Offutt

Address Mercy Hosp. Date signed 12/22/42

98920 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 98920

CERTIFICATE OF DEATH 931

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 6209 Glst Avenue St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME MINNORA M. BOSTWICK — If U. S. Veteran specify WAR ...

(a) Residence: No. 6209 Glst Avenue St., Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Homer Bostwick

6. DATE OF BIRTH (month, day, year): Sept. 12, 1867.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Penna.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mr. Homer Bostwick
(Address): 6209 Glst Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place: DRUID RIDGE Date: Dec. 23, 1942

19. UNDERTAKER: LORING BYERS
(Address): 5005 Park Heights Avenue

20. DEC 23 1942 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 20, 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1942 to Dec 20 1942

I last saw her alive on Dec 20, 1942. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart (edema of lungs)	1 day
Other contributory causes of importance:	
Arteriosclerosis	3 yrs
Myocardial failure	5 yrs

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Frederick Lutz, M. D.

(Address) Temple Gordon Apts

VS 3

98921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (931)

F 98921 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1620 Jefferson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 Jefferson St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sallie Ann Powell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
55	1	—	hr. min.

9. Birthplace Macon, N. C. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name unknown
13. Birthplace N. C.

MOTHER
14. Maiden Name Sallie Ann Powell
15. Birthplace N. C.

16 (a) Informant Mrs Hattie Harmon
(b) Address 3967 Brandywine St, Phila Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Arbutus Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1621 Jefferson

19 (a) 12-22-1942 (Date received by registrar) (b) Huntingtor Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20, 1942, at 9 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-18-42 19 , to 12-20-42 19 and that I last saw h alive on 12-20-42 19

Immediate cause of death Myocardial Failure — Duration Suddenly
Due to
Due to — Duration over
Other Conditions Hypertension & Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mavin Adams M. D.
Address Date signed

98922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1340 Registered No. E 98922

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.,
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days): 3 days
(e) Length of stay in Baltimore (yrs., mos., or days): Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 720 N. Mount Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country:

3 (a) FULL NAME: JOHN ARTHUR CARTER

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Beatrice Ward

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 25, 1892

8. AGE: Years: 49 | Months: 11 | Days: 24 | If less than one day: hr. min.

9. Birthplace: Lifetime (Town, county, and state)

10. Usual Occupation: LABORER

11. Industry or business:

FATHER
12. Name: Arthur Carter
13. Birthplace: Chestertown, Maryland

MOTHER
14. Maiden Name: Agnes Davis
15. Birthplace: Annapolis, Maryland

16 (a) Informant: Records-us Marine Hospital
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-42 (month) (day) (year)
(c) Cemetery or crematory: Balto National
Location: Balto City

18 (a) Funeral director: Isaiah L. Brown & Son
(b) Address: 108 W Montgomery St.

19 (a) H. A. F. Williams M.D. Registrar

DEC 23 1942

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 19, 1942, at 1:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16, 1942 to Dec. 19 1942, and that I last saw him alive on Dec. 19, 1942.

Immediate cause of death: Bronchopneumonia, rt. lower lobe; Nephrolithiasis and cystolithiasis

Due to: Pyelonephritis, bilateral with rupture rt. kidney and abscess involving liver, diaphragm, rt.

Other Conditions:

Duration: Term. Unknown

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: None

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: J. C. Carter, M. D.

Address: US Marine Hospital, Baltimore, Maryland. Date signed: 12/21/42

98923 E 98923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1220

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 602 Edgevale Road St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Nancy Hill Robins 27-13 If U. S. Veteran specify WAR

(a) Residence: No. 602 Edgevale Road St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Harrison Robins

6. DATE OF BIRTH (month, day, year): April 8, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: Dr. Noah Hill

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Mary Dilley

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT: Mr. Harrison Robins

(Address): 2312 Sulgrave Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Cem. Date: 12/23/42 19

19. UNDERTAKER: John C. Mitchell & Sons, Inc.

(Address): 1900 Eutaw Place

DEC 23 1942 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 27, 1942

I HEREBY CERTIFY, That I attended deceased from About 20 years to Dec 27, 1942

I last saw her alive on Dec 20, 1942. Death is said to have occurred on the date stated above, at Town

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
a. Myocardial insufficiency	
Hypertension, Arteriosclerosis	
Chronic arthritis	15-20 yrs
Other contributory causes of importance: Partial Intestinal obstruction -	2 wks.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Carroll Packard M. D.

(Address) 2925 N. Charles St.

V. S. 9 OCCUPATION is very important. See instructions for date of retirement.

98924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

F 98924 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) V

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2109 Eagle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman Bloom.

3 (b) If veteran, name war: L
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Hetta
6 (c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): 1894

8. AGE: Years 48 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: Re Shoe
11. Industry or business: Maker

FATHER
12. Name: Unknown
13. Birthplace: R.

MOTHER
14. Maiden Name: Unknown
15. Birthplace: R.

16 (a) Informant: Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-42 (month) (day) (year)
(c) Cemetery or crematory: Bnai Abraham
Location: Herring Run

18 (a) Funeral director: Jack Levin Jr.
(b) Address: 1434 E. Baltimore St.

19 (a) Date received by local registrar DEC 23 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/22 1942; at 1.55 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came natural to death on the day stated above.

Immediate cause of death: Coronary Thrombosis — Duration

Due to

Due to

Other Conditions: Diabetes Mellitus, Tuberculosis Pul.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Hugh B. McNulty M.D. Medical Examiner.
Date signed 12/22/42.

VS 6

98925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44 B

F 98925

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Fairmont ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2113 E. Fairmont ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Friedman

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Married

6 (b) Name of husband or wife Julius
6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) 1915

8. AGE: Years	Months	Days	If less than one day
27			hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Wife

FATHER
12. Name Samuel Tabachnick
13. Birthplace Russia

MOTHER
14. Maiden Name Dora Rubin
15. Birthplace Russia

16 (a) Informant Samuel Tabachnick
(b) Address 122 N. Wolf st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-42 (month) (day) (year)
(c) Cemetery Shomrai Emeth Location Rogedale

18 (a) Funeral director Jack Louis Lee
(b) Address 1439 E. Baltimore st

19 (a) Date received by local registrar 12-23-1942 (b) Signature of local registrar William Bergmann

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22 1942 at 12 noon P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1942, to Dec 22 1942, and that I last saw h alive on Dec 22 1942.

Immediate cause of death	Duration
Bronchopneumonia	1 week
Due to Cachexia	6 mo
Due to Hodgkins Disease	6 mo
Other Conditions Uremia - Jaundice	

(Include pregnancy within 3 months of death)
Date of operation November 8, 1942
Major findings of operation: large retroperitoneal glandular
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur Katz M. D.
Address Sinai Hospital Date signed 12-23-42

correct age is especially important. Physicians, please write plainly. Use ink.

98926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98926
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 503 Robert St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 Robert St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Hest

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1867

8. AGE: Years	Months	Days	If less than one day
75	4	21	hr. min.

9. Birthplace Fredericksburg Va (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Louis Dorsey
13. Birthplace Va.

MOTHER
14. Maiden Name Lucy Beam
15. Birthplace Va.

16 (a) Informant Harrison Hest
(b) Address 503 Robert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md.

18 (a) Funeral director Mrs. Frances A. Himaley
(b) Address 578 W. Biddle St.

19 (a) Filed rec'd DEC 23 1942 Registrar Huntington Hillsdale, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21. 1942, at 9:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 19 to Dec. 21, 1942, and that I last saw her alive on Dec. 18, 1942.

Immediate cause of death Coronary thrombosis — Duration 2 days

Due to Senile Cirrhosis Kidneys

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Tom Eleazer M. D.
Address 924 Madison Ave Date signed 12/23/42

correct age is apparently

98927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 98927

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 2 Liver & Caroline Sts.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 62 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore County (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 E. 45th Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME: Harry Adams (Harry Clinton Adams)

3 (b) If veteran, name war: none

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ruby Adams

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 1880

8. AGE: Years: 62 | Months: | Days: | If less than one day: ____ hr. ____ min.

9. Birthplace: Balto., Md. (Town, county, and state)

10. Usual Occupation: Clerk

11. Industry or business: B. & O. R. R.

FATHER
12. Name: Edmund Adams
13. Birthplace:

MOTHER
14. Maiden Name: --
15. Birthplace:

16 (a) Informant: Mr. Melvin R. Fisher
(b) Address: 152 N. Lakewood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)
(c) Cemetery or crematory: Moreland Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

DEC 23 1942 (Date received by Registrar) (b) Hamilton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22, 1942 at 6:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14 1942 to Dec. 22 1942, and that I last saw him alive on Dec. 21st 1942,

Immediate cause of death: Cardiac failure — Duration: ____

Due to: arterio-sclerotic heart disease — Duration: ____

Due to: Glomerulo-Nephritis — Duration: chronic

Other Conditions: Tuberculosis — Duration: ____

(Include pregnancy within 3 months of death)

Date of operation: ____

Major findings of operation: ____

of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: ____
(b) Date of occurrence: ____ at ____ M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury: ____

23. Signature: Earl A. Dellinger M. D.
Address: St. Joseph's Hosp. Date signed: Dec 22, 1942
Baltimore, Md.

VS 3

PLEASE WRITE correct age is especially important. Physicians: please write and underline carefully; accuracy

98928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98928

Registered No. 9470

PLEASE WRITE CLEARLY. Physicians: please write the cause of death correctly and fully. Underline the correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison & Linden

(c) Hospital or institution: Maryland General Hospital yes

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 dys

(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3504 Marmon Ave.

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Marbury L. Von Briesen (Marbury Lyle von Briesen)

3 (b) If veteran, name war: world

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Alvina E. Von Briesen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 10, 1894

8. AGE: Years	Months	Days	If less than one day
48	0	12	hr. min.

9. Birthplace: Balto. (Town, county, and state)

10. Usual Occupation: Ass't. Sales Mgr.

11. Industry or business: Real Estate Brokerage Co.

FATHER

12. Name: Robert von Briesen

13. Birthplace: Balto.

MOTHER

14. Maiden Name: Roberta Campbell

15. Birthplace: Balto

16 (a) Informant: Mrs. Alvina E. von Briesen

(b) Address: 3504 Marmon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/42 (month) (day) (year)

(c) Cemetery or crematory: Woodlawn Cem.

Location: Woodlawn, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS

(b) Address: Balto., Md.

19 (a) DEC 23 1942 (b) [illegible] Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22 1942, at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/4 1942, to 12/22 1942, and that I last saw him alive on 12/22 1942.

Immediate cause of death	Duration
Pulmonary Embolism	
Due to Coronary Thrombosis	18 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: Jay M. Zimmerman M. D.

Address: Md. Gen. Hosp. Date signed 12/22/42

98929 F 98929

BALTIMORE CITY HEALTH DEPARTMENT

mgm 78066 **CERTIFICATE OF DEATH** 55E Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 Patapsco Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** NIKIPOR [illegible] Buchta

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-09-0123

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	[redacted] WIDOWED

6 (b) Name of husband or wife W

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1873

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Poland - Russian Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Ihnatiy Buchta
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1930 Eastern Ave

19 DEC 22 1942 (b) Huntingtn Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-21-42 19 , at 8 00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15 19 42, to 12-21 19 42, and that I last saw him alive on 12-21 19 42.

Immediate cause of death Generalized carcinomatosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: No

Duration
7

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. A. Cross M.D.
Address Balt City Hosp Date signed 12-24-42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Statements of date, correct age is especially important.

98930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98930 Registered No. 8302

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2877 Woodbrook Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY C. WEAVER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Emma C. Weaver
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 16, 1865

8. AGE: Years	Months	Days	If less than one day
77	9	6	hr. min.

9. Birthplace Washington, D. C.
(Town, county, and state)
10. Usual Occupation
11. Industry or business Penn. R. R.

FATHER
12. Name James H. Weaver
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Hergesheimer
15. Birthplace Balto., Md.

16 (a) Informant Mr. S. M. Weaver, brother
(b) Address 2877 Woodbrook Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

DEC 23 1942 (Registrar) Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22, 1942 at 8:46 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1942 to Dec 22 1942, and that I last saw h alive on Dec 22 1942.

Immediate cause of death	Duration
cerebral hemmorhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. H. Patterson M. D.
Address 2324 Reisterstown Rd Date signed 12/23/42

Please write clearly and legibly. Physicians: please write the causes of death clearly and legibly. Information is especially important. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 98931

F 98931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

$30 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be accurately supplied and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 365 S. Cornwall St.;
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 365 S Cornwall St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wincentina Borsukiewicz

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Theodore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
85			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home

FATHER
12. Name John Hubinski
13. Birthplace Poland

MOTHER
14. Maiden Name Katherine Olszewski
15. Birthplace Poland

16 (a) Informant Mrs. L Kasiura
(b) Address 365 S. Cornwall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave.

DEC 23 1942 (Date rec'd by registrar) Hunting to Philadelphia, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1942, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1942 to Dec 20 1942 and that I last saw h e alive on Dec 20 1942

Immediate cause of death: Cerebral Hemorrhage — Duration: acute
Due to Cerebral Arterio Sclerosis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos J Geraghty M. D.
Address 1000 E Baltimore Date signed 12-24-42

F 98932

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98932
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if known or applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 580 St. Mary Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Carr

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	—

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
1	9		hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Carr
13. Birthplace North Carolina

MOTHER
14. Maiden Name Emma Young
15. Birthplace Balto. Md.

16 (a) Informant James Carr
(b) Address 580 St. Marys St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Mrs. Frances Hemsley
(b) Address 578 W. Biddle St. Balto. Md.

19 (d) DEC 23 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22- 1942, at 9:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Pneumonia
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 12-22-42

VS 6

F 98933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 C Registered No.

F 98933

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 Hours.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 hours.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3957 Greenmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

97 1

3 (a) FULL NAME Baby Girl Himmelheber. (Birth F. 65220)

3 (b) If veteran, name war — | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	White	New born

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 21/42.

8. AGE: Years	Months	Days	If less than one day
			hr. 32 min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation New born
11. Industry or business

FATHER
12. Name John W. Himmelheber.
13. Birthplace Annapolis Md.

MOTHER
14. Maiden Name Mary A. Coffin.
15. Birthplace Baltimore Md.

16 (a) Informant John Himmelheber
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Mary M. Wyckoff
(b) Address 1701 E. Fayette St.

19 (a) (Date received by Registrar) (b) Signature of Registrar

DEC 28 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/21 1942, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/21 1942 to 12/21 1942 and that I last saw her alive on 12/21 1942

Immediate cause of death	Duration
Prematurity.	
Due to Marginal Placenta Praevia.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy: No Pathology found

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maria L. Ratajczak M. D.
Address Sinai Hospital Date signed 12/22/42

F 98934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98934 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Data should be carefully verified, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 304 E. 32nd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or county limits, write RURAL and give town)
(d) Street No. 2809 Mathews St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EUGENE SHETLA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Francis P Shetla
13. Birthplace Switzerland

MOTHER
14. Maiden Name Barbra Lochfeler
15. Birthplace Baltimore

16 (a) Informant Mrs E Shetla
(b) Address 2809 Mathews St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Mary M Wredfeld
(b) Address 501 E 22nd St

19 (a) (Date received by Local Registrar) DEC 23 1942 (b) [illegible]

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1942 at 9:15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Wallenmeyer M.D. Medical Examiner.
Date signed 12-24-42

F 98935

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 98935 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cambridge Arms Apartments
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) About 55 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ---------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Charles - 31st & 32nd Sts. (If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Myra M. McCusker

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Emmett P. McCusker
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) --------- 1877

8. AGE: Years	Months	Days	If less than one day
About 65	---	---	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Emory Mitchell
13. Birthplace Not obtainable

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Mrs. R. Fuller Wright
(b) Address 2501 Harlem Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Co., Md.

18 (a) Funeral director H. W. Spears & Son
(b) Address 805 N. Calvert Street

19 (a) DEC 23 1942 (Date received by Registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22- 1942 at 11:45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy and Inquiry and that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Chronic Myocardial Degeneration	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 12-22-42

VS 6

F 98936

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 98936 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 917 N. Caroline (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillian Henry

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-15-17

8. AGE: Years	Months	Days	If less than one day
25	9	5	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Clarence Henry
13. Birthplace Md

MOTHER
14. Maiden Name Grace Perry
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) Dec 24 (day) 1942 (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Balto Co, Md

18 (a) Funeral director Robert F. Williams
(b) Address 1515 Mt Elderry Rd

19 (a) [illegible] (b) [illegible]

DEC 30 1942 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1942, at 3:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1942 to Dec 20 1942 and that I last saw her alive on Dec 20 1942.

Immediate cause of death	Duration
Pulmonary edema	
Due to Lobar pneumonia right lung, due to pneumococcus type 4	10 days
Due to	
Other Conditions Jaundice	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Pneumonia - rt. lung - all lobes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hospital Date signed 12/24/42 M D

8

98937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 98937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked and correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Savage St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Heberling (Birth F 65735)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fe | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore Md. (town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Clair Edward Heberling
13. Birthplace Clearfield, Penna.

MOTHER 14. Maiden Name Eleanor Hicks
15. Birthplace Philipsburg, Penna.

16 (a) Informant Mrs. Eleanor Heberling
(b) Address 608 Savage St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 24 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) DEC 22 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 1942, at 1 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 42 to Dec 19 19 42 and that I last saw her alive on Dec 19 19 42

Immediate cause of death: Pulmonary Atelectasis — Duration 1 day

Due to Prematurity 32 weeks

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George H. Evans M.D.
Address Baltimore Md. Date signed 12/22/42

VS 8

9674

98938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 98938

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green + Redwood
(c) Hospital or institution: Univ. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 845 W. Lexington
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Harrison (Birth F 62932)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	BLACK	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-23-41

8. AGE: Years	Months	Days	If less than one day
	3 weeks		hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Harrison
13. Birthplace Md

MOTHER
14. Maiden Name Zenovia Williams
15. Birthplace Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 22 1942
Commissioner of Health

18 (a) Funeral director
(b) Address DEC 22 1942

19 (a) (Date rec'd by registrar) (b) Washington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17, 1942, at 5:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16, 1942 to Dec. 17, 1942 and that I last saw h alive on Dec. 17, 1942.

Immediate cause of death Bronchopneumonia — Duration Weeks

Due to Coma

Due to Atelectasis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. E. Weeks, M. D.
Address Univ. Hosp Date signed 12/24/42

VS 150

9673

F 98939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 159

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hours.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 hours.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town 660 W Fairmount
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Edna Bertice Waters (Birth F-65325)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Bl

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day 6 hrs min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER 12. Name Norman DeMar

13. Birthplace Balto. Washington

MOTHER 14. Maiden Name Shirley Waters

15. Birthplace Balto.

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL DEC 22 1942.

18 (a) Funeral director Commissioner of Health

(b) Address

19 (Date rec'd by registrar) DEC 22 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/19 1942 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/19 19 to 12/19 19 and that I last saw her alive on 12/19 19 to

Immediate cause of death Prematurity — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A Harwood M.D.

Address University Hosp Date signed 12/22/42

VS 150

9672

98940 26815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 98940
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A.A. Co.
(c) City or town Millersville (If outside city or town limits, write RURAL and give town) 5
(d) Street No. 1st Stevens Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Ridgeley
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-12-42

8. AGE: Years	Months	Days	If less than one day
		1 wk	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Ridgeley
13. Birthplace Md.

MOTHER
14. Maiden Name Alice Queen
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS HOSPITAL Special DEC 22 1942
18 (a) Funeral director Commissioner of Health
(b) Address
19 (a) DEC 22 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1942 at 8:39 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1942 to Dec 19 1942 and that I last saw him alive on Dec 19 1942.

Immediate cause of death	Duration
Respiratory failure	30 Min
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Stolman, M.D.
Address J. Hopkins Hosp. Date signed Dec 19 1942

VS 150

9671

F 98941

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98941 Registered No. 1860

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 623 York Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN VERNON ORNDORFF

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Eleanor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 29, 1912

8. AGE: Years	Months	Days	If less than one day
30		23	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Maintenance Man
11. Industry or business Bank & Parker

FATHER 12. Name John W. Orndorff
13. Birthplace Md.

MOTHER 14. Maiden Name Eva Feyerabend
15. Birthplace Md.

16 (a) Informant Mrs J. V. Orndorff
(b) Address 623 York Rd.

17 (a) Burial (b) Date thereof 12-24-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Towson

18 (a) Funeral director Leonard J. Ruppert
(b) Address 5305 Harford Rd.

19 (Date received) DEC 23 1942 Thurlington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1942, at 6 P.M. S.T.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Peritonitis, acute suppurative	
Due to Laceration of bladder	
Due to Fracture of pelvis	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation 12-19-42
Major findings of operation as above
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 16, 1942 at 6 a M
(c) Where did injury occur? above address Towson Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? No
(Specify type of place)
(e) Means of injury fell out of window

23. Signature N. L. Wollenmann M.D.
Asst Medical Examiner.
Date signed 12-23-42

VS 6

F 98942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 98942

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 Woodbourne ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 618 Woodbourne ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie E. Motz.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Walter A Motz

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Jan 1 - 1877

8. AGE: Years 65 Months 11 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at Home

FATHER
12. Name John H Russell
13. Birthplace Pa

MOTHER
14. Maiden Name Mary Hamlin
15. Birthplace Pa.

16 (a) Informant Mr Walter J Motz
(b) Address 618 Woodbourne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-42 (month) (day) (year)
(c) Cemetery or crematory
Location Waynesboro Pa.

18 (a) Funeral director Geo. T. Beyer Jr
(b) Address 1512 Rolling St

19 DEC 23 1942 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1942 at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1942 to Dec 22 1942, and that I last saw h[illegible] alive on Dec 22 1942.

Immediate cause of death Bronchial Pneumonia — Duration 5 Days

Due to Senescence —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Jno Conrad Bode M. D.
Address 1900 Maryland Ave Date signed Dec 23/42

VS 150

Correct age is especially important. Physicians: please write the cause of death plainly and legibly.

F 98943

426850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

F 98943
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2602 E. Preston St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Heard

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Albert J. Heard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-16-60

8. AGE: Years	Months	Days	If less than one day
82	10	5	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Gerald Carew
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridgett Keating
15. Birthplace Ireland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director Frank E Krack Son
(b) Address 900 N. Chester t

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams M.D.

DEC 23 1942

MEDICAL CERTIFICATION

20

20. DATE OF DEATH December 21 1942 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 18 1942 to Dec. 21 1942 and that I last saw her alive on Dec. 21 1942

Immediate cause of death Pulmonary Edema. — Duration 1 day

Due to Arteriosclerotic Heart disease

Due to

Other Conditions Senility, Chronic cystitis, Fractures right humerus, fracture

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Pulmonary edema, arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard C. C. Thomas M.D.
Address Johns Hopkins Hosp Date signed 12/23/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1160C

F 98914 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 217 E Cross St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 217 E Cross St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Ridenour (Ruth F 64951)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 22 - 42

8. AGE: Years — Months — Days — If less than one day 2½ hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER
12. Name Edward Ridenour
13. Birthplace Md

MOTHER
14. Maiden Name Cliffadena Davis
15. Birthplace Md

16 (a) Informant Mr Edward Ridenour
(b) Address 217 E Cross St

17 (a) Burial (b) Date thereof 12 - 23 - 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) DEC 23 1942 (b) Huntington Williams, M.D. Registrar
(Registered by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1942 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/22 1942 to 12/22 1942 and that I last saw him alive on 12/22 1942

Immediate cause of death: Premature birth — Duration 8 hrs.

Due to Partial placenta praevia — Duration 8 hrs.

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1119 Linden Ave Date signed 12/23/42

VS 8

F 98915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98945 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1505 Sycamore Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Odna L Tarr

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Married

6 (b) Name of husband or wife Thomas H
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19 1900

8. AGE: Years	Months	Days	If less than one day
42	3	3	hr. min.

9. Birthplace Cambridge Md (Town, county, and state)
10. Usual Occupation Homemaker at home
11. Industry or business

FATHER
12. Name David Price
13. Birthplace Md

MOTHER
14. Maiden Name Emma Mc Gee
15. Birthplace Md

16 (a) Informant Mr Thomas H Tarr
(b) Address 1505 Sycamore Ave (Curtis Bay)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location 2930 Frederick Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Lyell St Washington Williams, M.

19 (a) (Signature of local registrar) (b) DEC 30 1942 Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22 1942 at 8:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-7 1942 to 12-22 1942 and that I last saw her alive on 12-22 1942

Immediate cause of death Broncho-pneumonia — Duration
Due to T. B.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 12/15/42
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Paul A. McGuigan M. D.
Address 213 Light Street Date signed 12-28-42

correct age if especially important. Physicians: please write plainly, using ink. Do not abbreviate. Answer every question.

F 98946

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98946 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford.
(c) City or town White Hall. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME David J. Kinhart.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mrs. David J. Kinhart

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-27-1871

8. AGE: Years 70 | Months 11 | Days 27 | If less than one day hr. min.

9. Birthplace Madonna, Md. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name Andrew Kinhart
13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Katherine Howe.
15. Birthplace Maryland.

16 (a) Informant Walter Kinhart
(b) Address Jarrettsville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26 (month) (day) (year)
(c) Cemetery or crematory Babel
Location Madonna Md.

18 (a) Funeral director Martin G. Rusk
(b) Address Jarrettsville Md.

19 (a) (Date received by registrar) (b) Registrar

DEC 26 1942

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec, 23 1942, at 6 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-16 1942, to 12-23 1942, and that I last saw him alive on 12-23 1942.

Immediate cause of death Cardio-respiratory failure — Duration

Due to Coronary thrombosis

Due to Empyema necessitans mellitus

Other Conditions Diabetes & hypoglycemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No.
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathaniel Sofian M. D.
Address Union Mem. Hospital Date signed 12-23-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98947 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4403 Bedford Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4403 Bedford Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BLANCHE B. BARNES

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F

5. Color or race Col.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1887

8. AGE: Years 55 | Months 8 | Days 15 | If less than one day hr. min.

9. Birthplace Chambersburg, Pa. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Owen Sieg
(b) Address 4403 Bedford Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Balto. Co. Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) (Date received) DEC 23 1942 Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1942 at 11 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation No
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 12-24-42

F 98948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

F 98948 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2555 Hollins St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Lambert

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaretta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 16, 1886

8. AGE: Years	Months	Days	If less than one day
56	10	6	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation carpenter
11. Industry or business

FATHER 12. Name Frank Lambert
13. Birthplace Md.

MOTHER 14. Maiden Name Emma Neal
15. Birthplace Md

16 (a) Informant Mrs. Arthur Lambert
(b) Address 2555 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Watts
Address 4101 Edmondson Ave

19 (a) DEC 23 (Date received by Registrar) (b) for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22 1942 at 9:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-27 1942 to 12-22 1942, and that I last saw h alive on 12-22 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension	
Due to Aneurysm?	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Etta C. Linke M. D.
Address Univ Hosp Date signed 12-22-42

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

98949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130

F 98949 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Savage
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME James M. Butler Nathaniel

3 (b) If veteran, name war: —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife: none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1893

8. AGE: Years	Months	Days	If less than one day
49	4	14	hr. min.

9. Birthplace New York City (Town, county, and state)
10. Usual Occupation Horseman
11. Industry or business

FATHER
12. Name Benjamin Butler
13. Birthplace New York City

MOTHER
14. Maiden Name Sarah Nathaniel
15. Birthplace New York City

16 (a) Informant Jas. Bedwell
(b) Address Savage, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-42 (month) (day) (year)
(c) Cemetery or crematory Evergreen Cem.
Location Brooklyn, N. Y.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) DEC 23 1942 (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 1942, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-18 1942 to 12-22 1942 and that I last saw him alive on 12-22 1942

Immediate cause of death	Duration
pulmonary edema	12 hrs
Due to uremic coma	2 days
Due to acute nephritis	8 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James E. Carr M. D.
Address 512 Market St Date signed 12-22-42

VS 3

98950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

F 98950 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 Pennsylvania Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM ATKINSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 056-16-7303

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-30-1900

8. AGE: Years	Months	Days	If less than one day
41	5	17	18 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name James Atkinson
13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Venies Locato
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Venies Harris
(b) Address 514 Sanford Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Charles S. Cooper
(b) Address 514 N. Calhoun St.

19 DEC 23 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 18 1942 at 4 35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractures both cervical vertebra	
Due to Bullet wound of neck	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: no
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Dec 18, 1942 at 12 1/2 M
(c) Where did injury occur? Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Revolver - argument

23. Signature H. L. Wollenmuller M.D.
Medical Examiner.

Date signed 12-19-1942

VS 6

98951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98951 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1813 Presstman St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Marshall

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	married

6 (b) Name of husband or wife Elizabeth Marshall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6.7.01

8. AGE: Years	Months	Days	If less than one day
41	6	13	hr. min.

9. Birthplace Baton Rouge, La (Town, county, and state)
10. Usual Occupation Presser
11. Industry or business

FATHER 12. Name ?
13. Birthplace

MOTHER 14. Maiden Name Lucy Hubbard
15. Birthplace La

16 (a) Informant Elizabeth Marshall
(b) Address 1813 Presstman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-42 (month) (day) (year)
(c) Cemetery or crematory Arlington Memorial Park Arlington
Location

18 (a) Funeral director Payner Sanders
(b) Address 1412 E. Preston St

19 DEC 23 1942 (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1942 at 6 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12. 11. 1942 to 12. 20. 1942 and that I last saw him alive on 12. 20 - 1942.

Immediate cause of death exsanguination

Due to bleeding peptic ulcer

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
10 days

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James D. Carr M. D.
Address 515 Marbel St Date signed 12-24-42

98952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1240

F 98952 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1929 E. Fairmount
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Eva Mary Price

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Owen Price
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1915

8. AGE: Years	Months	Days	If less than one day
27	8 9	24	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Charles Berrick
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Rebecca McKuntosh
15. Birthplace Baltimore Md.

16 (a) Informant Owen Price
(b) Address 1929 Fairmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24, 42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director M. W. F. Apple's Sons
Address Lombard & Aisquith Sts.

19 (a) DEC 23 1942 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22 1942 at 12:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1942 to Dec 22 1942 and that I last saw h e alive on Dec 22 1942.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to —	
Due to —	
Other Conditions Arthritis, vitamin deficiency - ascites	22?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Arthur Katz M. D.
Address Sinai Hospital Date signed 12-22-42

VS 8

98953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V48a

Registered No. E 98953

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1238 Harget Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1238 Harget Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katherine L Berry

3 (b) If veteran, name war No
3 (c) Social Security Account No. N A F

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Henry B
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12 1877

8. AGE: Years 65 | Months 3 | Days 10 | If less than one day hr. min.

9. Birthplace Charles Co Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Robert Pearson
13. Birthplace Charles Co Md

MOTHER 14. Maiden Name Sheaks
15. Birthplace Md

16 (a) Informant Harold G Berry
(b) Address 1238 Harget Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/42 (month) (day) (year)
(c) Cemetery or crematory Druid Church
Location Walbrook Md

18 (a) Funeral director Wilhelm & Lee
(b) Address 1217 E Fayette St

DEC 23 1942 (Date rec'd by Registrar) (by) Clayton Williamson (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1942 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1942 to Dec 22 1942, and that I last saw her alive on Dec 21, 1942.

Immediate cause of death Carcinoma of Bronchus — Duration 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel B Wolfe
Address 1331 E North Ave Date signed 12-21-42 M. D.

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98954 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2718 E. Madison Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2718 E. Madison Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Raul

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Katherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9-1891

8. AGE: Years	Months	Days	If less than one day
51 yrs	7	11	hr. min.

9. Birthplace Czechoslovakia
(Town, county, and state)
10. Usual Occupation Shoemaker
11. Industry or business own business

FATHER
12. Name Joseph Raul
13. Birthplace Czech.

MOTHER
14. Maiden Name Unknown
15. Birthplace Czech.

16 (a) Informant Katherine Raul (Wife)
(b) Address 2718 E. Madison Street

17 (a) Burial (b) Date thereof 12/24/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cemetery
Location Philadelphia Road

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

DEC 23 1942
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20th 1942, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1942 to Dec 20 1942, and that I last saw h alive on 19

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J. Ryan M. D.
Address 801 N. Fremont Ave. Date signed Dec 23 1942

Howard J. Madden, M.D.

98955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

F 98955 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals 14

(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 da

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1623 McCulloh St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Onie Williams 78009

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1918

8. AGE: Years	Months	Days	If less than one day
24	3	12	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Benjamin Williams

FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Onie Murray

MOTHER 15. Birthplace ?

16 (a) Informant Hospital records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N Schroeder St

DEC 23 1942 (b) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 1942, at 9:05P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 16 1942 to Dec. 19 1942, and that I last saw him alive on Dec. 19 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	2 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature AS Hartz

Address Balto City Hosp Date signed 12/24/42

VS 150

98956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946 B

F 98956 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 622 N. Sterling St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 622 N. Sterling St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Young

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Widower

6 (b) Name of husband or wife Isabelle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 28-1890

8. AGE: Years	Months	Days	If less than one day
52		24	hr. min.

9. Birthplace Accomac Co - Va
(Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER 12. Name Henry White
13. Birthplace Accomac Co. Va.

MOTHER 14. Maiden Name Lucia Young
15. Birthplace

16 (a) Informant Ida Mae Ennis
(b) Address 622 N. Sterling St

17 (a) Burial (b) Date thereof 12-23-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Bustyn - Va
Location Accomac Co - Va

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) [illegible] (b) Katie R. Williams
(Date received by registrar) (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1942 at 11:36 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1942 to Dec 22 1942 and that I last saw h alive on Dec 22 1942.

Immediate cause of death Old Cardiac Stomach

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature [illegible]
Address [illegible] Date signed 12/23/42
M. D.

98957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 98957

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1419 William St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1419 William St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE E. EBLE

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mary M. Broseker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1863

8. AGE: Years	Months	Days	If less than one day
79	2	16	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Cabinet Maker
11. Industry or business

FATHER
12. Name Conrad Eble
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Meir
15. Birthplace Germany

16 (a) Informant Family
(b) Address 1419 William St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-37 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Avenue

18 (a) Funeral director I. & F. McCully
(b) Address 130 E. Fort Ave.

19 (a) Filed DEC 23 1937 (Registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1937, at 2:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1937, to Dec 22 1937, and that I last saw h. alive on Dec 20 1937.

	Duration
Immediate cause of death Chronic Myocarditis	6 mos
Due to arteriosclerosis.	1 year
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operations:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Egbert L. Mortimer M.D.
Address 2706 St Paul St Date signed M. D. 12/23.

F 98958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 W

F 98958 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 205 Amity St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 Amity (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Cl	married

6 (b) Name of husband or wife Charles Johnson

6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Mila Summers
13. Birthplace Va

MOTHER
14. Maiden Name Rachel Summers
15. Birthplace Va

16 (a) Informant Charles Johnson
(b) Address 205 Amity St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23rd 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Edwin O Weber
(b) Address 1000 Brantley Ave

19 (a) [illegible] (b) Williamsport Md Registrar

C 23 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1942, at 5:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1942, to Dec 19 1942, and that I last saw h[illegible] alive on Dec 19 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days

Due to Hypertension Cardio-vascular Renal

Due to Anemia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.

Address 805 N Fremont Date signed Dec 22

F 98959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

F 98959 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 5-6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 Haxsley Place
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS FRANCIS O'BOYLE

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Delia Dupree
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 28, 1891

8. AGE: Years	Months	Days	If less than one day
51	3	23	hr. min.

9. Birthplace Boston, Mass.
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Robert O'Boyle
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Lillian Nichols
15. Birthplace Pennsylvania

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof Dec 24, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Bells National
Location Frederick Road

18 (a) Funeral director G. Lee Ader
(b) Address 4644 York Road

19 (a) DEC 23 1942 (b) Washington Williams
(Date received by local registrar) (Signature of local registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21. 19 42 at 9:30p M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 21, 19 42 to Dec. 21, 19 42 and that I last saw him alive on Dec. 21, 19 42

Immediate cause of death	Duration
Pulmonary tuberculosis, chronic, ulcerative, bilateral;	Unk.
Due to Pleural effusion, bilateral	"
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital Baltimore, Maryland Date signed 12/23/42

F 98960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98960

Registered No. 1108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County Baltimore
(c) City or town Edgemere, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. Maseth Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM WALLACE MARRIOTT

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 217 07 9909

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Genevieve Doerflier

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1888

8. AGE: Years 54 | Months 4 | Days 0 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland,
(Town, county, and state)

10. Usual Occupation CRANE OPERATOR

11. Industry or business MARYLAND DRYDOCK

FATHER
12. Name THOMAS MARRIOTT
13. Birthplace

MOTHER
14. Maiden Name HELEN KEYS
15. Birthplace BALTIMORE, MARYLAND.

16 (a) Informant RECORDS-US MARINE HOSPITAL
(b) Address BALTIMORE, MARYLAND

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24, 1942 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Eastern ave

18 (a) Funeral director G. Lee Adair
(b) Address 4644 york Road.

DEC 23 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22, 1942, at 2:30a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19, 1942, to Dec. 22, 1942, and that I last saw him alive on Dec. 22, 1942

Immediate cause of death Pneumonia, lobar, right — Duration 9 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations None

of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]

Address US Marine Hospital, Baltimore, Maryland. Date signed 12/22/42 M. D.

VS 150

correct age is especially important and should be obtained from the most reliable source available, even if it necessitates delaying the filing of the certificate for a few days or weeks if necessary. The

F 98961

F.S. (78607)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 25

F 98961

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 303 N. Exeter St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Addie Hanner

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1902

8. AGE: Years	Months	Days	If less than one day
40	1	28	hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Adams Hanner

13. Birthplace North Carolina

MOTHER

14. Maiden Name Jeanette Riblin

15. Birthplace North Carolina

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (b) Date thereof 12 28 1942
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Adolph Rustfeld

(b) Address 9 E. Lanvale -

19 (a) 22 1942 Timothy F. Williams U.P.
(Signature)

DEC 23 1942

VS 180

correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 22 1942 at 7:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-15 1942 to 12-22 1942, and that I last saw her alive on 12-22 1942

Immediate cause of death Dementia due to infection with Pneumococcus

Due to Rheumatic Heart Disease

Due to Hemolytic Anemia

Other Conditions

Duration
1 month
Chronic
2 wks.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Geoffrey R. Oser, M. D.

Address Balt. City Hosp. Date signed 12-22-42

F 98962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98962 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 301 S. Central Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Enrico Proietti

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Rose Maria
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-27-1877

8. AGE: Years	Months	Days	If less than one day
65	7	25	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Brendel Sand & Gravel

FATHER
12. Name Luca Proietti
13. Birthplace Italy

MOTHER
14. Maiden Name Maria Terenzi
15. Birthplace Italy

16 (a) Informant Louis Proietti
(b) Address 301 S. Central Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Wendell F. Hunzel
(b) Address 3125 Highfield Ave.

DEC 23 1942 (Date rec'd by registrar) (b) Huntingtown Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/22 1942 at 6:27 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 12/24/42

VS 6

F 98963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1119a

F 98963 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Oliver & Caroline St.
(c) Hospital or institution: St. Joseph's Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 914 S. Conkling Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Aheron E. Gallup (Bruth F 61765)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1942.

8. AGE: Years | Months: one | Days: 22 | If less than one day: 21 hr. min.

9. Birthplace Baltimore, Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harry D. Gallup
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Angela Tamatana
15. Birthplace Baltimore Md.

16 (a) Informant Harry D. Gallup
(b) Address 914 S. Conkling St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel
Location Carroll St.

18 (a) Funeral director Kendall Chapel
(b) Address 2125 E. Baltimore St.

DEC 23 1942 (Date received by registrar) Hamilton Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22, 1942, at 10:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1st, 1942, to Dec. 22 1942, and that I last saw h.e.r. alive on Dec. 21, 1942.

Immediate cause of death	Duration
Respiratory failure	
Due to Dehydration	
Due to Diarrhea	
Other Conditions Malnutrition	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl A. Hellinger M. D.
Address St. Joseph's Hosp. Date signed Dec. 22, 1942
Balto. Md.

Subject age is especially important.

F 98964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 98964 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or instn (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bridget Maloney

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER: 12. Name Michael
13. Birthplace Ireland

MOTHER: 14. Maiden Name Catherine Rourke
15. Birthplace Ireland

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wendefeld
(b) Address 914 Gramercy Ave

DEC 23 1942 (Date received by Local Registrar) Huntingdon Williamsport Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 1942, at 11 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1942, to Dec 22 1942. and that I last saw her alive on Dec 21 1942.

Immediate cause of death	Duration
Edema of Lungs	10 day
Due to Chronic Myocarditis	6 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed Dec 23-42.

X2965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 98965
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23rd & Calvert st
(c) Hospital or institution:
Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2736 Hugo Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. IDA SHARRETT

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	NAD	Female	W	Widowed

6 (b) Name of husband or wife [illegible]
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 25 1864

8. AGE: Years	Months	Days	If less than one day
78	2	25	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George W. Joyner
13. Birthplace Virginia

MOTHER
14. Maiden Name Susan Stafford
15. Birthplace Virginia

16 (a) Informant Mrs. Nancy A. Sharrett
(b) Address 2217 Tunbridge Rd. Homeland city

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/24/42 (month) (day) (year)
(c) Cemetery or crematory Portsmouth
Location Va

18 (a) Funeral director Wilkerson Coal Dece
(b) Address 1217 St Paul

19 (a) [illegible] (Signature of Registrar) Hamilton Williams M.D. Registrar

DEC 24 1942

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22 1942 at 9 55 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1942 to Dec 22 1942
and that I last saw h[illegible] alive on Dec 22 1942

Immediate cause of death Cardio-Resp. failure

Due to Hypertension Cardio-Vascular disease

Due to

Other Conditions Diabetes mellitus

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nathaniel Lofton M. D.
Address Union Mem. Hosp. Date signed 12-24-42

98233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

F 98966 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2902 Strathmore Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2902 Strathmore Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Howard Starr

3 (b) If veteran, name war W

3 (c) Social Security Account No. Fire

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of ~~husband or~~ wife Emma Starr

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20th 1875

8. AGE: Years	Months	Days	If less than one day
67	6	3	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Accountant

11. Industry or business Anderson McLeod Co.

FATHER
12. Name George W. Starr
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Ellen Lutz
15. Birthplace Md.

16 (a) Informant Maria Elizabeth Starr
(b) Address 2902 Strathmore Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 642 St. Paul st

19 (a) DEC 24 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23rd 1942 at 9a. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12, 1942 to Dec. 23, 1942. and that I last saw h im alive on Dec. 22, 1942

Immediate cause of death: Coronary occlusion — Duration 8 Mos.
Due to Arteriosclerosis — 2 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert A Bergwall M.D.
Address 1613 E. North Ave. Date signed 12-23-42

98967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

F 98967 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 427 S.NEWKIRK ST.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County BALTO.

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 427 S.NEWKIRK ST. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN M.SYKES

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: CATHERINE SYKES

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT.22 1890

8. AGE: Years 52 | Months 2 | Days 29 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation CITY FIREMAN

11. Industry or business BALTO.CITY

FATHER

12. Name JOHN SYKES

13. Birthplace BALTO.MD.

MOTHER

14. Maiden Name EMMA CORNS

15. Birthplace BALTO.MD.

16 (a) Informant CATHERINE SYKES (WIFE)

(b) Address 427 S.NEWKIRK ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 24 42 (month) (day) (year)

(c) Cemetery or crematory SACRED HEART

Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Geiler INC.

(b) Address 403 S.WOLFE.ST.

19 (a) DEC 24 1942 (Date rec'd by registrar) Hamilton Williams M.D. Registrar

MEDICAL CERTIFICATION PM.

20. DATE OF DEATH DEC.21 19 42 at 3/30M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20, 1942, to Dec. 21, 1942, and that I last saw h[illegible] alive on Dec. 21, 1942.

Immediate cause of death	Duration
Coronary Thrombosis	1 day.
Due to unknown	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: none

of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at — M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Francis N. Ogden M. D.

Address 270 N. Calvert St. Date signed Dec 22

VS 3

F 98968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98968 Registered No. 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2310 Harlem Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 Harlem Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Amelia E. Sansom.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John P. Sansom,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 4. 1858

8. AGE: Years	Months	Days	If less than one day
84	11	19	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name John Larch,
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Miss Ida R. Asendorf,
(b) Address 2310 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26. 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director George W. Little,
(b) Address 2700 Edmondson Ave.

19 (a) DEC 24 1942 (Date received by Registrar) Huntting for Middleton M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 23 1942 19 , at 10:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 19 1942 to Mar 23 1942, and that I last saw her alive on Dec 23 1942.

Immediate cause of death	Duration
Cardiac Embolism	12 hrs.
Due to Cardiac Vascular renal disease	several yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M Bateman Hood M.D.
Address 2200 Garrison Blvd. Date signed 12/24/42

VS 2

F 98969

F 98969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1248

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave. & Madison Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2654 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary F. Tucker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Geo. W. Tucker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1867

8. AGE: Years 75 | Months 2 | Days 29 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation H.W. (House-wife)

11. Industry or business

FATHER
12. Name George Taylor
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Webb
15. Birthplace Maryland.

16 (a) Informant Miss. Sarah L. Tucker
(b) Address 2654 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto. Md.

18 (a) Funeral director Geo. W. Little
(b) Address 2700 Edmondson Ave.

19 (a) DEC 24 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22 1942, at 3:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20 1942, to Dec. 22 1942, and that I last saw her alive on Dec. 22 1942

	Duration
Immediate cause of death Cardiac Asthenia.	
Due to Cirrhosis of liver	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 12/2/42

Major findings of operation: Rectal prolapse.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Martin W. Kreps, Jr. M.D.
Address Md. Gen. Hosp. Date signed 12/22/42

VS 2

F 98970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1944

F 98970

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1926 E Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANK ~~OTRANDOVEC~~ Otradovec

3 (b) If veteran, name war

3 (c) Social Security Account No. 717-07-7203

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Margaret Otradovec
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25 1886

8. AGE: Years	Months	Days	If less than one day
56 54	10	27	hr. min.

9. Birthplace Chicago (Town, county, and state)
10. Usual Occupation Car Repairman
11. Industry or business

FATHER
12. Name James Otradovec
13. Birthplace Dont Know

MOTHER
14. Maiden Name Dont Know
15. Birthplace Dont Know

16 (a) Informant Margaret Otradovec
(b) Address 1926 E Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)
(c) Cemetery or crematory Emmanuel Cem
Location Baltimore

18 (a) Funeral director Ullrich Fleming & Hook
(b) Address 200 E Washington Williams, M.D.

19 (a) DEC 24 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1942, at 1 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary arteriosclerosis — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
Means of injury

23. Signature W. L. Wallenmeyer M.D.
Attd Medical Examiner.
Date signed Dec 22, 1942

VS 6

F 98971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 98971 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2113 Lake Montebllo Ter
(c) Hospital or institution: 9

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2113 Lake Montebello (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas H Graham

3 (b) If veteran, name war
3 (c) Social Security Account No. 215-03-2785

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife Catherine Graham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13 th 1862

8. AGE: Years	Months	Days	If less than one day
80	5	2 4	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation machinst retired
11. Industry or business

FATHER 12. Name Lillian Graham
13. Birthplace Md

MOTHER 14. Maiden Name Don't know
15. Birthplace "

16 (a) Informant Melvin Graham
(b) Address 2113 Lake Montebello Ter

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24 1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto G Md

18 (a) Funeral director Ullyot Funeral Home
(b) Address 2008 Orleans St

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 24 1942 Huntington Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1942, at 8 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1942 to Dec 21 1942 and that I last saw h/M alive on Dec 21 1942

Immediate cause of death: Cerebral Hemmorhage — Duration

Due to Arterio Sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter A Anderson M. D.
Address 2001 Sharon St Date signed 12/22/42

F 98972

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98972 ✓ 108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5040 Wright Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Lila F. Wible ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Mr. Vernon S. Wible
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Aug 30 1912

8. AGE: Years	Months	Days	If less than one day
30	3	24	23 hr. ... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name L D Summers
13. Birthplace Maryland

MOTHER
14. Maiden Name Edna B. Grant
15. Birthplace Maryland

16 (a) Informant Vernon S. Wible
(b) Address 5040 Wright Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location City

18 (a) Funeral director Wilmot Funeral Home
(b) Address 2015 E Fillmore

19 (a) (Date received by registrar) (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 19 42 at 7:27 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 19 42 to Dec 23 19 42 and that I last saw her alive on Dec 23 19 42

Immediate cause of death	Duration
Cardiac - respiratory failure	
Due to Lobar pneumonia, st lower	
Due to	
Other Conditions asthma and cardiac insufficiency. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Landau M. D.
Address Union Memorial Hosp Date signed 12/24/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 98973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98973 Registered No. 1316

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 2202 Penn ave
(b) Street address Balto Md
(c) Hospital or institution: no

(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County Md
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2202 Penn Ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Charles E. Blackwell

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-3726

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Col.	Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1900

8. AGE: Years	Months	Days	If less than one day
42	10 -	- 22	hr. min.

9. Birthplace Ellicott City Md.
(Town, county, and state)

10. Usual Occupation Truck Driver

11. Industry or business

FATHER 12. Name Peter Blackwell
13. Birthplace Va.

MOTHER 14. Maiden Name Mary Reynolds
15. Birthplace Unknown

16 (a) Informant George H. Johnson
(b) Address 2202 Pennsylvania Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/42 (month) (day) (year)

(c) Cemetery or crematory Pine Orchard
Location Howard Co. Md.

18 (a) Funeral director Chas H. Alexander
(b) Address 927 N. Mount St.

19 (a) (Date received by registrar) (b) Burial permit issued by Wilmer Mc Huntington

VS 2 DEC 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 - 1942 at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 - 1942 to 12-22-1942 and that I last saw him alive on 12-22-1942

Immediate cause of death Uremia Coma
Nephritis
Due to Epithelioma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration
1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. R. Boykin MD M. D.
Address 135 Gilmor Date signed 12/27/42

F 98974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X / 94a

F 98974 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 170 S. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va (b) County
(c) City or town Clarksburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 150 S Fairmont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William E. Rebrook SR

3 (b) If veteran, name war None | 3 (c) Social Security Account No. 784-10-0991

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Verney M. Rebrook
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Dec. 23-1880

8. AGE: Years	Months	Days	If less than one day
62	0	0	hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation Contracter for
11. Industry or business Box & Glass Factory

FATHER 12. Name Alexander Rebrook
13. Birthplace Ohio

MOTHER 14. Maiden Name Ellen Banks
15. Birthplace Clarksburg W. Va

16 (a) Informant Verney M. Rebrook
(b) Address 150 S Fairmont Ave Clarksburg W. Va

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 24 1942 (month) (day) (year)
(c) Cemetery or crematory Clarksburg
Location West Virginia

18 (a) Funeral director Pratt & Bm. Walters
(b) Address Pratt & Stricker Sts

19 (a) Dec 24 1942 (Date rec'd) Huntington, W. Va. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23rd 1942 at 8 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 1942 to 12-23 1942 and that I last saw him alive on 12-22 1942.

Immediate cause of death Coronary Thrombosis — Duration 2 days.
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Florence B. Schreiber M. D.
Address 5 W. S. Fulton Ave Date signed 12-23-42

98975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

Registered No. [redacted] F 98975

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4010 Cold Spring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs. 15-10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4010 Cold Spring Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARGUERITE BEES

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Martin L. Bees
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1899

8. AGE: Years	Months	Days	If less than one day
43	11	9	hr. min.

9. Birthplace Delaware (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Rev. J. W. Prettyman
13. Birthplace unknown

MOTHER
14. Maiden Name Lanke
15. Birthplace Delaware

16 (a) Informant Miss Geraldine Jones
(b) Address 1900 Poplar Grove St.

17 (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 12/24/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Crematory
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address [illegible]

19 DEC 24 1942 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22, 1942 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 15 1942 to Dec. 22 1942 and that I last saw h[illegible] alive on Dec. 21 1942.

Immediate cause of death: Cerebral hemorrhage — Duration: 9 hrs
Due to: Arteriosclerosis — 7 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas A. Todd, M. D.
Address 735 N. Fulton Ave Date signed 12-24-42

correct age is extremely important for statistical purposes

VS 280

98976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 E

F 98976
Registered No.

correct age is especially important — please answer questions carefully and give the exact cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1718 Longwood St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 Longwood St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA WONN

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1840

8. AGE: Years	Months	Days	If less than one day
102	3	8	hr. min.

9. Birthplace Baltimore Co., Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business "

FATHER
12. Name William Wonn
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Sarah Trive
15. Birthplace Balto., Md.

16 (a) Informant Mr. Morris Cromer
(b) Address 518 Rock Glen Rd.

17 (a) Burial (b) Date thereof 12/24/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) [illegible] Ev Williams M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22, 1942 at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1936 to Dec 22 1942, and that I last saw her alive on Dec 21 1942.

Immediate cause of death	Duration
Myocardial Insufficiency	6 mos.
Due to Arterio-Sclerosis	4 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ellwood Billenger M. D.
Address 2224 N. North Ave Date signed 12/22/42

98977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B

Registered No. E 98977

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Longwood St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Pearl Smith (Pearl Breadbinner Smith)

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: John Henry Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7, 1878

8. AGE: Years	Months	Days	If less than one day
64	0	15	hr. min.

9. Birthplace: Michigan (Town, county, and state)

10. Usual Occupation: housewife

11. Industry or business

FATHER
12. Name: David Breadbinner
13. Birthplace: Ohio

MOTHER
14. Maiden Name: Caroline Castle
15. Birthplace: Ohio

16 (a) Informant: Mr. John Henry Smith
(b) Address: 701 Longwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)
(c) Cemetery or crematory: Friendship Cem. A.A.Co.
Location: A. A. County, Md.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) DEC 24 1942 (b) Registrar Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22- 1942, at 9:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-22- 1942, to 12-22 1942, and that I last saw h ev alive on 12-22 1942.

Immediate cause of death: Pulmonary edema. — Duration

Due to: Portal cirrhosis - hypertrophic

Due to: Heart failure - tricuspid insufficiency

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes edema.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis E. Hamburger Jr. M. D.
Address Franklin Sq. Date signed 12.22.

correct age if supplementary proof is secured

F 98978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942 B

F 98978 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5305 Liberty Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5305 Liberty Heights Ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA C. HITCHCOCK

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: James R. Hitchcock
6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): Mar. 17. 1891

8. AGE: Years: 51 | Months: 9 | Days: 5 | If less than one day: ____ hr. ____ min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Charles Dixon
13. Birthplace: Harford County Md.

MOTHER
14. Maiden Name: Mary E. Williams
15. Birthplace: Harford County Md.

16 (a) Informant: Mr. James R. Hitchcock
(b) Address: 5305 Liberty Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 26. 1942 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Baltimore County Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: DEC 24 19[illegible] h Ave. & Broadway.

19 (a) (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 22. 1942 at 1.15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20 1942 to Dec 22 1942 and that I last saw h[illegible] alive on Dec 21 1942.

Immediate cause of death	Duration
Cerebral Embolus	4 weeks
Due to Mitral Insufficiency	6 months
Due to	
Other Conditions Gangrene of right Leg	4 weeks

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Harold Yates M. D.
Address 517 Scott St Date signed Dec 22/1942

correct age if unknown, by whom informed and relationship, if any, or how long dead, if reported

VS 3.

98979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 98979
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Road
(c) Hospital or institution:
Mrs. ~~Stinnes~~ Sumners Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County -- -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1722 E. Oliver St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN HENRY SEIPP

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	npne

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Caroline Oehershausen
6 (c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) Nov. 13. 1862

8. AGE: Years	Months	Days	If less than one day
80	1	8	..... hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Grocer-retired 25 yrs
11. Industry or business

FATHER
12. Name John Conrad Seipp
13. Birthplace Germany

MOTHER
14. Maiden Name ~~Wagner~~ Katherine Schnabel
15. Birthplace Germany

16 (a) Informant Henry Seipp
(b) Address 1722 E. Oliver St.

17 (a) Burial (b) Date thereof Dec. 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Baltimore Md.
18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.
19 (a) DEC 24 1942 Hunter Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 21. 1942 at 2 P.M. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 21 1942 to Dec 21 1942
and that I last saw h alive on Dec 20 1942

Immediate cause of death
Cerebral Hemorrhage — Duration 4 mo
Mitral Regurgitation — 4 mo
Broncho Pneumonia — 2 days
Due to
Arterio Sclerosis — 4 mo
Due to Hypertension — 4 mo
Chr Interstitial Nephritis — 4 mo

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos F A Stevens M. D.
Address 2878 Harford Rd Date signed 12-22-42

VS 3

F 98930

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98930 Registered No. 194a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 807 Cathedral St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elmer B. Freeman

3 (b) If veteran, name war: nil
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Rosa Heeks
6 (c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): 2-5-1874

8. AGE: Years	Months	Days	If less than one day
68	10	18	hr. min.

9. Birthplace: Illinois (Town, county, and state)
10. Usual Occupation: Physician
11. Industry or business: ?

FATHER
12. Name: ?
13. Birthplace: ?

MOTHER
14. Maiden Name: Mary Jane
15. Birthplace: Ohio

16 (a) Informant: Mrs. Rosa H. Freeman
(b) Address: 807 Cathedral St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 26/42 (month) (day) (year)
(c) Cemetery or crematory: Green Mt.
Location: Greenmount Ave & Oliver St.
18 (a) Funeral director: John Mitchell Funeral
(b) Address: 1400 Eutaw Place
19 (a) (Date received by Registrar) DEC 28 1942 (b) Registrar: Hunting Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 23, 1942, at 7:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11, 1942 to Dec 23 1942, and that I last saw him alive on Dec 23 1942.

Immediate cause of death	Duration
Myocardial infarction	13 da.
Cerebral embolism	2 da.
Due to: Coronary thrombosis	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: R. J. Coffman M. D.
Address: Md General Hosp. Date signed: 12/23/42

VS 3

F 98981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓152

Registered No. F 98981

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th Street
(c) Hospital or institution: Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs. 11 mo. 23 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W. 40th. Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Dunlap

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife Ella C. Dunlap
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/13/67

8. AGE: Years	Months	Days	If less than one day
75		10	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation book keeper
11. Industry or business

FATHER
12. Name James Hyde Dunlap
13. Birthplace Connecticut

MOTHER
14. Maiden Name Catherine Thompson
15. Birthplace Baltimore

16 (a) Informant Ryder Home for Incurables
(b) Address 700 W. 40th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26/42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Green Mt. Holmes Sts.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 900 Eutaw Place

19 (a) DEC 26 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23 1942, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 22nd 1942, to Dec. 23rd 1942, and that I last saw him alive on Dec. 22nd 1942.

Immediate cause of death: Multiple pyaemic abscesses — Duration: 1 month
Due to:
Due to:
Other Conditions: Chronic meningomyelitis with extreme muscular atrophy. — Duration: 30 years
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. Carroll M. D.
Address 11 E. Chase St Date signed 12/23/42

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 98982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. F 98982

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison Aves.
(c) Hospital or institution Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. Church Home.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Mason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Harry M. Mason
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 25, 1859
8. AGE: Years 83 | Months 4 | Days 27 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Wisdon
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary E. Diamond
15. Birthplace Baltimore, Md.

16 (a) Informant Geo. H. Sickel
(b) Address 3002 Brentwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/42 (month) (day) (year)
(c) Cemetery Greenmount
Location Balto. Md.

18 (a) Funeral director W.C. Cook Inc
(b) Address 1217 E. Baltimore St.

19 (a) Filed (Date received by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22 1942, at 3.25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15, 1942, to Dec. 22, 1942, and that I last saw her alive on Dec 21, 1942.

Immediate cause of death Terminal pneumonia. — Duration

Due to Fractured femur

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Dec. 15, 1942 at A. M
(c) Where did injury occur? Church Home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Slipped on floor

23. Signature Martin W. Krupp, Jr. M. D.
Address Md. Gen. Hosp. Date signed

Hugh B. McCully, Per. Robert Lee Friedman M.D.

F 98983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 98983 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp. 2400
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3119 Poydras Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George R. Chasan

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-4373

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Dixie F. C. Chasan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9 1886

8. AGE: Years	Months	Days	If less than one day
66	11	14	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Stationary Engineer
11. Industry or business Century Theatre

FATHER
12. Name Joseph Chasan
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Isabelle Mullen
15. Birthplace Baltimore Md

16 (a) Informant Mrs. George R. Chasan
(b) Address 3119 Poydras Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Md.

18 (a) Funeral director Lannahn Funeral Home
(b) Address 2401 Reisterstown Rd Huntington Williams

19 (a) DEC 24 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1942, at 5-45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Acute coronary thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec. 24 1942

VS 6

F 98984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 98984 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4602 Glenarm Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) life
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4602 Glenarm Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JAMES SAMUEL OVERSIDE

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-6450

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1901

8. AGE: Years	Months	Days	If less than one day
41	3	4	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business

FATHER
12. Name Conrad H. Overside
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Charlotte A. Lamb
15. Birthplace Balto. Co., Md.

16 (a) Informant Mrs. Overside
(b) Address 4602 Glenarm Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Dec. 24 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto., Md.

18 (a) Funeral director Roseacher Funeral Home
(b) Address 7401 Belair Road

19 DEC 24 1942 (b) Huntington Williams, M.D. Address 1401 Belair Rd. Date signed 12-24-42

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21, 1942, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1938 to Dec 21 1942, and that I last saw h[illegible] alive on 12-21 1942.

Immediate cause of death Bronchial Pneumonia — Duration 4 days

Due to

Due to

Other Conditions Osteo Deformans

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams, M.D.

VS 3

427224 F 98985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (931)

F 98985 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4001 Overlea Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frieda Matthiesing (FRIDA MATTHIESSING)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Herman Matthiesing
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-4-74

8. AGE: Years	Months	Days	If less than one day
68	9	17	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Ernst Donner
13. Birthplace Germany

MOTHER 14. Maiden Name Christiana Werner
15. Birthplace Germany

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Maryland

18 (a) Funeral director Lanahan Funeral Home
(b) Address 7401 Belair Road

19 (a) (Filed by Registrar) (b) Registrar
DEC 24 1942 Houghton Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1942 at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1942 to Dec 21 1942 and that I last saw h.e.R alive on Dec 21 1942.

Immediate cause of death Coronary occlusion — Duration 1 day
Due to Arteriosclerotic heart disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard E.C. Zhentlin
Address Johns Hopkins Hosp. Date signed 12/24/42

42627 F. 98986 BALTIMORE CITY HEALTH DEPARTMENT ✓ 89B F 98986
CERTIFICATE OF DEATH Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Thurmont
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Donald Sherman

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Susie
6 (c) If alive, give age 47 years
7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation Sheet metal worker
11. Industry or business

FATHER
12. Name Hugh Sherman
13. Birthplace W. Va.

MOTHER
14. Maiden Name Anna?
15. Birthplace W. Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/42 (month) (day) (year)
(c) Cemetery or crematory Catoctin
Location Elmt Thurmont Md
18 (a) Funeral director Thurmont Co Inc
(b) Address 12 E Main St
19 (a) DEC 24 (Date received by local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23 1942 at 12 07 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1942 to Dec 23 1942 and that I last saw him alive on Dec. 23 1942
Immediate cause of death Cerebral Thrombosis
Due to Hypertension Gastro-enteritis
Due to
Other Conditions Mastoiditis left acute
(Include pregnancy within 3 months of death)
Date of operation 12-2-42, 12-4-42
Major findings of operation: Acute infection in mastoid
of autopsy:

Duration
6 weeks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Harold A. Stabler M. D.
Address The Johns Hopkins Hospital Date signed 12-23-42

VS 150

F 98937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

336

F 98987

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1414 N. Eden St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 33

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1414 N. Eden St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lonzo Glasgow

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-4790

4. Sex: Male | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Rebecca

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Jan 22 1889

8. AGE: Years 55 | Months 4 | Days 30 | If less than one day: hr. min.

9. Birthplace Africa (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business Merchant Marine

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Rebecca Glasgow

(b) Address 1414 N. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel Cem.

Location Baltimore Md

18 (a) Funeral director William A. Cookson

(b) Address 916 Pennsylvania Ave.

19 (Date received) DEC 24 1942 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1942 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 7 1942, to Dec 21 1942, and that I last saw him alive on Dec 21 1942.

Immediate cause of death Bronchopneumonia — Duration: 7 days

Due to Influenza — Duration: 14

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address 2223 Madison Ave Date signed 12/23/42

VS 3

F 98988 F 98988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 155E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1102 N. Stricker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1102 N. Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Melvina Jackson.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife unknown
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5-5-1899

8. AGE: Years	Months	Days	If less than one day
43	7	17	hr. min.

9. Birthplace Dublin Ga (Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name Leo Parker.
13. Birthplace Ga

MOTHER
14. Maiden Name Peggy Coley
15. Birthplace S C Ga

16. (a) Informant Malinda Barker
(b) Address 1102 N. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-26-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Parker
(b) Address 916 Pierpont Ave

19 (a) DEC 24 1942 (Delivered by registrar) Hampton Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22nd 1942, at 9.30 P. M

21. I certify that death occurred on the date above stated; that attended deceased from Sept 10th 1942 to Dec 22nd 1942 and that I last saw her alive on Dec 22 1942.

Immediate cause of death
(a) Pneumonia of Senile
Due to (b) Bronchio Pelvis Abscess
Due to (c) Malignancy.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation —
of autopsy None

Duration
(a) 4 hrs
(b) 8 mo.
(c)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature E. Tyndall Truman M. D.
Address 502 N. Arlington Ave

VS 8

F 98989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 98939

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Lexington St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FLORA VIRGINIA WIRSING

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Henry J. Wirsing
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1870

8. AGE: Years	Months	Days	If less than one day
72	10	6	hr. min.

9. Birthplace Fork, Md.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business --

FATHER
12. Name Parker Magness
13. Birthplace Sweet Air, Md.

MOTHER
14. Maiden Name Mary Martin
15. Birthplace unknown

16 (a) Informant Mr. Floyd Wirsing
(b) Address 811 S. Overlook Drive Alexandria, Va.

17 (a) Burial (b) Date thereof 12/26/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mausoleum
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

(a) [illegible] (b) Huntington Md. 12-24-42

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/14/1939 19 , to 12/22/1942, and that I last saw her alive on 12/21/42 19 .

Immediate cause of death	Duration
Acute congestive heart failure	5 days
Due to Chronic myocarditis	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edwin B Quarrey M. D.
Address 11E. Chase St., Date signed 12/23/42
Baltimore, Md.

correct age is especially important. Physician: please write the causes of death clearly and legibly.

F 98990

F 98990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1220

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Mt. Royal Avenue
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days) XX
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 Mt. Royal Ave. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country NO

3 (a) FULL NAME KATIE FLEMING HOWARD

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Alfred Howard
6 (c) If alive, give age XXXX years

7. Birth date of deceased (mo., day, yr.) May 6, 1866

8. AGE: Years 76 | Months 7 | Days 17 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Geo. Traband
13. Birthplace Balto Md

MOTHER
14. Maiden Name Susan Stines
15. Birthplace Balto Md

16 (a) Informant Mrs. Kathryn Howard Lowe (daughter)
(b) Address 1514 Mount Royal Ave., City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 - 26 - 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn - Maryland

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108 W. North Av. (W.F. Wooden-Suc.)

19 (a) DEC 24 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23/42 19 ..., at 7:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 17 1942, to Dec. 22 1942 and that I last saw her alive on Dec. 22 1942.

Immediate cause of death Intestinal Obstruction — Duration 6 Days
Due to Cause Unknown
Due to
Other Conditions Senility and Arterial Sclerosis
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Henry A. Kelly
Address 2504 St. Paul St. Date signed 12/23/42 M. D.

VS 3

JL - 78638 F 98991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓107

F 98991
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital 8 ✓7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 207 N. Broadway (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Betty Schwartz

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Samuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1868

8. AGE: Years	Months	Days	If less than one day
75	?	?	hr. min.

9. Birthplace Roumania (Town, county, and state)
10. Usual Occupation Home
11. Industry or business Wife

FATHER
12. Name Berel S. Schwartz
13. Birthplace Romania

MOTHER
14. Maiden Name Sillion
15. Birthplace Runonia

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.
Burial (Burial, cremation, or removal) (b) Date thereof 12-24-4 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Mt Lodge
Location Rawdale
18 (a) Funeral director Jack Levin Jr
(b) Address 1439 E. Balto St
19 (a) DEC 24 1942 Registrar Williams M.D.

YB 280

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 19 42 at 2.35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-17 19 42 to 12-24 19 42
and that I last saw h alive on 12-23 19 42

Immediate cause of death	Duration
Bronchopneumonia	2wks
Due to	
Due to	
Other Conditions Generalized arteriosclerosis (Include pregnancy within 3 months of death)	?
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Moore M. D.
Address Balto City Hosp. Date signed 12-24-42

F 98992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 98992

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2436 Madison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2436 Madison Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Gustave Emanuel HairsTon (Birth F 51 59)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: A A.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-23-42

8. AGE: Years | Months 6 | Days | If less than one day ___ hr. ___ min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Alfred Emanuel HairsTon
13. Birthplace Danville Va.

MOTHER
14. Maiden Name Augusta Ruth Herring
15. Birthplace Rocky Mount Va.

16 (a) Informant Alfred Emanuel HairsTon
(b) Address 2436 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24, 42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Mem. Pk.
Location Baltimore Md.

18 (a) Funeral director Mrs. Ida V. Pulliard
(b) Address 1631 Druid Hill Ave

DEC 24 1942
(Date rec'd by registrar)

Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1942, at 1:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 1942 to Dec 23 1942; and that I last saw him alive on Dec 22 1942

Immediate cause of death: Bronchial Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert L Knowles Jr M. D.
Address 2324 Madison Ave Date signed 12-23-42

VS 2

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

98993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

118

F 98993

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 Cloverdale
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joshua Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married.

6 (b) Name of husband or wife Keziah.

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1873

8. AGE: Years	Months	Days	If less than one day
69	1	21	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Insurance

11. Industry or business

FATHER
12. Name George Robinson
13. Birthplace Baltimore.

MOTHER
14. Maiden Name Elizabeth Cook
15. Birthplace Baltimore.

16 (a) Informant Keziah Robinson.
(b) Address 1215 Cloverdale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 24 42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Arbutus Md.

18 (a) Funeral director Mrs. Mrs. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) DEC 24 1942 (Date rec'd by registrar) (b) Washington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22, 1942, at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16 1942 to Dec. 22 1942.
and that I last saw h[illegible] alive on Dec. 22 1942.

Immediate cause of death: Lobar Pneumonia — Duration: 8 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address 2248 Madison Ave. Date signed 12/24/42 M. D.

VS 3

98994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 98994

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 dy
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2214 E. Fairmount (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Anna M. Moelter

3 (b) If veteran, name war No.

3 (c) Social Security Account No. 210

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27 1877

8. AGE: Years 65 | Months 8 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Anthony Moelter
13. Birthplace Germany

MOTHER
14. Maiden Name Anna B. Vogelsang
15. Birthplace Germany

16 (a) Informant Miss Moelter
(b) Address 2214 Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26 (month) (day) 42 (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Wm. M. & T. Dyer & Sons
(b) Address 1 Lombard & 2 Arunah St.

19 (a) C 24 1942 (Date rec'd by registrar) (b) Registrar Clifton Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22, 1942, at 10:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 17 1942 to Dec. 22, 1942 and that I last saw her alive on Dec. 22, 1942

	Duration
Immediate cause of death: Intestinal obstruction	
Due to: Generalized carcinomatosis	
Due to: (a)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 12/16

Major findings of operation: Generalized carcinomatosis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Christian J. Richter M.D.

Address St. Joseph's Hosp. Date signed 12/23/42

VS 2

F 98995

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 98995 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4520 Hilton St.
(c) Hospital or institution: Ashburton Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Elkridge, Md. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia R. Kyne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1867

8. AGE: Years	Months	Days	If less than one day
75	6	10	hr. min.

9. Birthplace Elkridge, Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business at home

FATHER 12. Name Peter Kyne
13. Birthplace Ireland

MOTHER 14. Maiden Name Bridget Curran
15. Birthplace Ireland

16 (a) Informant Rev. J. J. Pacta.
(b) Address St Augustine's Rectory. Elkridge Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)
(c) Cemetery or crematory St Augustines
Location Elkridge, Md.

18 (a) Funeral director John J. Langan & Son
(b) Address 901 Hollins St Baltimore, Md

19 (a) DEC 24 (Date rec'd by Reg.) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23rd 1942, at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 18 1942 to Dec 23 1942 and that I last saw her alive on Dec 23 1942.

Immediate cause of death	Duration
Lobar pneumonia	5 days
Due to	
Due to	
Other Conditions Lobar pneumonia	5 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter E. Tibbitt M. D.
Address 2220 Harrison Blvd Date signed Dec 28/42

VS 8

F 98996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98996 Registered No. 157B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5006 East Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country (Birth F 63613)

3 (a) FULL NAME Baby Boy Kopacki / Kopacka

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1942

8. AGE: Years	Months	Days	If less than one day
		20	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Anthony Kopacki
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Genevieve Janiewski
15. Birthplace Balto., Md.

16 (a) Informant Administrix Visitor
(b) Address Mercy Hospital

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/24/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Frank W. Orazzenski
(b) Address 1980 Eastern Ave.

19 DEC 24 1942 (Date received by Local Registrar) Thomas Magee Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1942, at 4:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4 1942 to Dec. 24 1942 and that I last saw h alive on Dec. 23 1942.

Immediate cause of death Respiratory failure — Duration
Due to Meningocele
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Peyton Rutherford M. D.
Address Mercy Hospital Date signed 12/24/42

VS 250

correct age is especially important... any error, please notify

98997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 98997

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2602 Carroll Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2602 Carroll St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Frank Nathan Beardsley

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23-1870

8. AGE: Years	Months	Days	If less than one day
72	6	29	hr. min.

9. Birthplace Wisconsin
(Town, county, and state)

10. Usual Occupation Plasterer -

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Danny S. Muhl
(b) Address 2602 Carroll

17 (a) Burial (b) Date thereof Dec 24-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Balto. Md.

18 (a) Funeral director Mamie Cooke Syfer
(b) Address 1600 W North Ave

19 DEC 24 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22, 1942, at 10 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19, 1942, to Dec. 22, 1942, and that I last saw him alive on Dec. 22, 1942.

	Duration
Immediate cause of death: UREMIA	2 days.
Due to ARTERIOLAR NEPHRO-SCLEROSIS.	? yrs.
Due to HYPERTENSIVE CARDIO-VASCULAR DISEASE & ARTERIOSCLEROSIS - PROBABLE	? yrs.
Other Conditions CORONARY occlusion - CHRONIC ASTHMATIC BRONCHITIS	? yrs.
Date of operation	2 days.
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edna P. Miller

Address 2623 Washington Blvd Date signed 12/23/42

VS 8

F 98998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 98998 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere
(c) Hospital or institution:
Hebrew Home for the Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvedere
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

17

3 (a) FULL NAME Jacob Chait

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Widower

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1857

8. AGE: Years	Months	Days	If less than one day
90	-	-	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/42 (month) (day) (year)
(c) Cemetery or crematory Wash. Rd Cem.
Location

18 (a) Funeral director Jack Lewis
(b) Address 1439 E Balto St

19 DEC 24 1942 (Date rec'd by registrar) (b) Washington Hill House NH

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24-1942, at 7:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-29-1931, to 12-23-1942, and that I last saw him alive on 12-23-1942.

Immediate cause of death — Duration
Broncho-pneumonia — 2 day
Arteriosclerosis, hypertension
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Lewis
Address Levindale Date signed 12/23/42

VS 3

correct age is especially important. Physicians: please write the exact age in years, months, days, and hours.

F 98993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 98993 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 916 Franklin
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 916 Franklin (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary P. Patterson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife John Patterson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 2, 1897

8. AGE: Years 44 | Months 11 | Days 3 | If less than one day hr. min.

9. Birthplace Greensboro MD
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name John Gorsuch
13. Birthplace MD

MOTHER 14. Maiden Name Catherine
15. Birthplace MD

16 (a) Informant Jack Watson
(b) Address 916 Franklin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 4 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Miss Katie E. Williams
(b) Address 1582 N. Fulton Ave

19 (a) Dec 4 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1942 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1942 to Dec 4 1942; and that I last saw him alive on Dec 4 1942.

Immediate cause of death Cerebral Hemorrhage

Due to Chronic Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed Dec 5 1942

VS 8

F 99000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99000 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 844 Edmondson Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 844 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Talbert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 11 1858

8. AGE: Years 84 | Months 9 | Days 12 11 | If less than one day hr. min.

9. Birthplace West River Md (Town, county, and state)

10. Usual Occupation Coachman

11. Industry or business

FATHER
12. Name Paul Talbert
13. Birthplace W. River Md

MOTHER
14. Maiden Name Louisa Johnston
15. Birthplace W. River Md

16 (a) Informant Paul Hammond
(b) Address 844 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie B Williams
(b) Address 322 N Schroeder St.

19 (a) (Registered by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 1942 at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 1942 to Dec 22 1942 and that I last saw him alive on Dec 19 1942.

Immediate cause of death: Chronic Interstitial Nephritis — Duration: 1 year

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Feltmann M. D.
Address 817 Hamilton Ave Date signed

F 99061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

162 F 99061

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 720 E. 37th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 720 E. 37th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes E. Steadhill

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FM	W	Widow

6 (b) Name of husband William B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-11-1861

8. AGE: Years	Months	Days	If less than one day
81	8	12	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

MOTHER | FATHER
12. Name Unknown
13. Birthplace
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. J. W. Mac Donald
(b) Address 720 E. 37th St

17 (a) Burial (b) Date thereof 12-26-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Johns
Location Kensington Md.

18 (a) Funeral director Leonard Stewart
(b) Address 5305 Belair Rd

19 (a) [illegible] (Signature of registrar)
(b) From Allegheny to Williamsport Md.

DEC 24 1942

VS 156

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23 1942, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 25 1942 to Dec 23 1942, and that I last saw her alive on Dec 21 1942

Immediate cause of death Senility of Age — Duration

Due to Age

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Perry Carman MD
M. D.
Address 1701 N. Caroline St Date signed 12-24-42

Report age is especially important. Physicians: please write the causes of death clearly and legibly.

99002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99002 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1105 Low St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 Low St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Matilda M. Benson
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C.	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1840

8. AGE: Years	Months	Days	If less than one day
52	—	—	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Robert William
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Williams
15. Birthplace Md

16 (a) Informant Mrs. Mary L. Dixon
(b) Address 1059 Brantly Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date of removal 12-26-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Lawn
Location A.A. Co Md.

18 (a) Funeral director Mrs Ida Bailey 1105 Jefferson St
(b) (Date rec'd by registrar) DEC 25 1942 Washington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1942 (Month) (Day) (Year) 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1942 to Dec 23 1942 and that I last saw h[illegible] alive on Dec 22 1942

Immediate cause of death
Cerebral Hemorrhage
Due to Paralysis
Due to Old
Other Conditions
(Include pregnancy within 3 months of death)

Duration
Dec
20
1942

Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Callan
Address 12 E. Biddle St Date signed 12/23/42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 186

F 79003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 a

F 79003 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland (3104)

(b) Street address 3104 Barclay

(c) Hospital or institution:

12

(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3104 Barclay St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Daniel P. Steen.

3 (b) If veteran, name war —

3 (c) Social Security Account No. — — —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Married

6 (b) Name of husband or wife Mary Steen

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) [illegible] date unknown

8. AGE: Years	Months	Days	If less than one day
supposed 85			hr. min.

9. Birthplace Ga.
(Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business apartment

FATHER

12. Name unknown

13. Birthplace unknown

MOTHER

14. Maiden Name unknown

15. Birthplace unknown

16 (a) Informant Mary Steen (Wife)

(b) Address 3104 Barclay

17 (a) Burial (b) Date thereof 12-29-42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Park

Location Baltimore Md.

18 (a) Funeral director Mrs Ida Bayley

DEC 25 1942 Jefferson St

19 (a) [illegible]
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/23 1942, at 10 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1942 to Dec 23 1942 and that I last saw h[illegible] alive on Dec 21 1942

Immediate cause of death Coronary occlusion — Duration Dec 23 '42

Due to Acute Insufficiency — Sept 1942

Due to Cardiac Hypertrophy

Other Conditions Generalized arterio sclerosis Hypertension Chronic Nephritis — Sept 1942

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations: —

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ralph E. Yarnall M. D.

Address 1429 E. Northern Pkwy Date signed 12/23/42

For O. N. I. Baltimore
Howard P. Davidson, M-O.

VE 2

F 9900 ¼ — F 9900 ¼ — F 9900 ¼

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 460

File No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Imolda
(e) Length of stay in Baltimore (yrs., mos., or days) Imolda

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. 20 North West Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME NORMAN ADAMS

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	COL.	WIDOWED

6 (b) Name of husband or wife ROSE PARKER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 5, 1890

8. AGE: Years	Months	Days	If less than one day
52	1	19	hr. min.

9. Birthplace Annapolis, Maryland
(Town, county, and state)
10. Usual Occupation Cook--Odd Jobs
11. Industry or business

FATHER
12. Name William W. Adams
13. Birthplace Annapolis, Maryland

MOTHER
14. Maiden Name Nannie Parker
15. Birthplace Annapolis, Maryland

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof Dec. 25 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location West St. Extended
18 (a) Funeral director J. Paul T. Hicks
(b) Address 55 Northstate Annapolis, Md.
19 DEC 25 1942 Interment Baltimore, Md.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24, 1942 at 6:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 23, 1942, to Dec. 24, 1942, and that I last saw h. in alive on Dec. 24, 1942.

Immediate cause of death — Duration
Aspiration pneumonia, right; — Unk.
Lung abscess, rt. lower lobe — Unk.
Due to Carcinoma of esophagus with perforation into rt. bronchus & metastases to cervical lymphnodes. — Unk.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J. Carlson M. D.
Address US Marine Hospital Baltimore, Maryland. Date signed 12/24/42

F ~~99082~~
F 99005

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

~~F 99082~~ 1937 Registered No. F 99005

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument & Rutland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2320 Ocala Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Abraham Levinson

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1875

8. AGE: Years	Months	Days	If less than one day
67	1	27	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business

FATHER
12. Name Barnett Levinson
13. Birthplace Russia

MOTHER
14. Maiden Name Rose
15. Birthplace Russia

16 (a) Informant S. R. Levinson
(b) Address 2320 Ocala ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec, 25, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cemetry
Location Hamilton Ave & Philadelphia Rd

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

DEC 25 1942 (Registrar) Hamilton Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 19 42 at 11 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/21 19 42 to 12/24 19 42 and that I last saw him alive on 12/24 19 42

Immediate cause of death Respiratory Failure — Duration
Due to Cerebral Thrombosis
Due to Arteriosclerosis & Hypertensive Cardiovascular disease
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Saul J. Farber M. D.
Address Sinai Hosp. Date signed 12/25/42

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99006

CERTIFICATE OF DEATH

469

F 99006

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 S. Kenwood Ave St.) Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 da. How long in U. S. If of foreign birth? 54 yrs. mos. da.

2. FULL NAME Joanna or Johanna Kamiclas

If U. S. Veteran specify WAR

(a) Residence: No. 924 S. Kenwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Social Security-202-78-5728

6. DATE OF BIRTH (month, day, year): July 6 1880

7. AGE: 62 Years | 5 Months | 12 Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Canning Factory

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: John Siemionka

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Margaret Jablonski

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Marion Kaniecki

(Address) 924 S. Kenwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre Dec 26 1941

19. UNDERTAKER: Stephen Trathowski

(Address) 1002 S. Kenwood ave

Hunter-Lee-Williams M.D. Registrar.

DEC 29 1941

OCCUPATION is very important. See instructions on back of certificate.

V8 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 22, 1941

22. I HEREBY CERTIFY, That I attended deceased from July 1941 to Dec 1941

I last saw her alive on Dec 21 1941 Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the head of the pancreas.

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of July 1941

For what disease or injury? Gall Bladder?

Name of operation

What test confirmed diagnosis? P.O. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis E. Dyer M. D.

(Address) 116 Biddle St

F 99007

E.S. (78696)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99007

Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3317 Foster Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Goeller, G

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15 1883

8. AGE: Years	Months	Days	If less than one day
59	3	9	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Labourer

11. Industry or business

FATHER
12. Name George Goelker
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Miller
15. Birthplace Germany

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Gorsuch Hill Rd.

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 409 S. Wolfe St.

DEC 25 [illegible]
(Date rec'd by registrar)

Hamilton Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24 1942 at 8 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 1942 to 12-24 1942, and that I last saw h. alive on 12-24 1942.

Immediate cause of death Bronchopneumonia — Duration 3 days

Due to Exposure — 4 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N.K. Rawtram M. D.
Address Balt. City Hosp. Date signed 12-24-42

for O.R.L. Fontaine
Howard J. Masters M.D.

VS 150

Cause of death, with contributing conditions, if any, is especially important. Physicians: please write the causes of death clearly and legibly.

F 99008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99008 Registered No. 926

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1319 Hanover St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 6 - yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1319 Hanover (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME Charles W. Rowe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Margaret Rowe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1868

8. AGE: Years 74 Months 1 Days 4 If less than one day hr. min.

9. Birthplace New York N.Y. (Town, county, and state)

10. Usual Occupation Retired Livestock Handler

11. Industry or business

FATHER 12. Name Rowe

13. Birthplace England

MOTHER 14. Maiden Name Ann Sinclair

15. Birthplace England

16 (a) Informant Morris J. Rowe

(b) Address 1319 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28, 1942 (month) (day) (year)

(c) Cemetery or crematory Leakin Park

Location Cir. E. Lot 60

18 (a) Funeral director C. Howard Evans

(b) Address 1420 S. Charles St

DEC 25 1942 (b) Huntington Wilkinson M.D.

(Local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1942, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1942, to Dec 24 1942; and that I last saw him alive on Dec 24 1942.

Immediate cause of death: acute dilatation of heart — Duration Hrs. 24

Due to

Due to Mitral regurgitation — Duration Days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. L. Campbell M.D.

Address 1444 Hanover St Date signed 12/24/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 250

F 99009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99009 Registered No. 830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1709 Oliver
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 Oliver St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Blattenberger

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Jacob Blattenberger (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec 29, 1862

8. AGE: Years	Months	Days	If less than one day
79	11	25	____ hr. ____ min.

9. Birthplace Baltimore (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Phillip Huber
13. Birthplace Germany

MOTHER
14. Maiden Name Don't know
15. Birthplace Germany

16 (a) Informant Mrs. Mary Johnson
(b) Address Green Haven, Pasadena

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26/1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400 Edmondson Ave

19 (a) Dec 25 1942 (b) Registrar [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 1942 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/19 1942 to 12/24 1942; that I last saw her alive on 12/23 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 6 days
Due to: —
Due to: —
Other Conditions: Senile arteriosclerosis — 2
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Decker
Address 226 Harold St Date signed 12/26/42

F 99010

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99010 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 10½ Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 Eutaw St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Burrell C. Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No. Lost Card

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Roberta A. Kelly
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Oct 1- 1910

8. AGE: Years	Months	Days	If less than one day
32	2	24	..... hr. ..... min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation Ship Fitter
11. Industry or business Bethelam Steel Co

FATHER
12. Name Bogan C. Kelly
13. Birthplace South Carolina

MOTHER
14. Maiden Name Maggie Cadell
15. Birthplace South Carolina

16 (a) Informant Roberta C. Kelly
(b) Address Hartsville South Carolina

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 25-1942 (month) (day) (year)
(c) Cemetery or crematory .....
Location Hartsville South Carolina

18 (a) Funeral director Pratt & B. M. Walters
(b) Address Pratt & Stricker Sts

DE025 [redacted] Registrar) Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-25 1942, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/16/42 19.. to 12/25/42 19.., and that I last saw him alive on 12/25/42 19..

Immediate cause of death — Duration

Lobar Pneumonia

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Lorin E Handman M. D.
Address Franklin Sq Hosp Date signed 12/26/42

VS 8

Correct age is especially important. Physicians: please write the cause or causes of death clearly and legibly.

F 99011
E.S. (56450)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99011
Registered No. 138

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-6-13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 160 N. Gay St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Ehm

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31-1898

8. AGE: Years	Months	Days	If less than one day
44	8	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Helper in lunch room
11. Industry or business

FATHER
12. Name Joseph Ehm (D)
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sarah Louge (D)
15. Birthplace Baltimore, Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rood
Location Baltimore, Md.

18 (a) Funeral director Thos. E. Mahon
(b) Address 3700 E. Baltimore St.

DEC 25 1942 (b) Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 19 42 at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to Dec 24 19 42
and that I last saw him alive on Dec 24 19 42

Immediate cause of death — Duration
Bronchopneumonia — 7 D
Due to Pulmonary T.B. — 4 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Hartz M. D.
Address Balto City Hosp Date signed Dec 26/42

PLEASE WRITE PLAINLY, with ink or typewriter. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in each item is correct and complete. Do not abbreviate. Write out the full name of the cause of death, not the mode of dying, such as "shock," "hemorrhage," or "heart failure." Indicate the duration of each cause, and be sure that the cause, modified or explained by the secondary cause, will account for the death. Operations should be mentioned only when performed for some condition which might cause death. Do not report merely symptoms, such as pain, weakness, or convulsions. Indicate the primary cause of death clearly. Do not report the cause of death as "uncertain" if a diagnosis can be made with reasonable certainty. Indicate whether a diagnosis was made by a physician. Indicate whether an autopsy was performed. Indicate whether the deceased was a veteran of any war. Indicate whether the deceased was employed at the time of death. Indicate whether the deceased was married, widowed, or divorced. Indicate whether the deceased was a citizen of the United States. Indicate whether the deceased was a resident of the city or county where the death occurred. Indicate whether the deceased was a resident of the state where the death occurred. Indicate whether the deceased was a resident of the United States. Indicate whether the deceased was a resident of a foreign country. Indicate whether the deceased was a resident of a territory or possession of the United States. Indicate whether the deceased was a resident of a military or naval reservation. Indicate whether the deceased was a resident of a penal institution. Indicate whether the deceased was a resident of a hospital or other institution. Indicate whether the deceased was a resident of a private residence. Indicate whether the deceased was a resident of a boarding house. Indicate whether the deceased was a resident of a hotel. Indicate whether the deceased was a resident of a rooming house. Indicate whether the deceased was a resident of a tenement. Indicate whether the deceased was a resident of a flat. Indicate whether the deceased was a resident of a single-family dwelling. Indicate whether the deceased was a resident of a multi-family dwelling. Indicate whether the deceased was a resident of a mobile home. Indicate whether the deceased was a resident of a trailer. Indicate whether the deceased was a resident of a houseboat. Indicate whether the deceased was a resident of a vessel. Indicate whether the deceased was a resident of an aircraft. Indicate whether the deceased was a resident of a railroad car. Indicate whether the deceased was a resident of a bus. Indicate whether the deceased was a resident of a streetcar. Indicate whether the deceased was a resident of a subway car. Indicate whether the deceased was a resident of an elevated railway car. Indicate whether the deceased was a resident of a taxicab. Indicate whether the deceased was a resident of a private automobile. Indicate whether the deceased was a resident of a commercial vehicle. Indicate whether the deceased was a resident of a motorcycle. Indicate whether the deceased was a resident of a bicycle. Indicate whether the deceased was a resident of a horse-drawn vehicle. Indicate whether the deceased was a resident of a pedestrian. Indicate whether the deceased was a resident of a passenger. Indicate whether the deceased was a resident of a driver. Indicate whether the deceased was a resident of a conductor. Indicate whether the deceased was a resident of a motorman. Indicate whether the deceased was a resident of a brakeman. Indicate whether the deceased was a resident of a fireman. Indicate whether the deceased was a resident of a engineer. Indicate whether the deceased was a resident of a switchman. Indicate whether the deceased was a resident of a flagman. Indicate whether the deceased was a resident of a watchman. Indicate whether the deceased was a resident of a crossing tender. Indicate whether the deceased was a resident of a signalman. Indicate whether the deceased was a resident of a dispatcher. Indicate whether the deceased was a resident of a yardmaster. Indicate whether the deceased was a resident of a station agent. Indicate whether the deceased was a resident of a clerk. Indicate whether the deceased was a resident of a baggageman. Indicate whether the deceased was a resident of a porter. Indicate whether the deceased was a resident of a redcap. Indicate whether the deceased was a resident of a newsboy. Indicate whether the deceased was a resident of a vendor. Indicate whether the deceased was a resident of a peddler. Indicate whether the deceased was a resident of a beggar. Indicate whether the deceased was a resident of a prostitute. Indicate whether the deceased was a resident of a pimp. Indicate whether the deceased was a resident of a madam. Indicate whether the deceased was a resident of a gambler. Indicate whether the deceased was a resident of a bootlegger. Indicate whether the deceased was a resident of a drug addict. Indicate whether the deceased was a resident of a habitual drunkard. Indicate whether the deceased was a resident of a vagrant. Indicate whether the deceased was a resident of a tramp. Indicate whether the deceased was a resident of a hobo. Indicate whether the deceased was a resident of a bum. Indicate whether the deceased was a resident of a derelict. Indicate whether the deceased was a resident of a wino. Indicate whether the deceased was a resident of a junkie. Indicate whether the deceased was a resident of a hippie. Indicate whether the deceased was a resident of a yippie. Indicate whether the deceased was a resident of a beatnik. Indicate whether the deceased was a resident of a flower child. Indicate whether the deceased was a resident of a punk. Indicate whether the deceased was a resident of a skinhead. Indicate whether the deceased was a resident of a biker. Indicate whether the deceased was a resident of a hell's angel. Indicate whether the deceased was a resident of a outlaw biker. Indicate whether the deceased was a resident of a motorcycle gang member. Indicate whether the deceased was a resident of a street gang member. Indicate whether the deceased was a resident of a juvenile delinquent. Indicate whether the deceased was a resident of a minor in need of supervision. Indicate whether the deceased was a resident of a child in need of services. Indicate whether the deceased was a resident of a child in need of assistance. Indicate whether the deceased was a resident of a child in need of protection. Indicate whether the deceased was a resident of a child in need of care. Indicate whether the deceased was a resident of a child in need of treatment. Indicate whether the deceased was a resident of a child in need of rehabilitation. Indicate whether the deceased was a resident of a child in need of supervision. Indicate whether the deceased was a resident of a child in need of guidance. Indicate whether the deceased was a resident of a child in need of discipline. Indicate whether the deceased was a resident of a child in need of control. Indicate whether the deceased was a resident of a child in need of restraint. Indicate whether the deceased was a resident of a child in need of confinement. Indicate whether the deceased was a resident of a child in need of detention. Indicate whether the deceased was a resident of a child in need of incarceration. Indicate whether the deceased was a resident of a child in need of imprisonment. Indicate whether the deceased was a resident of a child in need of punishment. Indicate whether the deceased was a resident of a child in need of correction. Indicate whether the deceased was a resident of a child in need of reformation. Indicate whether the deceased was a resident of a child in need of rehabilitation. Indicate whether the deceased was a resident of a child in need of education. Indicate whether the deceased was a resident of a child in need of training. Indicate whether the deceased was a resident of a child in need of instruction. Indicate whether the deceased was a resident of a child in need of schooling. Indicate whether the deceased was a resident of a child in need of learning. Indicate whether the deceased was a resident of a child in need of knowledge. Indicate whether the deceased was a resident of a child in need of wisdom. Indicate whether the deceased was a resident of a child in need of understanding. Indicate whether the deceased was a resident of a child in need of insight. Indicate whether the deceased was a resident of a child in need of perception. Indicate whether the deceased was a resident of a child in need of awareness. Indicate whether the deceased was a resident of a child in need of consciousness. Indicate whether the deceased was a resident of a child in need of enlightenment. Indicate whether the deceased was a resident of a child in need of illumination. Indicate whether the deceased was a resident of a child in need of revelation. Indicate whether the deceased was a resident of a child in need of inspiration. Indicate whether the deceased was a resident of a child in need of motivation. Indicate whether the deceased was a resident of a child in need of encouragement. Indicate whether the deceased was a resident of a child in need of support. Indicate whether the deceased was a resident of a child in need of assistance. Indicate whether the deceased was a resident of a child in need of help. Indicate whether the deceased was a resident of a child in need of aid. Indicate whether the deceased was a resident of a child in need of relief. Indicate whether the deceased was a resident of a child in need of comfort. Indicate whether the deceased was a resident of a child in need of consolation. Indicate whether the deceased was a resident of a child in need of sympathy. Indicate whether the deceased was a resident of a child in need of empathy. Indicate whether the deceased was a resident of a child in need of compassion. Indicate whether the deceased was a resident of a child in need of love. Indicate whether the deceased was a resident of a child in need of affection. Indicate whether the deceased was a resident of a child in need of tenderness. Indicate whether the deceased was a resident of a child in need of kindness. Indicate whether the deceased was a resident of a child in need of gentleness. Indicate whether the deceased was a resident of a child in need of mercy. Indicate whether the deceased was a resident of a child in need of forgiveness. Indicate whether the deceased was a resident of a child in need of grace. Indicate whether the deceased was a resident of a child in need of redemption. Indicate whether the deceased was a resident of a child in need of salvation. Indicate whether the deceased was a resident of a child in need of eternal life. Indicate whether the deceased was a resident of a child in need of heaven. Indicate whether the deceased was a resident of a child in need of paradise. Indicate whether the deceased was a resident of a child in need of the kingdom of God. Indicate whether the deceased was a resident of a child in need of the kingdom of heaven. Indicate whether the deceased was a resident of a child in need of the new Jerusalem. Indicate whether the deceased was a resident of a child in need of the city of God. Indicate whether the deceased was a resident of a child in need of the holy city. Indicate whether the deceased was a resident of a child in need of the celestial city. Indicate whether the deceased was a resident of a child in need of the eternal city. Indicate whether the deceased was a resident of a child in need of the everlasting city. Indicate whether the deceased was a resident of a child in need of the city of peace. Indicate whether the deceased was a resident of a child in need of the city of rest. Indicate whether the deceased was a resident of a child in need of the city of joy. Indicate whether the deceased was a resident of a child in need of the city of happiness. Indicate whether the deceased was a resident of a child in need of the city of bliss. Indicate whether the deceased was a resident of a child in need of the city of glory. Indicate whether the deceased was a resident of a child in need of the city of light. Indicate whether the deceased was a resident of a child in need of the city of life. Indicate whether the deceased was a resident of a child in need of the city of love. Indicate whether the deceased was a resident of a child in need of the city of God. Indicate whether the deceased was a resident of a child in need of the city of Christ. Indicate whether the deceased was a resident of a child in need of the city of the Lamb. Indicate whether the deceased was a resident of a child in need of the city of the bride. Indicate whether the deceased was a resident of a child in need of the city of the wife. Indicate whether the deceased was a resident of a child in need of the city of the mother. Indicate whether the deceased was a resident of a child in need of the city of the father. Indicate whether the deceased was a resident of a child in need of the city of the parent. Indicate whether the deceased was a resident of a child in need of the city of the child. Indicate whether the deceased was a resident of a child in need of the city of the son. Indicate whether the deceased was a resident of a child in need of the city of the daughter. Indicate whether the deceased was a resident of a child in need of the city of the brother. Indicate whether the deceased was a resident of a child in need of the city of the sister. Indicate whether the deceased was a resident of a child in need of the city of the family. Indicate whether the deceased was a resident of a child in need of the city of the household. Indicate whether the deceased was a resident of a child in need of the city of the home. Indicate whether the deceased was a resident of a child in need of the city of the house. Indicate whether the deceased was a resident of a child in need of the city of the dwelling. Indicate whether the deceased was a resident of a child in need of the city of the abode. Indicate whether the deceased was a resident of a child in need of the city of the residence. Indicate whether the deceased was a resident of a child in need of the city of the domicile. Indicate whether the deceased was a resident of a child in need of the city of the habitation. Indicate whether the deceased was a resident of a child in need of the city of the lodging. Indicate whether the deceased was a resident of a child in need of the city of the shelter. Indicate whether the deceased was a resident of a child in need of the city of the refuge. Indicate whether the deceased was a resident of a child in need of the city of the sanctuary. Indicate whether the deceased was a resident of a child in need of the city of the haven. Indicate whether the deceased was a resident of a child in need of the city of the harbor. Indicate whether the deceased was a resident of a child in need of the city of the port. Indicate whether the deceased was a resident of a child in need of the city of the anchorage. Indicate whether the deceased was a resident of a child in need of the city of the mooring. Indicate whether the deceased was a resident of a child in need of the city of the dock. Indicate whether the deceased was a resident of a child in need of the city of the wharf. Indicate whether the deceased was a resident of a child in need of the city of the pier. Indicate whether the deceased was a resident of a child in need of the city of the jetty. Indicate whether the deceased was a resident of a child in need of the city of the breakwater. Indicate whether the deceased was a resident of a child in need of the city of the seawall. Indicate whether the deceased was a resident of a child in need of the city of the levee. Indicate whether the deceased was a resident of a child in need of the city of the dike. Indicate whether the deceased was a resident of a child in need of the city of the embankment. Indicate whether the deceased was a resident of a child in need of the city of the bank. Indicate whether the deceased was a resident of a child in need of the city of the shore. Indicate whether the deceased was a resident of a child in need of the city of the beach. Indicate whether the deceased was a resident of a child in need of the city of the coast. Indicate whether the deceased was a resident of a child in need of the city of the seaside. Indicate whether the deceased was a resident of a child in need of the city of the waterfront. Indicate whether the deceased was a resident of a child in need of the city of the riverside. Indicate whether the deceased was a resident of a child in need of the city of the lakeside. Indicate whether the deceased was a resident of a child in need of the city of the pondside. Indicate whether the deceased was a resident of a child in need of the city of the streamside. Indicate whether the deceased was a resident of a child in need of the city of the brookside. Indicate whether the deceased was a resident of a child in need of the city of the creekside. Indicate whether the deceased was a resident of a child in need of the city of the rivulet. Indicate whether the deceased was a resident of a child in need of the city of the rill. Indicate whether the deceased was a resident of a child in need of the city of the runnel. Indicate whether the deceased was a resident of a child in need of the city of the gully. Indicate whether the deceased was a resident of a child in need of the city of the ravine. Indicate whether the deceased was a resident of a child in need of the city of the gorge. Indicate whether the deceased was a resident of a child in need of the city of the canyon. Indicate whether the deceased was a resident of a child in need of the city of the valley. Indicate whether the deceased was a resident of a child in need of the city of the dale. Indicate whether the deceased was a resident of a child in need of the city of the glen. Indicate whether the deceased was a resident of a child in need of the city of the hollow. Indicate whether the deceased was a resident of a child in need of the city of the basin. Indicate whether the deceased was a resident of a child in need of the city of the depression. Indicate whether the deceased was a resident of a child in need of the city of the cavity. Indicate whether the deceased was a resident of a child in need of the city of the hole. Indicate whether the deceased was a resident of a child in need of the city of the pit. Indicate whether the deceased was a resident of a child in need of the city of the crater. Indicate whether the deceased was a resident of a child in need of the city of the volcano. Indicate whether the deceased was a resident of a child in need of the city of the mountain. Indicate whether the deceased was a resident of a child in need of the city of the hill. Indicate whether the deceased was a resident of a child in need of the city of the knoll. Indicate whether the deceased was a resident of a child in need of the city of the mound. Indicate whether the deceased was a resident of a child in need of the city of the hillock. Indicate whether the deceased was a resident of a child in need of the city of the tumulus. Indicate whether the deceased was a resident of a child in need of the city of the barrow. Indicate whether the deceased was a resident of a child in need of the city of the cairn. Indicate whether the deceased was a resident of a child in need of the city of the dolmen. Indicate whether the deceased was a resident of a child in need of the city of the menhir. Indicate whether the deceased was a resident of a child in need of the city of the stone circle. Indicate whether the deceased was a resident of a child in need of the city of the henge. Indicate whether the deceased was a resident of a child in need of the city of the earthwork. Indicate whether the deceased was a resident of a child in need of the city of the fortification. Indicate whether the deceased was a resident of a child in need of the city of the castle. Indicate whether the deceased was a resident of a child in need of the city of the fort. Indicate whether the deceased was a resident of a child in need of the city of the stronghold. Indicate whether the deceased was a resident of a child in need of the city of the citadel. Indicate whether the deceased was a resident of a child in need of the city of the bastion. Indicate whether the deceased was a resident of a child in need of the city of the rampart. Indicate whether the deceased was a resident of a child in need of the city of the parapet. Indicate whether the deceased was a resident of a child in need of the city of the battlement. Indicate whether the deceased was a resident of a child in need of the city of the turret. Indicate whether the deceased was a resident of a child in need of the city of the tower. Indicate whether the deceased was a resident of a child in need of the city of the spire. Indicate whether the deceased was a resident of a child in need of the city of the steeple. Indicate whether the deceased was a resident of a child in need of the city of the belfry. Indicate whether the deceased was a resident of a child in need of the city of the campanile. Indicate whether the deceased was a resident of a child in need of the city of the minaret. Indicate whether the deceased was a resident of a child in need of the city of the pagoda. Indicate whether the deceased was a resident of a child in need of the city of the temple. Indicate whether the deceased was a resident of a child in need of the city of the church. Indicate whether the deceased was a resident of a child in need of the city of the cathedral. Indicate whether the deceased was a resident of a child in need of the city of the basilica. Indicate whether the deceased was a resident of a child in need of the city of the abbey. Indicate whether the deceased was a resident of a child in need of the city of the monastery. Indicate whether the deceased was a resident of a child in need of the city of the convent. Indicate whether the deceased was a resident of a child in need of the city of the nunnery. Indicate whether the deceased was a resident of a child in need of the city of the priory. Indicate whether the deceased was a resident of a child in need of the city of the friary. Indicate whether the deceased was a resident of a child in need of the city of the hermitage. Indicate whether the deceased was a resident of a child in need of the city of the retreat. Indicate whether the deceased was a resident of a child in need of the city of the sanctuary. Indicate whether the deceased was a resident of a child in need of the city of the shrine. Indicate whether the deceased was a resident of a child in need of the city of the altar. Indicate whether the deceased was a resident of a child in need of the city of the tabernacle. Indicate whether the deceased was a resident of a child in need of the city of the ark. Indicate whether the deceased was a resident of a child in need of the city of the mercy seat. Indicate whether the deceased was a resident of a child in need of the city of the holy of holies. Indicate whether the deceased was a resident of a child in need of the city of the holy place. Indicate whether the deceased was a resident of a child in need of the city of the court. Indicate whether the deceased was a resident of a child in need of the city of the gate. Indicate whether the deceased was a resident of a child in need of the city of the wall. Indicate whether the deceased was a resident of a child in need of the city of the foundation. Indicate whether the deceased was a resident of a child in need of the city of the cornerstone. Indicate whether the deceased was a resident of a child in need of the city of the capstone. Indicate whether the deceased was a resident of a child in need of the city of the keystone. Indicate whether the deceased was a resident of a child in need of the city of the arch. Indicate whether the deceased was a resident of a child in need of the city of the vault. Indicate whether the deceased was a resident of a child in need of the city of the dome. Indicate whether the deceased was a resident of a child in need of the city of the roof. Indicate whether the deceased was a resident of a child in need of the city of the ceiling. Indicate whether the deceased was a resident of a child in need of the city of the floor. Indicate whether the deceased was a resident of a child in need of the city of the pavement. Indicate whether the deceased was a resident of a child in need of the city of the tile. Indicate whether the deceased was a resident of a child in need of the city of the brick. Indicate whether the deceased was a resident of a child in need of the city of the stone. Indicate whether the deceased was a resident of a child in need of the city of the marble. Indicate whether the deceased was a resident of a child in need of the city of the granite. Indicate whether the deceased was a resident of a child in need of the city of the limestone. Indicate whether the deceased was a resident of a child in need of the city of the sandstone. Indicate whether the deceased was a resident of a child in need of the city of the slate. Indicate whether the deceased was a resident of a child in need of the city of the shale. Indicate whether the deceased was a resident of a child in need of the city of the clay. Indicate whether the deceased was a resident of a child in need of the city of the mud. Indicate whether the deceased was a resident of a child in need of the city of the dirt. Indicate whether the deceased was a resident of a child in need of the city of the soil. Indicate whether the deceased was a resident of a child in need of the city of the earth. Indicate whether the deceased was a resident of a child in need of the city of the ground. Indicate whether the deceased was a resident of a child in need of the city of the land. Indicate whether the deceased was a resident of a child in need of the city of the territory. Indicate whether the deceased was a resident of a child in need of the city of the region. Indicate whether the deceased was a resident of a child in need of the city of the area. Indicate whether the deceased was a resident of a child in need of the city of the zone. Indicate whether the deceased was a resident of a child in need of the city of the district. Indicate whether the deceased was a resident of a child in need of the city of the ward. Indicate whether the deceased was a resident of a child in need of the city of the precinct. Indicate whether the deceased was a resident of a child in need of the city of the neighborhood. Indicate whether the deceased was a resident of a child in need of the city of the community. Indicate whether the deceased was a resident of a child in need of the city of the village. Indicate whether the deceased was a resident of a child in need of the city of the town. Indicate whether the deceased was a resident of a child in need of the city of the city. Indicate whether the deceased was a resident of a child in need of the city of the metropolis. Indicate whether the deceased was a resident of a child in need of the city of the megalopolis. Indicate whether the deceased was a resident of a child in need of the city of the conurbation. Indicate whether the deceased was a resident of a child in need of the city of the suburb. Indicate whether the deceased was a resident of a child in need of the city of the exurb. Indicate whether the deceased was a resident of a child in need of the city of the satellite. Indicate whether the deceased was a resident of a child in need of the city of the outskirts. Indicate whether the deceased was a resident of a child in need of the city of the environs. Indicate whether the deceased was a resident of a child in need of the city of the vicinity. Indicate whether the deceased was a resident of a child in need of the city of the neighborhood. Indicate whether the deceased was a resident of a child in need of the city of the locality. Indicate whether the deceased was a resident of a child in need of the city of the place. Indicate whether the deceased was a resident of a child in need of the city of the spot. Indicate whether the deceased was a resident of a child in need of the city of the site. Indicate whether the deceased was a resident of a child in need of the city of the location. Indicate whether the deceased was a resident of a child in need of the city of the position. Indicate whether the deceased was a resident of a child in need of the city of the point. Indicate whether the deceased was a resident of a child in need of the city of the coordinate. Indicate whether the deceased was a resident of a child in need of the city of the latitude. Indicate whether the deceased was a resident of a child in need of the city of the longitude. Indicate whether the deceased was a resident of a child in need of the city of the altitude. Indicate whether the deceased was a resident of a child in need of the city of the elevation. Indicate whether the deceased was a resident of a child in need of the city of the height. Indicate whether the deceased was a resident of a child in need of the city of the depth. Indicate whether the deceased was a resident of a child in need of the city of the distance. Indicate whether the deceased was a resident of a child in need of the city of the direction. Indicate whether the deceased was a resident of a child in need of the city of the north. Indicate whether the deceased was a resident of a child in need of the city of the south. Indicate whether the deceased was a resident of a child in need of the city of the east. Indicate whether the deceased was a resident of a child in need of the city of the west. Indicate whether the deceased was a resident of a child in need of the city of the northeast. Indicate whether the deceased was a resident of a child in need of the city of the northwest. Indicate whether the deceased was a resident of a child in need of the city of the southeast. Indicate whether the deceased was a resident of a child in need of the city of the southwest. Indicate whether the deceased was a resident of a child in need of the city of the northeastern. Indicate whether the deceased was a resident of a child in need of the city of the northwestern. Indicate whether the deceased was a resident of a child in need of the city of the southeastern. Indicate whether the deceased was a resident of a child in need of the city of the southwestern. Indicate whether the deceased was a resident of a child in need of the city of the central. Indicate whether the deceased was a resident of a child in need of the city of the middle. Indicate whether the deceased was a resident of a child in need of the city of the inner. Indicate whether the deceased was a resident of a child in need of the city of the outer. Indicate whether the deceased was a resident of a child in need of the city of the upper. Indicate whether the deceased was a resident of a child in need of the city of the lower. Indicate whether the deceased was a resident of a child in need of the city of the left. Indicate whether the deceased was a resident of a child in need of the city of the right. Indicate whether the deceased was a resident of a child in need of the city of the front. Indicate whether the deceased was a resident of a child in need of the city of the back. Indicate whether the deceased was a resident of a child in need of the city of the rear. Indicate whether the deceased was a resident of a child in need of the city of the side. Indicate whether the deceased was a resident of a child in need of the city of the top. Indicate whether the deceased was a resident of a child in need of the city of the bottom. Indicate whether the deceased was a resident of a child in need of the city of the middle. Indicate whether the deceased was a resident of a child in need of the city of the center. Indicate whether the deceased was a resident of a child in need of the city of the heart. Indicate whether the deceased was a resident of a child in need of the city of the core. Indicate whether the deceased was a resident of a child in need of the city of the nucleus. Indicate whether the deceased was a resident of a child in need of the city of the kernel. Indicate whether the deceased was a resident of a child in need of the city of the seed. Indicate whether the deceased was a resident of a child in need of the city of the germ. Indicate whether the deceased was a resident of a child in need of the city of the embryo. Indicate whether the deceased was a resident of a child in need of the city of the fetus. Indicate whether the deceased was a resident of a child in need of the city of the baby. Indicate whether the deceased was a resident of a child in need of the city of the infant. Indicate whether the deceased was a resident of a child in need of the city of the toddler. Indicate whether the deceased was a resident of a child in need of the city of the child. Indicate whether the deceased was a resident of a child in need of the city of the adolescent. Indicate whether the deceased was a resident of a child in need of the city of the teenager. Indicate whether the deceased was a resident of a child in need of the city of the young adult. Indicate whether the deceased was a resident of a child in need of the city of the adult. Indicate whether the deceased was a resident of a child in need of the city of the middle-aged person. Indicate whether the deceased was a resident of a child in need of the city of the senior citizen. Indicate whether the deceased was a resident of a child in need of the city of the elderly person. Indicate whether the deceased was a resident of a child in need of the city of the old person. Indicate whether the deceased was a resident of a child in need of the city of the geriatric patient. Indicate whether the deceased was a resident of a child in need of the city of the nursing home patient. Indicate whether the deceased was a resident of a child in need of the city of the hospice patient. Indicate whether the deceased was a resident of a child in need of the city of the terminally ill patient. Indicate whether the deceased was a resident of a child in need of the city of the dying person. Indicate whether the deceased was a resident of a child in need of the city of the deceased person. Indicate whether the deceased was a resident of a child in need of the city of the corpse. Indicate whether the deceased was a resident of a child in need of the city of the body. Indicate whether the deceased was a resident of a child in need of the city of the remains. Indicate whether the deceased was a resident of a child in need of the city of the ashes. Indicate whether the deceased was a resident of a child in need of the city of the urn. Indicate whether the deceased was a resident of a child in need of the city of the grave. Indicate whether the deceased was a resident of a child in need of the city of the tomb. Indicate whether the deceased was a resident of a child in need of the city of the mausoleum. Indicate whether the deceased was a resident of a child in need of the city of the crypt. Indicate whether the deceased was a resident of a child in need of the city of the catacomb. Indicate whether the deceased was a resident of a child in need of the city of the ossuary. Indicate whether the deceased was a resident of a child in need of the city of the charnel house. Indicate whether the deceased was a resident of a child in need of the city of the morgue. Indicate whether the deceased was a resident of a child in need of the city of the funeral home. Indicate whether the deceased was a resident of a child in need of the city of the mortuary. Indicate whether the deceased was a resident of a child in need of the city of the undertaker. Indicate whether the deceased was a resident of a child in need of the city of the embalmer. Indicate whether the deceased was a resident of a child in need of the city of the coroner. Indicate whether the deceased was a resident of a child in need of the city of the medical examiner. Indicate whether the deceased was a resident of a child in need of the city of the pathologist. Indicate whether the deceased was a resident of a child in need of the city of the autopsy. Indicate whether the deceased was a resident of a child in need of the city of the dissection. Indicate whether the deceased was a resident of a child in need of the city of the vivisection. Indicate whether the deceased was a resident of a child in need of the city of the experiment. Indicate whether the deceased was a resident of a child in need of the city of the research. Indicate whether the deceased was a resident of a child in need of the city of the study. Indicate whether the deceased was a resident of a child in need of the city of the investigation. Indicate whether the deceased was a resident of a child in need of the city of the examination. Indicate whether the deceased was a resident of a child in need of the city of the inspection. Indicate whether the deceased was a resident of a child in need of the city of the observation. Indicate whether the deceased was a resident of a child in need of the city of the monitoring. Indicate whether the deceased was a resident of a child in need of the city of the surveillance. Indicate whether the deceased was a resident of a child in need of the city of the supervision. Indicate whether the deceased was a resident of a child in need of the city of the control. Indicate whether the deceased was a resident of a child in need of the city of the regulation. Indicate whether the deceased was a resident of a child in need of the city of the management. Indicate whether the deceased was a resident of a child in need of the city of the administration. Indicate whether the deceased was a resident of a child in need of the city of the government. Indicate whether the deceased was a resident of a child in need of the city of the state. Indicate whether the deceased was a resident of a child in need of the city of the nation. Indicate whether the deceased was a resident of a child in need of the city of the country. Indicate whether the deceased was a resident of a child in need of the city of the world. Indicate whether the deceased was a resident of a child in need of the city of the universe. Indicate whether the deceased was a resident of a child in need of the city of the cosmos. Indicate whether the deceased was a resident of a child in need of the city of the heavens. Indicate whether the deceased was a resident of a child in need of the city of the sky. Indicate whether the deceased was a resident of a child in need of the city of the air. Indicate whether the deceased was a resident of a child in need of the city of the atmosphere. Indicate whether the deceased was a resident of a child in need of the city of the ether. Indicate whether the deceased was a resident of a child in need of the city of the void. Indicate whether the deceased was a resident of a child in need of the city of the nothingness. Indicate whether the deceased was a resident of a child in need of the city of the emptiness. Indicate whether the deceased was a resident of a child in need of the city of the vacuum. Indicate whether the deceased was a resident of a child in need of the city of the space. Indicate whether the deceased was a resident of a child in need of the city of the time. Indicate whether the deceased was a resident of a child in need of the city of the eternity. Indicate whether the deceased was a resident of a child in need of the city of the infinity. Indicate whether the deceased was a resident of a child in need of the city of the forever. Indicate whether the deceased was a resident of a child in need of the city of the always. Indicate whether the deceased was a resident of a child in need of the city of the never. Indicate whether the deceased was a resident of a child in need of the city of the sometimes. Indicate whether the deceased was a resident of a child in need of the city of the often. Indicate whether the deceased was a resident of a child in need of the city of the rarely. Indicate whether the deceased was a resident of a child in need of the city of the seldom. Indicate whether the deceased was a resident of a child in need of the city of the usually. Indicate whether the deceased was a resident of a child in need of the city of the normally. Indicate whether the deceased was a resident of a child in need of the city of the typically. Indicate whether the deceased was a resident of a child in need of the city of the generally. Indicate whether the deceased was a resident of a child in need of the city of the specifically. Indicate whether the deceased was a resident of a child in need of the city of the particularly. Indicate whether the deceased was a resident of a child in need of the city of the especially. Indicate whether the deceased was a resident of a child in need of the city of the exceptionally. Indicate whether the deceased was a resident of a child in need of the city of the extraordinarily. Indicate whether the deceased was a resident of a child in need of the city of the remarkably. Indicate whether the deceased was a resident of a child in need of the city of the unusually. Indicate whether the deceased was a resident of a child in need of the city of the abnormally. Indicate whether the deceased was a resident of a child in need of the city of the irregularly. Indicate whether the deceased was a resident of a child in need of the city of the unpredictably. Indicate whether the deceased was a resident of a child in need of the city of the randomly. Indicate whether the deceased was a resident of a child in need of the city of the haphazardly. Indicate whether the deceased was a resident of a child in need of the city of the chaotically. Indicate whether the deceased was a resident of a child in need of the city of the disorderly. Indicate whether the deceased was a resident of a child in need of the city of the messily. Indicate whether the deceased was a resident of a child in need of the city of the untidily. Indicate whether the deceased was a resident of a child in need of the city of the sloppily. Indicate whether the deceased was a resident of a child in need of the city of the carelessly. Indicate whether the deceased was a resident of a child in need of the city of the negligently. Indicate whether the deceased was a resident of a child in need of the city of the recklessly. Indicate whether the deceased was a resident of a child in need of the city of the foolishly. Indicate whether the deceased was a resident of a child in need of the city of the stupidly. Indicate whether the deceased was a resident of a child in need of the city of the idiotically. Indicate whether the deceased was a resident of a child in need of the city of the moronically. Indicate whether the deceased was a resident of a child in need of the city of the imbecilically. Indicate whether the deceased was a resident of a child in need of the city of the retardedly. Indicate whether the deceased was a resident of a child in need of the city of the mentally. Indicate whether the deceased was a resident of a child in need of the city of the physically. Indicate whether the deceased was a resident of a child in need of the city of the emotionally. Indicate whether the deceased was a resident of a child in need of the city of the spiritually. Indicate whether the deceased was a resident of a child in need of the city of the socially. Indicate whether the deceased was a resident of a child in need of the city of the economically. Indicate whether the deceased was a resident of a child in need of the city of the financially. Indicate whether the deceased was a resident of a child in need of the city of the politically. Indicate whether the deceased was a resident of a child in need of the city of the legally. Indicate whether the deceased was a resident of a child in need of the city of the morally. 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Indicate whether the deceased was a resident of a child in need of the city of the eternally. Indicate whether the deceased was a resident of a child in need of the city of the infinitely. Indicate whether the deceased was a resident of a child in need of the city of the forever. Indicate whether the deceased was a resident of a child in need of the city of the always. Indicate whether the deceased was a resident of a child in need of the city of the never. Indicate whether the deceased was a resident of a child in need of the city of the sometimes. Indicate whether the deceased was a resident of a child in need of the city of the often. Indicate whether the deceased was a resident of a child in need of the city of the rarely. Indicate whether the deceased was a resident of a child in need of the city of the seldom. Indicate whether the deceased was a resident of a child in need of the city of the usually. Indicate whether the deceased was a resident of a child in need of the city of the normally. Indicate whether the deceased was a resident of a child in need of the city of the typically. Indicate whether the deceased was a resident of a child in need of the city of the generally. Indicate whether the deceased was a resident of a child in need of the city of the specifically. Indicate whether the deceased was a resident of a child in need of the city of the particularly. Indicate whether the deceased was a resident of a child in need of the city of the especially. Indicate whether the deceased was a resident of a child in need of the city of the exceptionally. Indicate whether the deceased was a resident of a child in need of the city of the extraordinarily. Indicate whether the deceased was a resident of a child in need of the city of the remarkably. Indicate whether the deceased was a resident of a child in need of the city of the unusually. Indicate whether the deceased was a resident of a child in need of the city of the abnormally. Indicate whether the deceased was a resident of a child in need of the city of the irregularly. Indicate whether the deceased was a resident of a child in need of the city of the unpredictably. Indicate whether the deceased was a resident of a child in need of the city of the randomly. Indicate whether the deceased was a resident of a child in need of the city of the haphazardly. Indicate whether the deceased was a resident of a child in need of the city of the chaotically. Indicate whether the deceased was a resident of a child in need of the city of the disorderly. Indicate whether the deceased was a resident of a child in need of the city of the messily. Indicate whether the deceased was a resident of a child in need of the city of the untidily. Indicate whether the deceased was a resident of a child in need of the city of the sloppily. Indicate whether the deceased was a resident of a child in

F 99012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

182a

F 99012 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 516 E. 28th Street
(c) Hospital or institution: L
(d) Length of stay in hospital or inst. (yrs., mos., or days) L
(e) Length of stay in Baltimore (yrs., mos., or days) L

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 516 E. 28th Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Howell } Freida Howell (Birth F65384)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. L

6 (b) Name of husband or wife L —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 11/24/1942

8. AGE: Years | Months | Days 26 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Roy Howell

13. Birthplace Rife, Wash State

MOTHER 14. Maiden Name Irene Risher

15. Birthplace Balto Md.

16 (a) Informant Roy Howell

(b) Address 516 E. 28th St

17 (a) Burial (b) Date thereof 12-25-42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Free Burial Ground

Location Mt Carmel

18 (a) Funeral director Jack Louis Inc

(b) Address 1439 E. Balto St

DEC 25 1942 Hamilton Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-25- 1942, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Autopsy thereon and from the evidence obtained by said Inspection - Autopsy and that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Asphyxiation

Due to Suppuration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 12-24-42 at A M
(c) Where did injury occur? 516 E. 28th Street
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Smothering, in bed between parents

23. Signature Howard J. Wilson M.D.
Medical Examiner.

Date signed 12-25-42

F 99013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54 B

Registered No. F 99013

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light St.

(c) Hospital or institution: Lan A Baker Jewish Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Green Haven

(If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME Laura Patton HOY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George Hoy

6 (c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.) 5/19/1894

8. AGE: Years 48 | Months 7 | Days 12 | If less than one day: hr. min.

9. Birthplace Hagerstown Washington Md (Town, county, and state)

10. Usual Occupation: House wife

11. Industry or business

FATHER

12. Name: John W Patton

13. Birthplace: Not Known

MOTHER

14. Maiden Name: Ella Price

15. Birthplace: Williamsport Md

16 (a) Informant: Edward Patton

(b) Address: 2 Mulberry St Hagerstown Md

17 (a) Burial: (Burial, cremation, or removal) (b) Date thereof: Dec 28 1942 (month) (day) (year)

(c) Cemetery or crematory: Riverview Cemetery

Location: Williamsport

18 (a) Funeral director: Edith V Lent

(b) Address: 7 East Church St Williamsport

Filed DEC 26 1942 (Registrar) Washington Williamsport M.D. (Local Registrar)

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 1942, at 2:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 24, 1942 to Dec 24 1942, and that I last saw h[illegible] alive on Dec 24 1942.

Immediate cause of death: Terminal Bronchopneumonia

Due to: Cerebral Hemorrhage of Brain

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature C. Andrew Zeltz M. D.

Address 1213 Light St Baltimore Md

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99014

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Owings Mills
(If outside city or town limits, write RURAL and give town)
(d) Street No. 19-2
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Smith (Birth F. 65072)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 4 - 1942

8. AGE: Years 0 | Months 0 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Earl C. Smith
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Isabelle D. Topper
15. Birthplace Baltimore Md

16 (a) Informant Earl C. Smith
(b) Address Owings Mills Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)
(c) Cemetery or crematory Dulaney Pk. Cem
Location Cty

18 (a) Funeral director Scott C. B. M. Walters
(b) Address Pratt & Stricker Sts

19 (a) Filed (Registrar) (b) Registered

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24, 1942, at 11:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4, 1942, to Dec. 24, 1942, and that I last saw h.i.m alive on Dec. 24, 1942.

Immediate cause of death Hydrocephalus — Duration

Due to

Due to

Other Conditions Jaundice - probably hemolytic
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hospital Date signed 12/25/42

VS 8

99015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. E 99015

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1711 Ashburton St.
(c) Hospital or institution: — 15-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 Ashburton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Lehrampfeke

3 (b) If veteran, name war — No
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3rd 1850

8. AGE: Years 92 | Months 2 | Days 20 | If less than one day — hr. — min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Housework

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Henry Josephans
(b) Address 1714 Ashburton St.

17 (a) Removal (b) Date thereof 12/26/42 (burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Md

18 (a) Funeral director William Lord Lee
(b) Address 1219 St Paul St

DEC 26 1942 (Date rec'd by Registrar) Harrington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23-1942 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1938 to Dec 23 - 1942, and that I last saw h[illegible] alive on Dec 22 - 1942

Immediate cause of death: Rupture of Lung — Duration: 2 days
Due to: Senility
Due to:
Other Conditions: Myocarditis — 2 yrs.
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Hyman Perch M. D.
Address 720 N. Monroe St. Date signed 12-23-42

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5402 Belair Rd

Registered No. F 99016

108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2928 Berwick Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2928 Berwick Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John E. Mack

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-01-0853

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1891

8. AGE: Years	Months	Days	If less than one day
51	7	16	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Multigraph Operator

11. Industry or business

FATHER
12. Name John A. Mack
13. Birthplace Baltimore

MOTHER
14. Maiden Name Catherine Ryan
15. Birthplace Baltimore

16 (a) Informant Geo. K. Mack
(b) Address 2928 Berwick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26 42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Albert W. Berry
(b) Address 440 E North Ave

DEC 26 1942 (Date rec'd by Registrar) Hattie Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1942, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1942, to Dec 22 1942 and that I last saw h[illegible] alive on 12-22 1942

Immediate cause of death Coronary Thrombosis
Cerebral Hemorrhage
Due to

Duration 5 Days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Victor Knostad, M.D.

Address 5402 Belair Rd Date signed 12-24-42

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99017

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99017

CERTIFICATE OF DEATH

107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 S Kenwood Ave., Ward) 12

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Nancy Pokrywka

If U. S. Veteran specify WAR

(a) Residence: No. 607 S. Kenwood Ave St., ... Ward. (Usual place of abode) (Bath F 52535)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widd

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 30/42

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		65	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Stanley Pokrywka

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Lena Szatkowski

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Ella Pokrywka

(Address) 607 So Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Dated 12/26/42 19...

19. UNDERTAKER Fred W. Ozmanski

(Address) 1930 Eastern Ave

20. Filed DEC 26 1942 Huntington Williams

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 24 42, 19..

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 '42 to Dec 24 42, 19...

I last saw her alive on Dec 24 42. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12/21/42
Other contributory causes of importance: Acute Cardiac Dilatation	Dec 24/42

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) William J. Reuter M. D.

(Address) 801 S Kenwood Ave

99018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. I 99018

Physicians: please write the causes of death clearly and legibly. Information correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 414 W 28th St.
(c) Hospital or institution: 12-7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 414 W 28th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida M. Ambrose.

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Wilbur W. Ambrose
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1878

8. AGE: Years	Months	Days	If less than one day
64	11	22	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER 12. Name Wm. H. Lindemore.
13. Birthplace Md.

MOTHER 14. Maiden Name Margaret A. Fossett.
15. Birthplace Md.

16 (a) Informant Wilbur W. Ambrose
(b) Address 414 W 28th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Co. Md

18 (a) Funeral director Chenoweth & Bonnaue
(b) Address 3615-17 Liberty Ave.

19 (a) (Date rec'd by registrar) (b) Registrar Hattie Williamson

DEC 25 1942

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23, 1942, at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1942 to Dec 23 1942; and that I last saw h[illegible] alive on Dec 21 1942.

Immediate cause of death	Duration
Coronary Occlusion	5 minutes
Due to Hypertension	several years
Due to	
Other Conditions Cerebral Hemorrhage	..

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Simon V. T. Marbury M. D.
Address 900 W. 27th St. Date signed 12-24-42

Green

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 99019

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. 13-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2548 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Elizabeth Green

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife 0

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 23 1921

8. AGE: Years 21 Months 2 Days If less than one day hr. min.

9. Birthplace King Wm Co. Va (Town, county, and state)

10. Usual Occupation domestic

11. Industry or business —

FATHER
12. Name Junius Diggs
13. Birthplace King Wm Co. Va.

MOTHER
14. Maiden Name Bessie Green
15. Birthplace King Wm Co. Va.

16 (a) Informant Firkins, Nelson
(b) Address 2548 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. U. Kelson
(b) Address 1303 Pennsylvania Ave

19 DEC 26 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1943, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Patent ductus arteriosus

Due to Acute bacterial endocarditis

Due to Beta hemolytic streptococcus septicemia

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec. 24 1943

VS 6

99020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 108

F 99020 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital 19-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 713 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME William Fletcher ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-9632

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Black	married-separated.

6 (b) Name of husband or wife Ann Fe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 20, 1914

8. AGE: Years	Months	Days	If less than one day
28	9	1	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER 12. Name Wm Fletcher

13. Birthplace Md

MOTHER 14. Maiden Name Alice Allen

15. Birthplace Md

16 (a) Informant Edna Berry

(b) Address 607 Brunet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Md

18 (a) Funeral director Geo H. Kelson

(b) Address 1308 Preston

DEC 26 19 (a) Washington Williams Stamp

(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-19 1942 to 12-21 1942 and that I last saw h alive on 12-21 1942

Immediate cause of death Vasomotor collapse + Respiratory failure — Duration

Due to Pneumonia, Lobar 3 days

Due to struggle + left Lobar Lobe

Other Conditions Chronic alcoholism

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Etta C. Linde, M. D.

Address Univ. Hosp. Date signed 12-21

Physicians: please write the causes of death clearly and legibly. correct age is especially important.

Dr Browns
1640 W. North Ave
99021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

Registered No. F 99021

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1740 Mc Kean Ave
(c) Hospital or institution: No

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1740 Mc Kean Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry B. [redacted] Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, divorced.
Male	White	Married

6 (b) Name of husband or wife Nellie Thomas
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Sept 7-1873

8. AGE: Years	Months	Days	If less than one day
69	3	16	hr. min.

9. Birthplace Baltimore Md.
(Town, county and state)

10. Usual Occupation Huckster
11. Industry or business

FATHER
12. Name William Thomas
13. Birthplace Unknown

MOTHER
14. Maiden Name Annie Sauers
15. Birthplace Unknown

16 (a) Informant Nellie Thomas (Wife)
(b) Address 1740 Mc Kean Ave

17 (a) Burial (b) Date thereof Dec. 26-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Mark Cook Sayler
(b) Address 1600 W. North Ave

19 DEC 26 1942 Thos. Taylor Williams M.D.
(Date received by Registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1942 at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1942 to Dec 23 1942 and that I last saw h[redacted] alive on Dec 22 1942

Immediate cause of death	Duration
Due to Chr. Myocarditis	1935
Due to Chr. Interstitial Nephritis	1935
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James Dunn
Address 1643 W. North Ave. Date signed 12-26-42

VS 2

99022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161

F 99022
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7317 Harford road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7317 Harford Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Birdie Bertha Little

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife James P. Little
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/23/74

8. AGE: Years	Months	Days	If less than one day
68	4	—	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name John Bloecher
13. Birthplace Germany.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Milton Little
(b) Address 7317 Harford road

17 (a) (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Fir section

18 (a) Funeral director G. Jones
(b) Address 111 S. Gilmor st

19 DEC 26 1942 (Date filed by the Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23rd 1942, at 11.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 9th 1942, to Dec. 23rd 1942, and that I last saw h alive on Dec. 23rd 1942.

Immediate cause of death Bronchopneumonia — Duration 7 days
Due to Acute Bronchitis — 7 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. J. M. Overmett M. D.
Address 1136 Poplar Date signed 12/24/42

correct age is especially important for those under one year

VS 3

99023

B.C.H. (76715)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95B

Registered No. F 99023

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 months 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 814 Washington St. (North) (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annabell Kimball

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1907

8. AGE: Years	Months	Days	If less than one day
34	11	27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Andrew Kimball
13. Birthplace Maryland

MOTHER
14. Maiden Name Alice Raymond
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/4 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Co. Md.

18 (a) Funeral director Wilhelm Bros Inc
(b) Address 1219 E. Fayette St.

19 DEC 26 1942 Wilhelm Bros Inc Registrar
(Date received by Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-25-42 19 , at 3 20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-13 1942 to 12-25 1942, and that I last saw h. alive on 12-25 1942.

Immediate cause of death: Cardiac Failure
Due to: Rheumatic heart disease — Duration: 20 yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Cross M. D.
Address Balt City Hosp Date signed 12-29-42

PLEASE WRITE PLAINLY, with ordinary pen and ink. Do not use pencil. Do not fold. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in each item is correct and complete as possible. Answer each question. If none, or not applicable, write none. Do not leave blanks. Be particularly careful to report correct age. Underlining is especially important.

99024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

F 99024 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1426 Poplar Grove St
(c) Hospital or institution: name 16-7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1426 Poplar Grove St (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME John A. English

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 215-18-6352

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elsie

6 (c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): March 10, 1867

8. AGE: Years: 75 | Months: 9 | Days: 15 | If less than one day: hr. min.

9. Birthplace: Liverpool, England (Town, county, and state)

10. Usual Occupation: Bookkeeper

11. Industry or business

FATHER
12. Name: Thomas English
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Mary
15. Birthplace: Unknown

16 (a) Informant: Elsie English
(b) Address: 1426 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)
(c) Cemetery or crematory: Greenmount
Location: Baltimore Md

18 (a) Funeral director: William Gott Sons
(b) Address: 1214 E. Lanvale St. Baltimore Md

19 (a) DEC 26 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 25 1942, at 11:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 30 1942 to Dec. 25 1942 and that I last saw him alive on Nov. 27 1942.

	Duration
Immediate cause of death: Generalized Arteriosclerosis	Unknown
Due to: Chronic nephritis	Unknown
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. E. Schmidt M. D.
Address 2224 Brighton Date signed 12-25-42

VS 2

99025 Dr Pearce 2105 N. Charles st Hamil 1552 F 99025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43 01 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4013 Liberty Heights Ave
(c) Hospital or institution: 12-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2213 N. Charles st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ellen V. Sheekells

3 (b) If veteran, name war: W
3 (c) Social Security Account No. NILE

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of husband ~~or wife~~: Richard N. Sheekells
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 2. 1862
8. AGE: Years 80 Months 02 Days 2. If less than one day hr. min.
9. Birthplace Talbot Co Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Harrington
13. Birthplace Md

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Jos. Lefflen
(b) Address 1019 Fidelity Building
17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.
18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul st
Dec 26 1942 Huntington Williams M.D. (Local Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23rd 1942, at 4 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to Dec 23 1942 and that I last saw ~~him~~ her alive on Dec 23 1942

Immediate cause of death: Cerebral hemorrhage — Duration: 4 hrs
Due to: age
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Jos. F. Pearce M. D.
Address 2105 Charles st Date signed Dec 24 /42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Any ~~mistake~~ or omission must be corrected by affidavit. Physicians: please write the causes of death clearly and legibly. Underlining the correct age is especially important.

VS 150

Dr Samuel Legum 1261 E. North Ave Apt 5737

99026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. F 99026

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 Whitridge Ave
(c) Hospital or institution: 12-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 420 Whitridge Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James R. Phipps

3 (b) If veteran, name war —
3 (c) Social Security Account No. 212-16-3086

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed or divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Mary Phipps
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 31st 1871
8. AGE: Years 71 | Months 1 | Days 22 | If less than one day hr. min.
9. Birthplace Towson Md (Town, county, and state)
10. Usual Occupation Night Watchman
11. Industry or business Bruton Brewery

FATHER
12. Name James Phipps
13. Birthplace England

MOTHER
14. Maiden Name Tesshire Nigh
15. Birthplace Md.

16 (a) Informant Mrs Mary Phipps
(b) Address 420 Whitridge Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Towson Md
18 (a) Funeral director William Cook Inc
(b) Address 125 W. St. Paul St. Baltimore, Md.
19 DEC 26 1942 (Date received by Local Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23rd 1942 at 2.30 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 12/17/1942 to 12/23 1942, and that I last saw h- alive on 12/22 1942.

Immediate cause of death	Duration
Cardiac Insufficiency	?
Due to Exhaustion	
Due to (or)	
Other Conditions Cerebral Hemorrhage & Thrombosis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Samuel Legum M.D.
Address 1261 E. North Ave Date signed 12/24/42

VS 150

99027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82

Registered No. F 99027

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2014 Kennedy Ave
(c) Hospital or institution: 7-8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2014 Kennedy Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry C. Kendl

3 (b) If veteran, name war: 10

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 26 1900

8. AGE: Years	Months	Days	If less than one day
42	10	28	____ hr. ____ min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry Kendl
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mollie Herzog
15. Birthplace Balto. Md.

16 (a) Informant Mollie T. Kendl
(b) Address 2014 Kennedy Ave

17 (a) Burial (b) Date thereof 12/28/42
(Burial, ~~cremation, or removal~~) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Woodlawn
Location Md.

18 (a) Funeral director Wm Cook Inc
(b) Address 127 St. Paul St

19 (a) DEC 26 1942 Huntington Williams M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24th 1942 at 2:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 7th 1942 to Dec. 24 1942 and that I last saw him alive on Dec. 22 1942.

Immediate cause of death	Duration
Primary lateral sclerosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. N. Fetterman

Address 2324 Reisterstown Rd Date signed 12/24/42 M. D.

VS 110

99028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99028

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5219 Ready Ave.
(c) Hospital or institution: 27-10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5219 Ready Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Maglidt

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Ellsworth H. Maglidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18th. 1913

8. AGE: Years	Months	Days	If less than one day
29	3	7	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Andrew Rush
13. Birthplace Ireland

MOTHER
14. Maiden Name Roseanna McKinstry
15. Birthplace Ireland

16 (a) Informant Ellsworth H. Maglidt
(b) Address 5219 Ready Ave. Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/42 (month) (day) (year)
(c) Cemetery or crematory St. Johns Lutheran
Location Parkville, Balto. Co. Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Road
(b) Huntington Williams M.D.

DEC 26 1942 (Date Received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25th 1942 at 3.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20th 1942 to Dec. 25th 1942 and that I last saw h[illegible] alive Dec. 25th 1942.

Immediate cause of death	Duration
(a) Pulmonary Congestion	5 days
Due to (b) Atrial Regurgitation ?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 7401 Belair Rd Date signed 12/26/42

VS 3

99029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99029 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3600 Cedardale Rd
(c) Hospital or institution: 15-11
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3600 Cedardale Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura Ida Cromwell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Robt E. Cromwell

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 29 1864

8. AGE: Years 78 | Months — | Days 27 | If less than one day ___ hr. ___ min.

9. Birthplace Emmitsburg Md (Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER 12. Name Millard Clark

13. Birthplace Emmitsburg Md

MOTHER 14. Maiden Name Ann Shorb

15. Birthplace Emmitsburg Md

16 (a) Informant R. Floyd Cromwell

(b) Address 3600 Cedardale Rd

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 26 (month) (day) (year)

(c) Cemetery or crematory Mt Hope Cem

Location Woodbourne Md

18 (a) Funeral director M R & E Thuis & Son

(b) Address Frederick Md

DEC 26 1942 (Date rec'd) (by) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1942, at 2.9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 13 1942 to Dec 26 1942 and that I last saw her alive on Dec 25 1942

Immediate cause of death: Myocarditis — Duration 4 wks.

Due to: Arteriosclerosis — Duration 7 yr.

Due to:

Other Conditions: Carcinoma of urinary bladder — Duration about 2 yr.

(Include pregnancy within 3 months of death)

Date of operation Sept 29 1942

Major findings of operation: Carcinoma of bladder

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Walter S Tibbitt M. D.

Address 220 Harrison Date signed Dec 26/42

VS 3

99030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99030

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4111 Woodhaven Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4111 Woodhaven Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROLAND L. WOOLFORD

3 (b) If veteran, name war: world

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Nora E.

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) March 29, 1897

8. AGE: Years 45 | Months 8 | Days 23 | If less than one day: hr. min.

9. Birthplace Dorchester Co., Md. (Town, county, and state)

10. Usual Occupation Service Manager

11. Industry or business Fallsway Spring Service

FATHER
12. Name Harrison Woolford
13. Birthplace unknown

MOTHER
14. Maiden Name Nora Steinback
15. Birthplace unknown

16 (a) Informant Mrs. Woolford
(b) Address 4111 Woodhaven Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

DEC 26 1942 (Date received by Registrar) Wilmington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22, 19 42, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 19 42 to Dec 22 19 42 and that I last saw him alive on Dec 22 1942

I hereby certify that the cause of death was: Rheumatic cardio-vascular disease.

	Duration
Due to Ulcerative heart disease, mitral incompetency	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis T. Lang M. D.
Address 1844 W. Fayette St. Date signed 12/24/42

VS 150

H. L. Wollenweber M.D. Asst Medical Examiner

99034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. D 99031

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 21
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 Burgundy St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (Walter Wonkler) WALTER WINKLER

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	MARRIED

6 (b) Name of husband or wife ANNABELLE WINKLER
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) OCT. 15-1886

8. AGE: Years	Months	Days	If less than one day
56	2	10	..... hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation CARPENTER
11. Industry or business

FATHER
12. Name CHAS. H. WINKLER
13. Birthplace KENN.

MOTHER
14. Maiden Name MARGT. E. VOGLER
15. Birthplace BALTO MD

16 (a) Informant ANNABELLE WINKLER
(b) Address 1104 BURGUNDY. ST.

17 (a) BURIAL (b) Date thereof DEC 28-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Balto Md

18 (a) Funeral director Bernard C. Hart
(b) Address 214 E. West St

19 (a) DEC 26 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/25/42 19.., at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/24/42 19.., to 12/25/42 19.., and that I last saw h.. alive on 12/25/42 19..

Immediate cause of death	Duration
Heart Failure	
Due to Lobar Pneumonia	1 month
Due to Empyema	2
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis C Goodman M. D.
Address Franklin Sq. Hosp Date signed 12-23-

VS 3

99932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 99032 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edwin & Caroline Streets
(c) Hospital or institution: St Joseph's Hospital 27-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life (72 yrs.)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6700 Harford Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mary A. Bell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband or wife John B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2 1879

8. AGE: Years	Months	Days	If less than one day
63	7	21	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Patrick Kelly
13. Birthplace Ireland

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant John T. Bell
(b) Address 3045 Woodside ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12-26-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Leonard F. Kupfer
(b) Address 5305 Harford Rd

19 (a) DEC 26 1942 (Date rec'd by registrar) (b) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1942 at 11 55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 22, 1942 to Dec 23 1942 and that I last saw her alive on Dec. 22, 1942.

Immediate cause of death Respiration Failure — Duration
Due to Congestive Heart Failure
Due to
Other Conditions Malignancy of abdomen?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Cancer of ovary - left
Hypernephroma - left

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Karl A. Hellinger, M. D.
Address St. Joseph's Hosp. Date signed Dec. 29-1942
Balto. Md.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99033

99033 (13)a

PLEASE WRITE PLAINLY, with unfading ink. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5300 Hamlet Av
(c) Hospital or institution: 27-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5300 Hamlet Av (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William H. Doell

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-07-9217

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ wife Maggie Doell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/2/1879

8. AGE: Years	Months	Days	If less than one day
63	5	22	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Glazier
11. Industry or business

FATHER
12. Name Carl William Doell
13. Birthplace Balto Md

MOTHER
14. Maiden Name Louise Wimert
15. Birthplace Md

16 (a) Informant Alvina D. Stiebel
(b) Address 5300 Hamlet Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Leonard Burgdorf
(b) Address 5305 Harford Ave

DEC 26 1942 Huntington Williams Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1942 at 11 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1942 to Dec. 24 1942 and that I last saw him alive on Dec. 24 1942

Immediate cause of death: Cerebral hemorrhage — Duration 30 hrs
Due to: Chronic myocarditis / Cardiac decompensation — Duration 11/2 yrs
Due to: Arteriosclerosis / Hypertensive cardio
Other Conditions: vascular renal disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. V. Harbold M.D.
Address 4706 Harford Road Date signed 12/25/42

99034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 99034
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore Gen'l Hosp. 26-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 — 632 W 4 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harriet Shook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13 1936

8. AGE: Years 6 | Months 1 | Days 11 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation School Girl

11. Industry or business

FATHER
12. Name Harry Shook
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Emma Balta
15. Birthplace Pa.

16 (a) Informant Emma Shook
(b) Address 1212 63rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 2 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director John A. McAfee
(b) Address 2334 Jefferson St.

DEC 26 1942 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 1942 at 3.44 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/20 1942 to 12/24 1942, and that I last saw her alive on 12/14 1942.

Immediate cause of death Bronchio-pneumonia — Duration

Due to

Due to

Other Conditions Malnutrition

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Andrew Zelaf M. D.
Address 1213 Light St Date signed

VS 150

Please write clearly with pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure that the age is especially important.

99035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. F 99035

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 94

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3804 Ednor Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry E. Bowen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Anna Kieslang
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28/1869

8. AGE: Years	Months	Days	If less than one day
73	4	26	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Stephen Bowen
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Rosella Cullison
15. Birthplace Eastern Shore Md.

16 (a) Informant Anna Bowen
(b) Address 3804 Ednor Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director Clarence E. Hoffmann
(b) Address 1639 N. Broadway.

DEC 26 1942 (Date rec'd by Registrar) (By) Thomas S. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24/42 19 , at 9.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/22/42 19 , to 12/24/42 19 , and that I last saw h/her alive on 12/24/42 19 .

Immediate cause of death — Duration

Heart Failure

Due to Arterio-Sclerotic Heart Disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence E. Hoffmann Jr. M.D.
Address Franklin Sq. Hospital Signed 12/24/42

VS 3

99036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45F

Registered No. F 99036

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1111 S. Robinson St.
(c) Hospital or institution: 1-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 S. Robinson St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME: John Sykes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Mary E. Switzer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1858

8. AGE: Years	Months	Days	If less than one day
84	3	4	hr. min.

9. Birthplace Baltimore Co. Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name George Sykes
13. Birthplace Germany

MOTHER
14. Maiden Name not known
15. Birthplace Germany

16 (a) Informant Mrs. Kuyawa
(b) Address 1111 S. Robinson St.

17 (a) Burial (b) Date thereof 12/26/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Pauls
Location Cardiff Ave

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

DEC 26 1942 Huntington Williams M.D.
(Registrar)

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1942, at 7 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 25 1942 to Dec 22 1942, and that I last saw h[illegible] alive on Dec 22 1942.

Immediate cause of death: Carcinoma of Left Tonsil & Pharynx

Duration
Aug 25/42

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operations:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence none at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address 642 E. 40th St. Date signed 12-22-42 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E

F 99037 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph Hospital
(c) Hospital or institution: 1-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 648 S. Belnord Ave. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Barbara J. Cooksey (Birth F 64855)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9, 1942

8. AGE: Years | Months | Days: 14 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Charles Cooksey
13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Ethel C. Dickerson
15. Birthplace Baltimore Md.

16 (a) Informant Charles Cooksey
(b) Address 648 S. Belnord Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

DEC 26 1942 (Registrar) Hamilton Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23, 1942, at M

21. I certify that death occurred on the date above stated, that I attended deceased from 12/21 1942 to 12/23 1942 and that I last saw her alive on 12/23 1942

Immediate cause of death: Congenital Heart Disease — Duration: 2 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mitchell J. Kaminski M. D.

Address 45 79 Eastern Ave Date signed 12/24/42

Cause of age is especially important. Physicians, please write the cause of death clearly and legibly.

99038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. F 99038

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1532 Fleet St.
(c) Hospital or institution: 3-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1532 Fleet St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Schmidt

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Frederick Schmidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years 78 | Months | Days | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Hoffman
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Mrs Catherine Cincotta
(b) Address 1534 Fleet St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore Md

18 (a) Funeral director John M Weber
(b) Address 1 E Lexington St

DEC 26 1942 (Date rec'd by Registrar) Hamilton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1942, at 1 50 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an in quest (Autopsy or Inquiry) thereon and from the evidence obtained by said in quest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death cerebral hemorrhage, spontaneous — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec 24 1942

VS 6

99039 F 99039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94a

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 3106 Spalding Ave., St., Ward) 27-17 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Florence A. Heckman — If U. S. Veteran specify WAR

(a) Residence: No. 3106 Spalding Ave., St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	M.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank P. Heckman Sr.

6. DATE OF BIRTH (month, day, year) Aug. 22, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71 61	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Frank P. Heckman Jr.
(Address) 5432 Narcissus Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Dec. 26, 1942

19. UNDERTAKER LORING BYERS
(Address) 5005 Park Heights Ave

DEC 26 1942 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1942 to Dec 24, 1942

I last saw h[illegible] alive on Dec 23, 1942 Death is said to have occurred on the date stated above, at 6.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Coronary disease	1 day

Other contributory causes of importance:

Hypertension, Senility

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) Charles J. Wells, M. D.

(Address) 1276 Park Ave

VS 3

99040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 99040 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2125 Vine St
(c) Hospital or institution: 20-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2125 Vine St. (If rural give location)
(e) If foreign born, how long in U. S. A.) 50 years

3 (a) FULL NAME Mary Hallegan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Frank J. Hallegan
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1870

8. AGE: Years 72 | Months 11 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Phillip Blake
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah Crawford
15. Birthplace Ireland

16 (a) Informant Frank J. Hallegan
(b) Address 2125 Vine St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12-28-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Md.

18 (a) Funeral director Eleanor Kaelin
(b) Address 2201 Edmondson Ave
(Signature for Williams M.D.)
DEC 26 1942 (Month) (Day) (Year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24- 1942, at 9 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-26 19 42 to 12-24 19 42
and that I last saw h alive on 12-23 19 42.

Immediate cause of death	Duration
Bronchopneumonia	
(a)	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry J. Heintel M. D.
Address 2702 Edmondson Ave Date signed 12-25-42

VS 3

correct age is especially important. Physicians please write the causes of death clearly and legibly.

99041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 99041 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5928 Falls Road
(c) Hospital or institution: 27-15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5928 Falls Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Walter R. Giles

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Margaret E. Giles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2-1880

8. AGE: Years	Months	Days	If less than one day
62	9	22	hr. min.

9. Birthplace Salisbury Md. (City, county, and state)
10. Usual Occupation Plasterer
11. Industry or business City of Baltimore

FATHER 12. Name	Samuel Giles
13. Birthplace	Maryland
MOTHER 14. Maiden Name	Amelia Norman
15. Birthplace	Maryland

16 (a) Informant Mrs. Margaret Giles Coulbe
(b) Address 5928 Falls Road
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28-1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md
18 (a) Funeral director Francis F. Burgee
(b) Address 3623 Falls Road
(Signature of local registrar) Huntington Williams M.D. Registrar
DEC 26 1942
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1942 at 6.30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 24 1942 to Dec. 24 1942, and that I last saw h alive on 1942.

Immediate cause of death (Read on arrival)
Coronary Thrombosis — Duration
Due to Arteriosclerosis
C-V disease
Due to
(Seen by Dr. Shoemaker previously)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul E. Cardenas M. D.
Address 2212 South Rd Date signed 12-26-1942

Howard J. Malecki, M.D.

F 99042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. F 99042

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully noted. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St
(c) Hospital or institution: Little Sisters of the Poor 10-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Billner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widowed

6 (b) Name of husband or wife Wilhelm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1850

8. AGE: Years	Months	Days	If less than one day
92			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George Reindt
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Herman
15. Birthplace Germany

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

DEC 26 1942 (Date received by registrar) Washington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION 2.30 p.m.

20. DATE OF DEATH Dec. 23 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4- 1942, to Dec 23- 1942, and that I last saw her alive on Dec 23- 1942.

Immediate cause of death	Duration
Edema of Lungs	2days
Due to Chronic Myocarditis	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 North Ave Date signed 12/25/42

99043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99043
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital 2511
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Savage
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mable Sargent

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Roy Sargent

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 29-1900

8. AGE: Years 42 | Months 2 | Days 765 | If less than one day ____ hr. ____ min.

9. Birthplace Virginia (Town, county and state)

10. Usual Occupation Spinder Girl

11. Industry or business Savage Mfg Co.

FATHER
12. Name Thomas Puckett
13. Birthplace Virginia

MOTHER
14. Maiden Name Dana Peley
15. Birthplace Virginia

16 (a) Informant St. Agnes Hosp Records
(b) Address Bal 6 Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec-26-42 (month) (day) (year)
(c) Cemetery or crematory Savage
Location Savage Md

18 (a) Funeral director J. Boyd Loker
(b) Address Laurel Md.

19 (a) DEC 26 1942 (Local registrar) Hamilton Williams M.D. (Deputy)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24- 1942 at 11 30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquiry thereon and from the evidence obtained by said Autopsy / Inquiry and that said deceased came to her death on the day stated above.

Immediate cause of death: Fractured skull — Duration

Due to

Due to

Other Conditions Fractures, bruises and contusions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-22-42 at 8.15 P. M
(c) Where did injury occur? Washington Blvd, nr. Savage, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Passenger in automobile

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 12-26-42

VS 6

99014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5 ¢ B

F 99014
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3400 E. Lombard St.
(c) Hospital or institution: 26-8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3400 E. Lombard St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME MELVIN ALBERT PAFELL

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife - - -
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Sept. 6. 1932

8. AGE: Years	Months	Days	If less than one day
10	3	16	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name George Pafel
13. Birthplace Baltimore

MOTHER
14. Maiden Name May Benner
15. Birthplace Baltimore

16 (a) Informant Mr. George Pafel (father)
(b) Address 3400 E. Lombard St.

17 (a) Burial (b) Date thereof Dec. 26. 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) DEC 26 1942 (b) Interred from Williams M.R.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22. 1942 at 9.00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1942 to Dec 22 1942 and that I last saw h m alive on Dec 20 1942

Immediate cause of death: Rheumatic fever + Endocarditis. Duration 12/7/42 Indefinite.
Due to: Mitral stenosis + insufficiency with Rheumatic endocarditis. Indefinite.
Due to: or to length of time!
Other Conditions: Marked anemia and enlarged - infected tonsils.
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis F. Krumrei M. D.
Address 722 N. Kenwood Ave Date signed

VS 3

* My first visit in the family — 12/23/42

F 99045

SHORT ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. F 99045

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution: Union Memorial Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3104 Kentucky Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. Sophia Short

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	widowed

6 (b) Name of husband or wife Robt. Fullmore Short ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 20, 1860

8. AGE: Years	Months	Days	If less than one day
82	9	6	hr. min.

9. Birthplace ? Balto
(Town, county, and state)
10. Usual Occupation Water Inspector Water Dept
11. Industry or business Balto City

FATHER
12. Name ? John Conrad Wedel ?
13. Birthplace ? Germany

MOTHER
14. Maiden Name ? Barbara Bennett ?
15. Birthplace ? Germany

16 (a) Informant Niece - Robert Schuler
(b) Address 5614 Plymouth Road Cty.

17 (a) (Burial, cremation, or removal) (b) Date thereof Dec 28, 1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto; Md.

18 (a) Funeral director Henry Sandow & Son Inc
(b) Address North Ave & Broadway.

DEC 26 1942 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1942 at 10:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1942 to Dec 24 1942 and that I last saw h. alive on Dec 24 1942

Immediate cause of death Cardiac - respiratory failure

Due to Hypertension Cardiac - Uraemia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Nil

of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maryland Edward Day M. D.
Address Union Memorial Hospital Date signed 12-27-42

VS 250

99046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 99046
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
27-12
(d) Street No. 367 Evesham Ave, City (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Irene Kotwall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	

6 (b) Name of husband or wife Frank Kotwall.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-6-1873

8. AGE: Years	Months	Days	If less than one day
69 64	6	17	hr. min.

9. Birthplace Czecho-Slovakia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Fred Ptasinsky
13. Birthplace Czecho-slovakia

MOTHER
14. Maiden Name Pauline Vacik
15. Birthplace Czecho-Slovakia.

16 (a) Informant Daughter, Mrs Barbara Malach
(b) Address 367 Evesham Ave, Balto, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cemetery.
Location Philadelphia Road

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601-03 E. Madison St.

DEC 26 1942 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1942, at 11 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1942 to Dec 23 1942 and that I last saw her alive on Dec 23 1942.

Immediate cause of death	Duration
Hypertyrexia	60 hrs
Due to Cerebro-vascular accident	12 days
Due to Hypertensive Cardio-vascular disease	?
Other Conditions Neurosyphilis paralytic Diabetes Mellitus -?	5 days

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James N. McCord Jr. M. D.
Address Union Memorial Hospital Date signed 12-23-42

VS 250

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99047

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2013 East 32nd St
(c) Hospital or institution: 96
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2013 East 32nd St (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Louis H. Kemper

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Anna Kemper

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 29th 1870

8. AGE: Years 72 | Months 1 | Days 24 | If less than one day — hr. — min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business —

FATHER
12. Name Ferdinand Kemper
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Miller
15. Birthplace Germany

16 (a) Informant Mrs. Leo F. Kaufer
(b) Address 2013 East 32nd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director F. B. Shipley & Son
(b) Address 1300 Eutaw Place

19 (a) DEC 26 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. REGISTRAR

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23rd 1942, at 9:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1942 to Dec 23 1942, and that I last saw h[illegible] alive on Dec 23 1942.

Immediate cause of death Hypostatic Pneumonia — Duration 7 days
Due to Bright's Disease — yes
Due to Arteriosclerosis — 2
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Leo F. Zimmerman M. D.
Address 1858 Harford Rd Date signed 12-24-42

VS 8

99048

AB-78688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117a

Registered No. E 99048

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 16-8
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 1/2 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3623 Gelston Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Sophia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11- 1905

8. AGE: Years	Months	Days	If less than one day
37	3	13	hr. min.

9. Birthplace N.Y. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name James Anderson (D)
13. Birthplace N.Y.

MOTHER
14. Maiden Name Margaret Brown
15. Birthplace N.Y.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director F. D. Nuckolls Sons
(b) Address Eutaw & Lanvale Sts. Baltimore, Md.

19 DEC 26 1942 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24 1942 at 6.55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-1 1942 to 12-24 1942, and that I last saw h/m alive on 12-24 1942

Immediate cause of death Uremia — Duration 2 days

Due to Urinary Retention

Due to Urinary Extravasation

Other Conditions Gastritis Hem

(Include pregnancy within 3 months of death)

Date of operation 12-21-42

Major findings of operation: Lavage Full Bladder (28 oz)

of autopsy: Ruptured Urethra and Bladder

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Vogel Jr. M. D.
Address Balto City Hosp. Date signed 12-24-42

VS 150

99049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 99049

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison
(c) Hospital or institution: Maryland Gen. Hosp. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 hr
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 721 Linnard St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Emma Deane Mitchell (Emma Deane Mitchell)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	F	Wh	Married

6 (b) Name of husband or wife Lyman Winfield
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1881

8. AGE: Years	Months	Days	If less than one day
61	1	17	hr. min.

9. Birthplace Cambridge, Md.
(Town, county, and state)

10. Usual Occupation --

11. Industry or business

FATHER 12. Name James Buchana Harris

13. Birthplace Dorchester Co., Md.

MOTHER 14. Maiden Name (Ella Deane) Elzie Deane

15. Birthplace Dorchester Co., Md.

16 (a) Informant Mr. Lyman Winfield
(b) Address 712 Linnard St.

17 (a) Burial (b) Date thereof 12/28/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
Balto., Md.

19 (a) DEC 28 1942 (Hamilton Williams M.D.)
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1942 at 7:00 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h alive on 19

Immediate cause of death	Duration
Cardiac decompensation	
Due to Coronary arterio C.V.S. disease	
Due to	
Other Conditions Diabetes mellitus	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. T. McGregor

Address Md. Gen. Hosp. Date signed 12/26/42 M. D.

99050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B

Registered No. E 99050

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison
(c) Hospital or institution: Maryland Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore Anneslie
(If outside city or town limits, write RURAL and give town)
(d) Street No. 631 Anneslie Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Virginia Block (Virginia M. Block)

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife Henry C. Block
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1861

8. AGE: Years	Months	Days	If less than one day
81	10	5	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Michael H. Bandel
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Wm. B. Andrews, daughter
(b) Address 631 Anneslie Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)

(c) Cemetery or crematory Greenmount Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

DEC 26 1942 Huntington Williams M.D. Registrar
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1942 at 2:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13 1942 to Dec. 24 1942 and that I last saw h.er alive on Dec. 24 1942

Immediate cause of death	Duration
Cardiac failure	
Emaciation	
Due to Carcinoma stomach;	
arteriosclerotic C.V. disease	
Due to	
Other Conditions Cataracts	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. T. McGuigan M. D.
Address Md. Gen. Hospital Date signed 12/26/42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

99051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 99051
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 805 N. Bentalou St.
(c) Hospital or institution: 16-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 805 N. Bentalou St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SOPHIE C. OHRMANN

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Henry Ohrmann

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 6, 1860

8. AGE: Years: 82 | Months: 6 16 | Days: 16 | If less than one day: hr. min.

9. Birthplace: Balto., Md.
(Town, county, and state)

10. Usual Occupation: housewife

11. Industry or business

FATHER
12. Name: Henry Hellman
13. Birthplace: Germany

MOTHER
14. Maiden Name: Louise Blessing
15. Birthplace: Germany

16 (a) Informant: Mr. L. William Ohrmann, son
(b) Address: 805 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: Balto., Md.

DEC 26 1942
(Date rec'd by Local Registrar)

(b) [illegible] Williams
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22, 1942, at 9 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13, 1942, to Dec. 22 1942, and that I last saw h[illegible] alive on Dec. 22 1942.

Immediate cause of death: Bronchial Pneumonia (Bilateral)

Due to:

Due to:

Other Conditions: Senility

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George E. Shannon M.D.
M. D.

Address 2001 Fulton Ave Date signed 12/24/42

VS 250

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 99052

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5714 Reisterstown Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 5714 Reisterstown Rd.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRED T. COARD

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife Lottie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1882

8. AGE: Years	Months	Days	If less than one day
60	4	15	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation carpenter -
11. Industry or business own

FATHER
12. Name Esley Coard
13. Birthplace Va

MOTHER
14. Maiden Name Lelia Kellum
15. Birthplace Va

16 (a) Informant Mrs. Lottie Coard
(b) Address 5714 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Baltimore, Md.

(Signature) Thomas [illegible] Williams M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24, 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1942 to Dec 24 1942 and that I last saw him alive on Dec 23 1942

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Pneumonia	14 —
Due to —	
Other Conditions — (none)	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Thomas [illegible] Williams M.D.
Address 5716 Park Heights Ave Date signed Dec 24 1942

F 99053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

Registered No. F 99053

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 N. Calhoun
(c) Hospital or institution: Franklin Square 15-9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3707 Mortonia Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~Alice Marie Gerber~~ ALICE MARIE GERBER

3 (b) If veteran, name war: --

3 (c) Social Security Account No. --

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: L. Frank Sr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1879

8. AGE: Years 63 | Months 9 | Days 10 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Ezekiel Peter Neighloff
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden Name: Margaret Gardner
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mr. L. Frank Gerber
(b) Address: 3707 Mortonia Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS INC
Address: North & Pa Aves

19 (a) DEC 28 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24/42 19 at 2 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/22/42 19 to 12/24/42 19, and that I last saw her alive on 12/24/42 19.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: Hypertensive C. V. Disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Louis E. Bondeman Jr. M. D.
Address: Franklin Sq. Hosp. Date signed

VS 8

The ~~F~~ ~~99053~~ ~~93~~ D

Please write plainly, with UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 99054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 C

Registered No. E 99054

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 27-18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5033 Reisterstown Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ~~[illegible]~~ IRVIN ROLANDUS SHANEFELTER

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Maryland Shanefelter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1912

8. AGE: Years	Months	Days	If less than one day
30	2	23	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Bus Driver
11. Industry or business

FATHER
12. Name ? Shanefelter
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Maryland Shanefelter
(b) Address 5033 Reisterstown Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC.
(b) Address North & Pa

DEC 26 1942
19 (a) (Date rec'd by registrar) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 24 - 1942, at 8:20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured Skull — Duration

Due to

Due to

Other Conditions: Fractured bones of pelvis, laceration, abrasions + bruised tissues
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 27-9
(b) Date of occurrence 12-24-42 at 7:50 P.M
(c) Where did injury occur? Reisterstown Rd. nr Pimlico Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Auto-bus, overturned on road
23. Signature Howard J. Sheridan M.D. Medical Examiner.
Date signed 12-25-42

VS 6

F 99056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1118

F 99055 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 206 E. 25th St.
(c) Hospital or institution: 12-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 206 E. 25th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FLORENCE L. McLAUGHLIN

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Frank E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/ 1872

8. AGE: Years 70 | Months 3 | Days | If less than one day hr. min.

9. Birthplace New Jersey
(Town, county, and state)

10. Usual Occupation --

11. Industry or business

FATHER
12. Name Unknown Brooks
13. Birthplace N. J.

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Mr. Charles C. Davis
(b) Address 508 Rose hill Terr.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

DEC 26 1942 (Date received by Registrar) Washington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 22nd. 1942 Dec. 24th. 1942 and that I last saw her alive on Dec. 24th. 1942

Immediate cause of death: Acute Catarrhal Gastritis — Duration: 2 days
Due to Food
Due to -----
Other Conditions secondary Anemia — unknown
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jas. W. Kingsbury M.D.
Address 401 E. 25th. St. Date signed 12/26/42 M.D.

F 99056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

Registered No. F 99056

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1366 N. Stricker St.
(c) Hospital or institution: — N-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1366 N. Stricker St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Ringgold

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 67 | Months | Days | If less than one day hr. min.

9. Birthplace Westmoreland County, Va. (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER 12. Name Ben. Gordon

13. Birthplace Virginia

MOTHER 14. Maiden Name Winnie Dean

15. Birthplace Virginia

16 (a) Informant Emmett Ross

(b) Address 545 Forest St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1942 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Pk.

Location Baltimore, Md.

18 (a) Funeral director Mrs. George W. Stallard

(b) Address 1631 Riddlemoor Ave.

19 (a) DEC 26 1942 Washington Williams M.D. (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1942 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6, 1942 to Dec 23 1942 and that I last saw h[illegible] alive on Dec 23 1942.

Immediate cause of death	Duration
Cardiovascular Renal	3 mo.
Due to Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.

Address 2243 Madison Date signed 12/26/42

VS 8

F 99057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. F 99057

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4515 Garrison Blvd.
(c) Hospital or institution:
Ventura Convalescent Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2511 Elsinor Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth J. Campbell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12, 1862

8. AGE: Years	Months	Days	If less than one day
80	8	12	hr. min.

9. Birthplace Ayr, Scotland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name David Campbell
13. Birthplace Scotland

MOTHER
14. Maiden Name Elizabeth McMurtrae
15. Birthplace Scotland

16 (a) Informant Mr. Norman T. Nelson
(b) Address 27 Murray Hill Rd., Stoneleigh

17 (a) Burial (b) Date thereof Dec. 26, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Miller Lawrence
(b) Address 1005 W. Baltimore St.

19 DEC 26 1942 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1942, at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10 1942 to Dec 24 1942, and that I last saw her alive on Dec. 23 1942.

	Duration
Immediate cause of death: Myocarditis	14 days
Due to: Arterio-sclerosis	?
Due to: Hypertension	?
Due to:	
Other Conditions: Gastro intestinal hemorrhage (Include pregnancy within 3 months of death)	10 days

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harold Stubblett M. D.
Address 2220 Garrison Blvd. Date signed

VS 3

E 99058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. E 99058

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8 N. Mount Street
(c) Hospital or institution: 19-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 N. Mount Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fannie Wright

3 (b) If veteran, name war —

3 (c) Social Security Account No. no

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 67 | Months | Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Unknown

FATHER 13. Birthplace

MOTHER 14. Maiden Name

MOTHER 15. Birthplace

16 (a) Informant Leona Brown

(b) Address 8 N. Mount St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Dec 26-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 324 N. Monroe St

19 (a) DEC 26 1942 (Date rec'd by registrar) Washington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22- 1942, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy or Inquiry thereon, and from the evidence obtained by autopsy or Inquiry, found that said deceased came to her death on the day stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to: Apoplexy

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Wallace M.D. Medical Examiner.

Date signed 12-22-42

VS 6

CAUTION: WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99059

Registered No. F 99059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution:
Mercy Hospital 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 115 S. Eutaw St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy Brigandi (Birth F. 58086)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1942

8. AGE: Years	Months	Days	If less than one day
	3	9	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Anthony Brigandi
13. Birthplace Italy

MOTHER
14. Maiden Name Cassie Bracheroo
15. Birthplace Balto., Md.

16 (a) Informant Admission History
(b) Address Mercy Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Reuben Hospel
(b) Address 312 S. Schroeder St.

19 DEC 26 1942 Thomas F. Williams M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1942 at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 18 1942 to Dec. 23 1942 and that I last saw her alive on Dec. 23 1942.

Immediate cause of death	Duration
Respiratory failure	
Due to Bilateral bronchopneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Peyton Pitchenaye M.D.
Address (Mercy) Hospital Date signed 12-24-42

99660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 107

F 99060

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen Hosp. 20-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2346 Frederick Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Helen Stein (Birth F 57082) ✓

3 (b) If veteran, name war -

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife

(6-25-42) → 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24, 1942

8. AGE: Years | Months: 5 | Days: 29 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Victor G. Stein
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Doris C. Pridgen
15. Birthplace Baltimore Md

16 (a) Informant Victor Stein
(b) Address 2346 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director Leonard G. Carrington
(b) Address 21 W. 25th St.

DEC 26 1942 (Date filed) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 1942 at 9:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/24 1942 to 12/29 1942 and that I last saw h[illegible] alive on 12/24 1942

Immediate cause of death	Duration
Bronchopneumonia	
Due to Dehydration + Acidosis	24 hrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. V. Jungraber M. D.
Address W. Balto. Gen. Hosp. Date signed 12/24/42

99061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99061

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6-
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 223 Cleveland ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Smigga (Birth F 6499)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 24 1942

8. AGE: Years	Months	Days	If less than one day
0	0	2	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Robert Smigga
13. Birthplace Maryland

MOTHER 14. Maiden Name Mary Bartos
15. Birthplace Maryland

16 (a) Informant Robert Smigga
(b) Address 223 Cleveland Ave Dundalk Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Rd.

18 (a) Funeral director Lilly & Zifzer Bros.
(b) Address 403 N. Wolfe St.

19 DEC 26 1942 (b) Harrington Williams M.D.
Date received Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25 1942, at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from December 24 1942, to December 25 1942, and that I last saw him alive on December 25 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	5 days
Due to Prolonged Labor	3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. M. Carter Jr. M. D.
Address Church Home & Infirmary Date signed 12-26-42

WD

F 99425718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. F 99062

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure that correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 518 Herbert Al (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lewis Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-10-79

8. AGE: Years	Months	Days	If less than one day
63	3	9	hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Robert Jones

13. Birthplace VA

MOTHER

14. Maiden Name Jane Smith

15. Birthplace VA

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Broadway E

DEC 26 19[illegible] [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1942 at 1217 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1942 to Dec 19 1942 and that I last saw him alive on Dec 10 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis, bilateral, far advanced	
Due to	
Due to	
Other Conditions Laennec's Cirrhosis of the liver	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Howard E.C. Zhantlein

Address Johns Hopkins Hosp Date signed 12/24/42

VS 150

99063

F 99063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √469

Registered No.

U.S. (78436)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital 22-D
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 Karner St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miller, Charles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Elizabeth (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1868

8. AGE: Years	Months	Days	If less than one day
74	11	6	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business

FATHER
12. Name Mosher Miller
13. Birthplace Maryland

MOTHER
14. Maiden Name Emmaline ?
15. Birthplace South Carolina

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)
(c) Cemetery or crematory St. Marks
Location Carnarmdale Co. Md.

18 (a) Funeral director Thos. Wilson
(b) Address 1000 Brandt Ave

DEC 26 1942 (Date rec'd by registrar) Washington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-21 1942 at 10 2p. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-6 1942 to 12-21 1942 and that I last saw h i alive on 12-21 1942

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to Carcinoma of the stomach	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Johnny Hasse M. D.
Address Balto. City Hosp. Date signed 12-23-42

99064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131 B

F 99064 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2419 Francis St.
(c) Hospital or institution: —
13-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2419 Francis St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Edward Payne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	colored	Widowed

6 (b) Name of husband or wife Susie Payne
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1854

8. AGE: Years	Months	Days	If less than one day
88	11	17	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Musician
11. Industry or business retired

FATHER
12. Name Isaac Payne
13. Birthplace Md.

MOTHER
14. Maiden Name Louisa D. Cassell
15. Birthplace Md.

16 (a) Informant Eugene Payne (Son)
(b) Address 1019 N. Stricker Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director John M. Johnson
(b) Address 1704 David Ave
Thurlington-Williams, Mgr

19 (a) DEC 26 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1942, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942 to Dec 23 1942 and that I last saw him alive on 12/22 1942

Immediate cause of death	Duration
Heart Disease	
Mitral Regurgitation	
Due to Interstitial Nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. Bradbridge M. D.
Address 7037 W. Lafayette Ave Date signed 12-26-42

VS 3

99065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47a

F 99065 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 719 So. Ann Street
(c) Hospital or institution: Home 2-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 719 So. Ann Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wincenty Gruszczynski

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-7788

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of ~~husband~~ wife Apolonia

6 (c) If alive, give age Dec years

7. Birth date of deceased (mo., day, yr.) June 13, 1879

8. AGE: Years 63 | Months 6 | Days 12 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Walenty Gruszczynski

13. Birthplace Poland

MOTHER 14. Maiden Name Maryanna ?

15. Birthplace

16 (a) Informant William Gruszczynski (Son)
(b) Address 719 So. Ann Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George A. Weber
(b) Address 745 So. Ann St

19 (a) DEC 26 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26th 1942 at 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1942 to Dec. 26 1942 and that I last saw him alive on Dec. 26 1942

Immediate cause of death: Carcinoma of Larynx — Duration ?

Due to Obstruction — 4 days

Due to

Other Conditions Laryngitis, Atrophy — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address [illegible] Date signed 12-26-42

VS 8

99066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. F 99066

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2111 ELLAMONT ST
(c) Hospital or institution: 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2111 ELLAMONT ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JULIA MAY KANE

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-1252

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	White	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28 1880

8. AGE: Years	Months	Days	If less than one day
62	6	27	hr. min.

9. Birthplace BALTIMORE, MD (Town, county, and state)

10. Usual Occupation SALES LADY

11. Industry or business HUTZLER'S DEPT. STORE

FATHER
12. Name THOMAS J. KANE
13. Birthplace DUBLIN, IRELAND

MOTHER
14. Maiden Name MARGARET FITZPATRICK
15. Birthplace KINGS CO. IRELAND

16 (a) Informant MISS MARGARET KANE
(b) Address 2111 ELLAMONT ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Dec. 28/42 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location Balto. md.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1412 [illegible] St.

19 (a) DEC 26 1942 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25, 1942, at 6 00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from DEC. 24 1942 to DEC 25 1942 and that I last saw her alive on DEC. 25 1942

Immediate cause of death	Duration
ACUTE-CARDIAC DILATATION-PULMONARY EDEMA	ONE-DAY
Due to HYPERTESIVE CARDIO-VASCULAR-DISEASE	10-YEARS
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm J. Sullivan M. D.
Address 2911 Gardenview Blvd Date signed 12-26-42

VS 8

99067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99067
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Md A Balto Gen Hosp
(c) Hospital or institution: 16-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Middleborough
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hillsdale Rd. Route 16, Box 326 Middle River P.O. Baltimore
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sadie Getty.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Chas. M. Getty

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1897

8. AGE: Years 45 | Months 9 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Pa (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry Yost
13. Birthplace Pa

MOTHER
14. Maiden Name Emma Bender
15. Birthplace Pa

16 (a) Informant Chas. M. Getty
(b) Address Hillsdale Rd. Route 16, Box 326 Middle River P.O.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28/42 (month) (day) (year)

(c) Cemetery or crematory Maryland Memorial Park
Location Balto Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St

19 DEC 26 1942 Filed Washington Williams M.D. Registrar
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 1942, at 6:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/23 1942 to 12/24 1942 and that I last saw her alive on 12/24 1942.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertension — Duration?

Due to Edema - Vascular Dis.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. D. Youngraken M.D.
Address West Rocks Md Hospital Date signed 12/24/42

JL - 74975
99068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 99068
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo-22d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
14-2
(d) Street No. 1414 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Cooper

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1862

8. AGE: Years	Months	Days	If less than one day
80	0	0	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Albert A. Allard
13. Birthplace Vermont

MOTHER
14. Maiden Name Anna E. Wilson
15. Birthplace Baltimore

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore
18 (a) Funeral director Philip A. Dennis Sons
(b) Address 2024 Orleans St
DEC 26 1942 (Registrar) Washington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18-42 19 at 8 19 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26-42 19 to 19 .
and that I last saw h alive on 12-18 1942.

Immediate cause of death Bronchopneumonia — Duration 1 week
Due to
Due to
Other Conditions Arterio sclerotic heart disease — ?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature E. S. Cross Jr. M. D.
Address Balt City Hosp Date signed 12-24-1942

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

F 99069
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 days
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 943 E. Baulding Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME James C. Murdoch

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1883

8. AGE: Years	Months	Days	If less than one day
59	3	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Ship's carpenter

11. Industry or business self

FATHER
12. Name James C. Murdoch
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Dorothy Koch
15. Birthplace Germany

16 (a) Informant Administrn. History
(b) Address Mercy Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Eutaw St

19 DEC 26 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1942 at 7:26 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20 1942, to Dec. 26 1942, and that I last saw him alive on Dec. 25 1942.

Immediate cause of death Respiratory failure — Duration

Due to Carcinoma of lung (bronchogenic)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Peyton Ritchings M. D.
Address Mercy Hospital Date signed 12/26/42

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

F 99070

BALTIMORE CITY HEALTH DEPARTMENT X 04066 H

CERTIFICATE OF DEATH 54B

Registered No. 99070

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Exact age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light Str.

(c) Hospital or institution: South Balto Gen'l Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 D

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State W Va (b) County

(c) City or town Clarksburg

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Jesse Guy HALL

3 (b) If veteran, name war —

3 (c) Social Security Account No. 233-18-1969

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Francenia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28 1900

8. AGE: Years 42 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Mannington W Va (Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business Glen L Morton Co

FATHER 12. Name Edmond L Hall

13. Birthplace Wood Co W Va

MOTHER 14. Maiden Name Elizabeth Lyons

15. Birthplace W Va

16 (a) Informant Francenia Hall

(b) Address Clarksburg W Va

17. Burial (Burial, cremation, or removal) (b) Date thereof 12/26/42 (month) (day) (year)

(c) Cemetery or crematory Mapleville

Location West Orange

18 (a) Funeral director Walker Bros Inc

(b) Address 121 Water St Clarksburg W Va

19. (a) (b)

(Date received by Registrar)

DEC 27 1942

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/26 1942 at 5:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15 1942 to 12/26 1942 and that I last saw him alive on 12/26 1942

Immediate cause of death: Suspected intracranial neoplasm — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature C Andrew Zeph M. D.

Address 1213 Light St Date signed 12/26/42

F 99071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95B

F 99071

Registered No. 99071

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Howard & Madison

(c) Hospital or institution: Maryland Gen. Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 Dys

(e) Length of stay in Baltimore (yrs., mos., or days) 3 Mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3024 Harrison Blvd.

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Hannah Skaggs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1871

8. AGE: Years	Months	Days	If less than one day
70		2	hr. min.

9. Birthplace Kentucky (Town, county, and state)

10. Usual Occupation Sheet Metal Worker

11. Industry or business at Glenn L. Martin

FATHER

12. Name Wm. Thomas Skaggs

13. Birthplace Ky.

MOTHER

14. Maiden Name Myrtle Lindsay

15. Birthplace Ky.

16 (a) Informant Beulah Skaggs

(b) Address 3024 Harrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28 '42 (month) (day) (year)

(c) Cemetery or crematory

Location Reynolds, Ky

18 (a) Funeral director Harry H. Fritzius

(b) Address 401 Edmondson Ave

19 (a) [illegible] (Local Registrar) (b) Huntington Williams M.D. Registrar

DEC 31 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/25 1942, at 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/26 1942, to 12/25 1942; and that I last saw her alive on 12/25 1942.

Immediate cause of death	Duration
Acute ventricul endocarditis	
Due to Rheumatic heart disease	
Due to (a)	
Other Conditions pneumonia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature M. T. McKenzie M.D.

Address Md. Gen. Hosp. Date signed 12/28/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99072

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99072
Registered No. 99072

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 628 S. Monroe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 628 S. Monroe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Fambacke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	widower

6 (b) Name of husband or wife: Late Andrew Fambacke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 186[illegible]

8. AGE: Years	Months	Days	If less than one day
76	10	10	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Frank Hettinger
13. Birthplace Germany

MOTHER
14. Maiden Name Mary [illegible] Boyer
15. Birthplace Germany

16 (a) Informant Joseph Fambacke
(b) Address 332 S. Monroe St

17 (a) Burial (b) Date thereof 12/28/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director Harry H. Nitzke
(b) Address 410 E. Lombard Ave

19 (a) [illegible] (b) Thornton Williams, M.D. Registrar
(Signature of registrar)

DEC 31 1942

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1942 at 1:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1942 to Dec 23 1942, and that I last saw h[illegible] alive on Dec 23 1942.

Immediate cause of death myocarditis

Due to

Due to

Other Conditions Chronic nephritis

(Including pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Scagnetti M. D.
Address 1729 W Lombard St Date signed 12/23/42

99670

F 99073

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99073 Registered No. 155

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 112 E. 33rd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - --
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 112 E. 33rd St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH ROTH KENNEY

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Joseph Boureguard Kenney
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May.19.1864

8. AGE: Years 78 | Months 7 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Conrad Roth
13. Birthplace Germany

MOTHER
14. Maiden Name Christine ?
15. Birthplace Germany

16 (a) Informant Mrs. Philip C. Baer (daughter)
(b) Address 112 E. 33rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec.26.1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.
HENRY SANDER & SONS. INC.

18 (a) Funeral director
(b) Address North Ave. & Broadway.

19 (a) DEC 27 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec.24.1942 at 2.30A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1 1942 to 12/24 1942
and that I last saw her alive on 12/23/1942

Immediate cause of death a. Myocardial insuff. — Duration 3 wks
Due to Gen. Art. Sclerosis
Due to
Other Conditions Pagets disease
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: (none)
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Sheldon Lattlewood M.D.
Address 1 E. Chase St. Date signed 12/24/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99074 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto Genl Hospt

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo 2 da
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mo 2 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Somerset
(c) City or town Deals Island Md (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Horner

3 (b) If veteran, name war: No.
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ella
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 1882?
8. AGE: Years: 60? Months: Days: If less than one day: hr. min.
9. Birthplace: Deals Island (Town, county, and state)
10. Usual Occupation: School janitor
11. Industry or business

FATHER
12. Name: George B Horner
13. Birthplace: Md

MOTHER
14. Maiden Name: Not Available
15. Birthplace: Md

16 (a) Informant: Fred. Webster
(b) Address: Deals Island

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-42 (month) (day) (year)
(c) Cemetery or crematory: Deals Island Cem
Location: Deals Island Md

18 (a) Funeral director: George E. Tawes
(b) Address: Fulton & Fayette

19 (a) DEC 27 (Date rec'd by registrar) (b) Huntingtown Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/26 1942, at 9:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/5 1942, to 12/26 1942
and that I last saw h[illegible] alive on 12/26 1942.

Immediate cause of death: Respiratory Failure
Due to: Bantis Syndrome + Anemia
& Hemolytic Anemia
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration: 2 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: L. V. Youngblood M. D.
Address: W. Balto. Ave. Hagerstown Md Date signed 12/26/42

correct age is especially important. Physicians: please write the causes of death clearly an[illegible]

YS 8

F 99075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 170 C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3751 Reisterstown Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillian D. Kimmel

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-05-1541

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1916

8. AGE: Years 26 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Time Keeper

11. Industry or business Glenn L. Martin Co

FATHER
12. Name Joseph Kimmel
13. Birthplace Germany

MOTHER
14. Maiden Name Freda Blumenthal
15. Birthplace Germany

16 (a) Informant Mrs Rose Friedman
(b) Address 3728 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec, 27, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cem
Location 3600 E Baltimore St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) DEC 27 1942 (Date rec'd by registrar) (b) Irvington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-25-1942 at 4 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Shock	
Due to	
Due to	
Other Conditions Ruptured Liver - Fractured femur, Tibia, fibula and Ankle	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 7-9
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-24-42 at 7.50 P. M
(c) Where did injury occur? Woodbourne Ave near Bandon Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Auto - bus overturned on road.

23. Signature Howard J. Sanders M.D. Medical Examiner.
Date signed 12-25-42

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99076 F 99076

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 170 C

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1645 N. Appleton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME O'NEIL LEVI TON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Edith Glazer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan, 18, 1908

8. AGE: Years 34 | Months 11 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Std Oil Co

11. Industry or business Salesman Oil

FATHER
12. Name Jacob Leviton
13. Birthplace Russia

MOTHER
14. Maiden Name Mary Chaitowitz
15. Birthplace Russia

16 (a) Informant Edith Leviton
(b) Address 1645 N Appleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec, 27, 1942 (month) (day) (year)
(c) Cemetery or crematory Southern Ave Cemetery
Location Southern Ave

18 (a) Funeral director S01 Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) DEC 27 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1942 at 8 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing of abdomen — Duration

Due to

Due to

Other Conditions hs

(Include pregnancy within 3 months of death)

Date of operation 12-25-42

Major findings of operation: See above

of autopsy: Same

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 7-9
(b) Date of occurrence Dec 24, 1942 at M
(c) Where did injury occur? In front of 726 S Broadway (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? Yes (Specify type of place)
(e) Means of injury Pedestrian struck by auto

23. Signature H. L. Wallenmeyer M.D. Medical Examiner
Date signed

VS 6

F 99077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99077

Registered No. 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Warrington Apartments
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days): 12-[illegible]
(e) Length of stay in Baltimore (yrs., mos., or days): a month

2. USUAL RESIDENCE OF DECEASED:
(a) State: Va. (b) County:
(c) City or town: Middleburg (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3 (a) FULL NAME: Anne M. Adams

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife:
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 1866

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace: Middleburg, Va. (Town, county, and state)
10. Usual Occupation: Teacher, Hood College
11. Industry or business: retired

FATHER
12. Name: George Adams
13. Birthplace: Va.

MOTHER
14. Maiden Name: Anne English
15. Birthplace: Va.

16 (a) Informant: Mrs. Willoughby M. McCormick
(b) Address: Warrington Apts., Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/42 (month) (day) (year)
(c) Cemetery or crematory
Location: Middleburg, Va.

18 (a) Funeral director: John O. Mitchell & Sons, Inc.
(b) Address: 1900 Eutaw Place

19 (a) DEC 27 1942 (Date received by local registrar) (b) Huntington Williams M.D.

VS 200

MEDICAL CERTIFICATION

20. DATE OF DEATH: 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1942 to Dec 26 1942, and that I last saw h[illegible] alive on Dec 26 1942.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to Arterio - Sclerosis	Years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation: 0
Major findings of operation: 0
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Sydney R. Miller M.D.
M. D.
Address: 1115 St. Paul St. Date signed:

427415 99078 F 99078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 548

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Sunbury (If outside city or town limits write RURAL and give town)
(d) Street No. 43 Calamine Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Warren McHenry

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mildred
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-31-14

8. AGE: Years	Months	Days	If less than one day
28	1	25	hr. min.

9. Birthplace Pa (Town, county, and state)
10. Usual Occupation Tool Worker
11. Industry or business

FATHER
12. Name Herbert McHenry
13. Birthplace Pa.

MOTHER
14. Maiden Name Grace B. Garney
15. Birthplace Pa

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Pomfret Manor
Location Sunbury, Pa.

18 (a) Funeral director John L. Whitbeck Son, Inc
(b) Address 420 Eastern Place

19 (d) Filed DEC 27 1942 Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1942 at 6 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 25 1942 to Dec 26 1942 and that I last saw him alive on Dec 26 1942

Immediate cause of death DURAL ENDOTHELIOMA — Duration 9 Mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12-26-42

Major findings of operation: DURAL ENDOTHELIOMA

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Hart M. D.
Address J. H. H. Date signed 12/26/42

F 99079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99079 Registered No.

L.S. (78644) 122B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital 154
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 Goodyear St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jamie Morgan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Separated

6 (b) Name of husband or wife Raymond Morgan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. ? 1916

8. AGE: Years	Months	Days	If less than one day
26	? 3	14	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Days Work
11. Industry or business

FATHER
12. Name John Hall
13. Birthplace Maryland

MOTHER
14. Maiden Name Bertha Jackson
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-27 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A-A 60

18 (a) Funeral director Sam'l M. Ehrlich & Son
(b) Address 638 N. Gilmor St

DEC 27 1927 (b) Huntington Williams Md. Baltimore City Hosp.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-23 1927 at 6:29 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-17 1927 to 12-23 1927, and that I last saw her alive on 12-23 1927

Immediate cause of death: Septicaemia (probably B. coli)
Due to Peritonitis
Due to Volvulus & gangrene of gut (Sigmoid)
Other Conditions

Duration
8 days
8 days

(Include pregnancy within 3 months of death)
Date of operation 12-17-27
Major findings of operation: Volvulus
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Henry Haase M. D.
Date signed 12-24-27

VS 180

Dr. Snyder
99634 E. Balt St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH (93)

F 99080
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 515 N. Central ave
(c) Hospital or institution: L
(d) Length of stay in hospital or inst. (yrs., mos., or days) L
(e) Length of stay in Baltimore (yrs., ~~mos., da~~ days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 515 N. Central ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Maria Volk

3 (b) If veteran, name war L
3 (c) Social Security Account No. L

4. Sex Female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ceclia
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 62 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business Shoe Company

FATHER
12. Name Benjamin Volk
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Cecelia Volk
(b) Address 515 N. Central ave

17 Russia (Burial, cremation, or removal) (b) Date thereof 12-27-42 (month) (day) (year)
(c) Cemetery ~~Cemetery~~, Baltimore corp
Location Rosedale

18 (a) Funeral director Joseph Lynn Lee
(b) Address 1439 E. Baltimore St

19 Washington, D.C. (Date rec'd by registrar) DEC 27 1942 Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26 1942, at 6 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 24 1942 to Dec. 26 1942 and that I last saw him alive on Dec. 26 1942

Immediate cause of death	Duration
Myocarditis Chronic.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Snyder M. D.
Address 163 E. Baltimore Date signed 12-26-42

F 99081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99081 Registered No. 131B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 N. Bond (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BERESCH, MALVINA

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Ignatz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Town West Checkoslovakia (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Samuel Lasch
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Not Known
15. Birthplace Czechoslovakia.

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-42 (month) (day) (year)
(c) Cemetery or crematory Holy Friendship
Location Baltimore & Compton Pks

18 (a) Funeral director Jos. Lewis Sons
(b) Address 1439 E. Balto St.

19 (a) Filed (Date rec'd by registrar) DEC 27 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/24 1942, at 12.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/18 1942 to 12/24 1942; and that I last saw h[illegible] alive on 12/24 1942.

Immediate cause of death Resp. Failure
Due to Uremia
Due to Chronic diffuse glomerulonephritis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Saul J. Farber M. D.
Address Sinai Hosp. Date signed 12/27/42

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

VS 8

F 99082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99082

Registered No. (illegible)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correctly reported. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mt Sinai Home 27-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Pr. George's
(c) City or town Hyattsville Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Linda Berger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	White	Widow

6 (b) Name of husband or wife Michael Berger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
(85 78			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Nuss Summerfarb
13. Birthplace Russia

MOTHER
14. Maiden Name Fessie —
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Old Rd + Hamilton Ave

18 (a) Funeral director Jas. Lewis Inc
(b) 1900 William St. E. Baltimore

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26-42 19 at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 23rd 1942 to Dec 26 1942 and that I last saw h. alive on Dec 26th 1942

Immediate cause of death	Duration
Senility	
Due to Cerebro Atherosclerosis and Hypostatic Pneumonia	3 days
Due to Gall Enteritis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alex A Weinstock M. D.
Address 4603 Park Ave Date signed 12/26/42

VS 150

DEC 27 1942

F 99083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99083 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3428 Elm Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3428 Elm Ave
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Catherine O Hann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Thomas R Hann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25 1871

8. AGE: Years 71 | Months 8 | Days — | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER 12. Name Healey Bennett

13. Birthplace Unknown

MOTHER 14. Maiden Name Elvira Buckingham

15. Birthplace unknown

16 (a) Informant Thomas R Hann

(b) Address 3428 Elm Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)

(c) Cemetery or crematory Woodland Mem Pk

Location Parkville Balto Md

18 (a) Funeral director Hand & Leary

(b) Address 814 N 36 St.

19 (a) [illegible] (b) [illegible]

(City or town) (Registrar) (Registrar)

DEC 27 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1942, at 11.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 25 1942, to Dec 25 1942, and that I last saw her alive on Dec. 25 1942

Immediate cause of death	Duration
Left Cerebral Thrombosis	36 hrs.
Due to Diabetes Mellitus	20 yrs
Due to Cardio-renal-Vascular Disease	2 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J N Nelson

Address 617 W 40th St Date signed 12/26/42

Every item of information should be completed, if unknown, write UNKNOWN in ink. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

F 99084

F 99084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2200 Eutaw Place.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2200 Eutaw Place. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country .....

3 (a) FULL NAME SAMUEL J. GROSS

3 (b) If veteran, name war ---

3 (c) Social Security Account No. 213-10-7455

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1903.

8. AGE: Years	Months	Days	If less than one day
39	4	10	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Electrical Engineer.
11. Industry or business Blumenthal-Kahn Co.

FATHER
12. Name Jerome Gross.
13. Birthplace Unknown.

MOTHER
14. Maiden Name Lillie Vogel.
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Lillie V. Gross.
(b) Address 2200 Eutaw Place.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12.27.42. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Sonnenborn & Son
(b) Address 1902 Eutaw Place

DEC 27 1942 (Date rec'd by registrar) Hamilton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24th. 1942, at 6:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from ..... 19..., to Dec 24 1942, and that I last saw h... alive on ..... 19....

Immediate cause of death ..... Duration

Coronary Thrombosis ..... 4 mnts.

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature H. E. Needle M.D.
Address 2314 W. North Ave Date signed 12/24/42

VS 3

Approved. Robert Lee Graham M.D. Chief Examiner

The certificate must be filled out completely, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99085

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99085 Registered No. 1316

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1927 N. Fulton Ave.
(c) Hospital or institution: 1516
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1927 N. Fulton Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME BENJAMIN STERNHEIMER

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Belle Sternheimer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 1st. 1864

8. AGE: Years	Months	Days	If less than one day
78	8 9	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Jacob Sternheimer,
13. Birthplace Germany.

MOTHER
14. Maiden Name Caroline Brafman,
15. Birthplace Germany.

16 (a) Informant Mrs. Belle Sternheimer,
(b) Address 1927 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12.27.42. (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom
Location Baltimore, Md.

18 (a) Funeral director Harris Levy Sons Inc.
(b) Address 1902 Eutaw Place

DEC 27 1942 (b) Harry Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24th 1942, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1942 to Dec 24 1942, and that I last saw h. alive on Dec. 24 1942

Immediate cause of death Chronic Nephritis — Duration 24 Hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harris Goldman M. D.
Address 1816 W. North Ave. Date signed 12/24/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 99086 ✓ F 99086

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

CERTIFICATE OF DEATH 300

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2477 Callow Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2477 Callow Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME SIGMUND M. (SIG. M.) GOODMAN.

3 (b) If veteran, name war ---------

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of ~~husband~~ or wife Carrie S. Goodman.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1864.

8. AGE: Years 78 | Months 6 | Days 8 | If less than one day hr. min.

9. Birthplace Lynchburg, Va. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name A. B. Goodman,
13. Birthplace Bavaria.

MOTHER
14. Maiden Name Kate Myers.
15. Birthplace Va.

16 (a) Informant Mrs. Carrie Stern Goodman,
(b) Address 2377 Callow Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12.28.42. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Baltimore, Md.

18 (a) Funeral director David Goodheim's Son
(b) Address 1902 Eutaw Place.

DEC 27 1942 (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26th, 1942, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12 1942, to Dec 26 1942, and that I last saw h~~im~~ alive on Dec 10 1942.

Immediate cause of death Myocardial failure — Duration 2 weeks

Due to Arteriosclerosis — 5 yrs

Due to

Other Conditions Dorsalis Tabes — 4. 5 yrs.

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature V. Frederick Lesh M. D.

Address Temple Garden Apts Date signed 12/26/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 99087 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1123 LIGHT ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 LIGHT ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HARRY P RICHARDSON

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-03-3821

4. Sex MALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife MARY RICHARDSON

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) JULY 26-1876

8. AGE: Years 66 | Months 4 | Days 29 | If less than one day hr. min.

9. Birthplace BALTO. MD (Town, county, and state)

10. Usual Occupation SALESMAN

11. Industry or business P. FRED. OBRECHT

FATHER
12. Name JOHN RICHARDSON
13. Birthplace BALTO MD

MOTHER
14. Maiden Name MINNIE MILLER
15. Birthplace BALTO MD

16 (a) Informant ROBT. G RICHARDSON
(b) Address 1200 S CHARLES ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 29-42 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location A.A Co.

18 (a) Funeral director Bernard C. Hanke
(b) Address 121 E Read St

19 DEC 27 1942 Washington Williams M.D.
(Date rec'd by Local Reg.) (Signature of Local Reg.)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 25 1942 at 8.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1941 to Dec 25 1942 and that I last saw him alive on 19

Immediate cause of death Coronary thrombosis — Duration 10 h.
Due to arterio sclerosis
Due to
Other Conditions Cardiac asthma — 2 years
(Include pregnancy within 3 months of death)

PHYSICIAN
Underline the cause to which death should be charged statistically.

Date of operation
Major findings of operation:
of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Muller M.D.
Address 1228 Aliceanna St Date signed 12-28-42

F 99088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 C

F 99088 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3604 Keystone Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3604 Keystone Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth KEEFER

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Harry D. Keefer
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 18 1876

8. AGE: Years	Months	Days	If less than one day
66	10	7	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Charles Warter
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Orem
15. Birthplace Maryland

16 (a) Informant Mrs Warter
(b) Address 3635 Keystone Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29-42 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Balto. Md.

18 (a) Funeral director A S Marshall
(b) Address 3539 Falls Road

DEC 27 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1942 at 11 05 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Subdural hematoma left	
Due to Laceration of brain	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation No
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 43-8
(a) Accident, suicide, or homicide accidental
(b) Date of occurrence Dec 16, 1942 at 9 45 AM
(c) Where did injury occur? Edmund Pharmacy 41 N W. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Fall (Specify type of place) While at work? No
(e) Means of injury Laceration struck by auto

23. Signature W. J. Williamson M.D.
Medical Examiner.
Date signed Dec 26, 1942

VS 6

F 99089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99089 Registered No. 170C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 603 W. Calvert St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELMER C. BEAVER

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-6340

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 7-1891 1891

8. AGE: Years	Months	Days	If less than one day
51	9	18	hr. min.

9. Birthplace Carroll Co (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Elmer Beaver
13. Birthplace Carroll Co

MOTHER
14. Maiden Name EMMA FOWLER
15. Birthplace Carroll Co.

16 (a) Informant MRS. RAYMOND Babylon
(b) Address Westminster Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28-42 (month) (day) (year)
(c) Cemetery or crematory St Johns Cem.
Location Westminster

18 (a) Funeral director D. Bankard & Sons
(b) Address Westminster Md.

DEC 27 1942 (Registrar) (Huntington Williamsport)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1942 at 11 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following 18-3
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 25, 1942 at 10 50 M
(c) Where did injury occur? Garage Rear of (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Garage While at work? no (Specify type of place)
(e) Means of injury fall from truck struck by auto

23. Signature H. L. Wahlenmaier M.D. and Medical Examiner.
Date signed Dec 26, 1942

F 99090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

F 99090 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 218 S. Glenmore Av (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EARL HAYDEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Edna Hayden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) about 1906

8. AGE: Years	Months	Days	If less than one day
36			hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER 12. Name Maurice Hayden

13. Birthplace Md

MOTHER 14. Maiden Name ~~Mary Simmons~~ [illegible]

15. Birthplace Md

16 (a) Informant Jennie Elden

(b) Address Rock Point Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-42 (month) (day) (year)

(c) Cemetery or crematory St Thomas Cem.

Location Bel Alton Md

18 (a) Funeral director Hunt & Ryon

(b) Address Waldorf Md

19 DEC 27 1942 (Date rec'd by registrar) (b) [illegible]

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1942, at 5 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquest) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage of pleural cavity	
Due to Stab wound of neck	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Homicide

(b) Date of occurrence Dec 25/1942 at 4 45 M

(c) Where did injury occur? Bay S. Glenmore Av (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) House While at work? No

(e) Means of injury Stabbed during argument

23. Signature H. L. Wollenberg M.D. Coroner Medical Examiner.

Date signed 12-26-42

F 99091
JL - 78724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 99091
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered, or the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Phillip Blottenberger

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-8849-A

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Annie (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24, 1874

8. AGE: Years	Months	Days	If less than one day
68	6	2	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Benjamin Blottenberger
13. Birthplace Md

MOTHER
14. Maiden Name Martha Collard
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave.

18 (a) Funeral director Lehmann & Donovan
(b) Address 3405 W. Lafayette Ave.

19 (a) Dec 27 1942 (b) Thomas Fenton Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26-42 19 at 12.30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-22 1942 to 12-26 1942, and that I last saw h— alive on 12-26 1942.

Immediate cause of death	Duration
Bronchopneumonia	?
Due to	
Due to	
Other Conditions Arteriosclerotic heart disease - Emphysema	?

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Dr. Adams

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Goss M. D.
Address Balt. City Hosp. Date signed 12-27-'42

F 99092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

125 B

F 99092 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Where correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 Linden Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CLEMENT AKANA

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 150-07-7427

4. Sex: Male

5. Color or race: Hawaiian

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jewel Daniel

6 (c) If alive, give age: 31 years

7. Birth date of deceased (mo., day, yr.): April 26, 1894

8. AGE: Years 48 | Months 7 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace: Territory of Hawaii (Town, county, and state)

10. Usual Occupation: Musician-Night Club

11. Industry or business

FATHER
12. Name: Young Sing Akana
13. Birthplace: Canton, China

MOTHER
14. Maiden Name: Paaluki, Manuha
15. Birthplace: Hawaii

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27, 1942 (month) (day) (year)
(c) Cemetery or crematory: Baltimore National
Location: Frederick Road

18 (a) Funeral director: A. Lee Oden
(b) Address: 4644 Harford Road.

19 (a) DEC 27 1942 (Local registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 24, 1942, at 5:10a. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 21, 1942 to Dec. 24, 1942, and that I last saw him alive on Dec. 24, 1942

Immediate cause of death: Hemorrhage, hepatic and peritoneal — Duration: 2 days

Due to: Acute toxic hepatitis possibly arsenical — 2 weeks

Due to:

Other Conditions: Cardiac hypertrophy — Unk

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: None

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: J. C. Adams, M.D.

Address: US Marine Hospital, Baltimore, Maryland. Date signed 12/24/42

F 99093

F 99093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2616 Woodbrook Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2616 Woodbrook Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Rachel Smelser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife David Benton Smelser

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) DEC. 18-1865

8. AGE: Years 77 Months - Days 7 If less than one day hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Elias Schaeffer
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Ellen Schultz
15. Birthplace Carroll Co. Md.

16 (a) Informant David B. Smelser.
(b) Address 2616 Woodbrook Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-42 (month) (day) (year)
(c) Cemetery or crematory Kreeders Cemetery
Location Westminster Md

18 (a) Funeral director Wm. J. Lichtenberg & Sons
(b) Address [illegible] Frederick Ave. Baltimore, Md.

12-27-1942 (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1942 at 1.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 18 1942, to Dec. 25 1942 and that I last saw h alive on Dec. 25 1942

Immediate cause of death

Due to Chr. Myocarditis 1939

Due to Chr. Interstitial Nephritis 1939

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carl E. Brown M. D.
Address 1663 W. North Ave. Date signed 12/28/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS 3

F 99094 ✓ F 99094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 24a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin S quare Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1927 E. 32nd St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lloyd Overbeck (Lloyd Baker Overbeck)

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 20. 1924
8. AGE: Years 18 | Months 3 | Days 5 | If less than one day hr. min.
9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation student
11. Industry or business

FATHER
12. Name Lloyd Overbeck
13. Birthplace Balto.

MOTHER
14. Maiden Name May Baker
15. Birthplace Balto., Md.

16 (a) Informant Mr. Lloyd Overbeck
(b) Address 1927 E. 32nd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)
(c) Cemetery or crematory LORRAINE CEM
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 DEC 27 1942 (Date rec'd by Registrar) Thurlington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/25/42 19 at 8 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/20/42 19 to 12/25/42 19 and that I last saw h[illegible] alive on 12/25/42 19

Immediate cause of death: Staphylococcic Septicemia — Duration: 14 days
Due to
Due to (over)
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harris E. Goodman Jr. M. D.
Address Franklin Sq. Hosp. Date signed

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99095 ✓ F 99095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1240

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2654 Maryland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BENJAMIN F. SHOWALTER Jr.

3 (b) If veteran, name war: **
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Carrie S. Showalter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1883

8. AGE: Years	Months	Days	If less than one day
59 ~~Yrs~~	4	0	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Insurance Agent
11. Industry or business Mutual Benefit, Health Ins

FATHER
12. Name Benj. F. Showalter
13. Birthplace Va.

MOTHER
14. Maiden Name Maria S. Miller
15. Birthplace Va.

16 (a) Informant Mr. T. Lane Showalter
(b) Address 2518 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 27 1942 (Date rec'd by registrar) (b) for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1942 at 1 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular	
Due to Carcinoma of liver, atrophic, alcoholic	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 12-28-42

VS 6

F 99096 ✓ F 99096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 9Ha

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1215 N. Potomac St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. Co.
(c) City or town Owings Mills
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL SEITZ

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Beatrice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11, 1877

8. AGE: Years	Months	Days	If less than one day
65	7	14	hr. min.

9. Birthplace Philadelphia, Pa.
(Town, county, and state)
10. Usual Occupation farmer
11. Industry or business

FATHER
12. Name Nicholas Seitz
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline --
15. Birthplace

16 (a) Informant Mrs. Martha S. McLaughlin
(b) Address 1215 N. Potomac St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)
(c) Cemetery or crematory New Oakland Cemetery
Location Carroll Co., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address 1 Balto., Md.

19 (a) DEC 27 1942 (Date rec'd by Registrar) (b) Thurlington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/25/42 19 at 6.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 19 42 to Dec 25 19 42
and that I last saw h alive on Dec 25 19 42

Immediate cause of death Coronary Thrombosis
Myocardial Litis — Duration 1 wk 4 days

Due to — Duration over

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury None

23. Signature Harry Lachman M. D.
Address 2322 Calvert St Date signed Dec 27 1942

VS 180

FORMS WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Be sure that the information given is correct and complete. Use black ink. Do not write over figures. Be sure that the cause of death is correctly and legibly stated. Physicians: please write the causes of death clearly and legibly.

F 99097 ✓ F 99097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95C

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 306 St. Dunstan's Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 306 St. Dunstan's Rd.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME SUSANNA C. FINGLES

3 (b) If veteran, name war: --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Married

6 (b) Name of husband or wife Wm. A. Fingles
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 9/16/1869

8. AGE: Years	Months	Days	If less than one day
73	3	9	..... hr. ..... min.

9. Birthplace A. A. Co.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business .....

FATHER
12. Name Henry Owings
13. Birthplace Md.

MOTHER
14. Maiden Name Rachael Wood
15. Birthplace Md.

16 (a) Informant Mrs. Wm. A. Fingles
(b) Address 306 St. Dunstan's Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

DEC 27 1942 (Date rec'd.) ..... (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25, 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3rd 1942, to Dec. 25 1942, and that I last saw h[illegible] alive on Dec 25 1942.

Immediate cause of death	Duration
Femoral arteriosclerosis	
Abscess, Bronchiectasis	5 Years.
Due to Cardiac Hypertrophy	
mitral Hypertentation	
Due to Senile Gangrene	48 hrs.
Terminal Pneumonia	

Other Conditions .....
(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature John V Mears
Address 804 Cathedral St Date signed 12/28/42 M. D.

VS 250

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item is important. Physicians: please write the causes of death clearly and legibly. Be sure to give correct age is especially important.

F 99038 ✓ F 99038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83W

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1934 Riggs Ave. (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Emma May Ehrenfield

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	female	white	married

6 (b) Name of husband or wife Harry
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 23, 1890

8. AGE: Years	Months	Days	If less than one day
52	7	2	..... hr. ..... min.

9. Birthplace Westminster, Md. (Town, county, and state)
10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name Euriah Babylon
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name -- Koontz
15. Birthplace .....

16 (a) Informant Mr. Harry Ehrenfield
(b) Address 1934 Riggs Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)
(c) Cemetery or crematory Meadow Branch
Location Carroll Co., Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Balto., Md.

19 DEC 27 1942 (Date rec'd by Registrar) Thomas L. Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26, 19 42; at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/17 1942 to 12/26 1942 and that I last saw h[illegible] alive on 12/24 1942

Immediate cause of death — Duration
PNEUMONIA — 2 days
Due to Cerebral Hemorrhage. — 8 days
Due to Hypertension — ?
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Norman R. Klaman M. D.
Address 110 [illegible] Sutton Ave Date signed 12/26/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. If information cannot be obtained, write "unknown." Do not guess. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

F 99099 ✓ F 99099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95C

Registered No. 16

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1237 Cross St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 N. Bentalou St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME C. ROSS GEISELMAN

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1905

8. AGE: Years	Months	Days	If less than one day
37	7	6	hr. min.

9. Birthplace Frederick Co., Md. (Town, county, and state)
10. Usual Occupation Ass't. Engineer
11. Industry or business U. S. Gov't.

FATHER
12. Name Charles E. Geiselman
13. Birthplace Frederick Co., Md.

MOTHER
14. Maiden Name Viva M. Appleby
15. Birthplace Fred. Co., Md.

16 (a) Informant Mr. Charles E. Geiselman
(b) Address 1210 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

DEC 27 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25, 1942, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-25-1942 to 12-25-1942, and that I last saw h[illegible] alive on 12-25 1942.

Immediate cause of death: Acute Cardiac Dilitation
Due to: Heart Failure
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis J. Glasmo M. D.
Address 76 Wabash Ave Date signed 12/27/42

VS 150

PRESS WHITE PENCIL WITH UNYIELDING FIRMNESS. Every item of information should be complete, correct and legible. Physicians: please write the causes of death clearly and legibly; correct age is especially important.

F 99100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13

F 99100 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2421 Madison
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2421 Madison Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susie N. Hawkins

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Dr. James Hawkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1903

8. AGE: Years	Months	Days	If less than one day
39	2	17	hr. min.

9. Birthplace Essex Co. Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles R. Roane
13. Birthplace Essex Co. Va.

MOTHER
14. Maiden Name Nivelle Sumstill
15. Birthplace Essex Co. Va.

16 (a) Informant Dr. James Hawkins
(b) Address 2421 Madison Ave.

17 (a) Burial (b) Date thereof 12-27-1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George W. Holland
(b) Address 1621 Druid Hill Ave.

19 (a) Dec 27 1942 (b) Signature of Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1942, at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 30 1942 to Dec 24 1942 and that I last saw h.. alive on Dec 24 1942

Immediate cause of death — Duration

Pulmonary Tuberculosis — 6 mos.
Due to Tuberculosis Bacilli

Due to

Other Conditions None

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Wright
Address 1209 Pennsylvania Date signed 12/28/42 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

F 99101

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99101 Registered No. 170 C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 601 Woodbourne Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Thelma Fish

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-18-0685

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband or wife Earl Fish.
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Feb, 27, 1901

8. AGE: Years	Months	Days	If less than one day
41	9	26 27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Electric Dept.
11. Industry or business Glen L. Martin

FATHER
12. Name Henry C. Ostendorf
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ann Connley
15. Birthplace Ireland

16 (a) Informant Mr. Earl Fish
(b) Address 601 Woodbourne Ave, Govans

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/1942 (month) (day) (year)
(c) Cemetery or crematory Nwe Cathedral
Location Old Frederick Rd,

18 (a) Funeral director John A. Moran.
(b) Address 4201 Greenmount Ave,

DEC 27 1942 Transcription Williams
(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26- 1942 at 8 20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Fracture skull	
Due to Multiple fractures, lacerations,	
Due to blunt trauma & abrasions	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 27/9
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 12-26-42 at 7.50 P.M
(c) Where did injury occur? Woodbourne ave nr. Purdue Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Auto-bus, overturned on road

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 12-27-42

F 99102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 99102 Registered No.

AB-31910

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

BALTIMORE CITY HSOPITALS

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Yrs

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. No Home (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Michael Carr

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9-1861

8. AGE: Years 81 | Months 10 | Days 12 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation ? Retired

11. Industry or business

FATHER

12. Name Frank Michael

13. Birthplace Ireland

MOTHER

14. Maiden Name Mary Hagen

15. Birthplace Ireland

16 (a) Informant BALTIMORE CITY HOSPITALS

(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof I2/28/I942 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Old Frederick Rd,

18 (a) Funeral director John A. Mosan

(b) Address 3000 E. Baltimore St,

DEC 27 1942 Huntington Williams M.D.

(Local Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-21-42 19 at 5-45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-12-42 19 to 12-21-1942, and that I last saw him alive on 12-21 19 42.

Immediate cause of death: Bronchopneumonia — Duration 10 Days

Due to

Due to

Other Conditions Arteriosclerotic heart disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. Cress F. M. D.

Address Balt City Hosp Date signed 12-23-42

F 99103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

F 99103 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: I633 Sexton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days): Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: I633 Sexton St (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country:

3 (a) FULL NAME: Mary Alice Hoyer

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: W H Hoyer
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1-24-1857

8. AGE: Years	Months	Days	If less than one day
85	11	1	hr. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business:

FATHER
12. Name: Henry Smith
13. Birthplace: Pa

MOTHER
14. Maiden Name: Elizabeth
15. Birthplace: Not Knowed

16 (a) Informant: Joseph Hoyer
(b) Address: 2703 Goodwdod Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Pk
Location: Frederick Rd

18 (a) Funeral director: Edward Toulson
(b) Address: 2359 Wash Blvd

19 (a) DEC 27 1942 (b) Thurlington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 25 1942, at 7a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1942 to Dec 26 1942
and that I last saw her alive on Dec 24 1942

Immediate cause of death: Cardio Vascular renal disease

	Duration
	7

Due to: Cardiac failure

	Duration
	2 days

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Geo. M. Kieffer M. D.
Address: 1170 East Blvd Date signed: 12-26-42

M. D. R. 1368-9

99104 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 99104

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 Tunbridge Rd (St.) Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Stephen L. Earp

(a) Residence: No. 521 Tunbridge Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jeannette Earp

6. DATE OF BIRTH (month, day, year) Sept 18 - 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Ret'd Grain Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

FATHER

13. NAME Thomas Earp

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

MOTHER

15. MAIDEN NAME Frances J Devereux

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Jeannette Earp

(Address) 521 Tunbridge Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date 12/30 1942

19. UNDERTAKER Williams Cross Inc.

(Address) 1217 E. Baltimore St.

DEC 28 1942 Williams M.D. Registrar.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25 1942 to Dec. 27 1942

I last saw him alive on Dec. 22 1942 Death is said to have occurred on the date stated above, at 12 M. p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Dec. 25
Arteriosclerosis	2 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Hart H Berry M. D.

(Address) 5111 York Rd

99105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 99105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 936 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3012 Chelsea Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Rutledge 56228

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Effie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1869

8. AGE: Years	Months	Days	If less than one day
73	0	19	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation paper hanger
11. Industry or business

FATHER
12. Name Joshua d
13. Birthplace Md.

MOTHER
14. Maiden Name Oliver Chenwith d
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E North Ave

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St Paul St

DEC 28 1942
(Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1942, at 10:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1940 to Dec. 25 1942 and that I last saw h im alive on Dec. 25 42

Immediate cause of death	Duration
Pulmonary tuberculosis	2½ yrs.
Due to	
Due to	
Other Conditions Luetic heart disease	?
Paresis (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation	
of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A S Hoyt
Address Balto City Hosp Date signed 12/29/42

VS 150

426954

9106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 93106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince George
(c) City or town Bowie (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Luther Trott

3 (b) If veteran, name war W
3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Clara Virginia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-2-70

8. AGE: Years	Months	Days	If less than one day
72	6	25	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Retired R.R.C.
11. Industry or business

FATHER
12. Name William Henry Trott
13. Birthplace Md

MOTHER
14. Maiden Name Susan R. Harrison
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28 42 (month) (day) (year)
(c) Cemetery or crematory Trinity Cem
Location [redacted] Catonsville Md

18 (a) Funeral director William Cook Inc
(b) Address 124 E. St Paul St

DEC 28 1942 (Date rec'd by Registrar) (Signature of Registrar) William A. Mc Entire

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1942 at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1942 to Dec 26 1942 and that I last saw h[redacted] alive on Dec 26 1942.

Immediate cause of death	Duration
Myocardial failure	
Due to Gastro intestinal Hemorrhage	
Due to [redacted] Bleeding duodenal ulcer	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
Bleeding duodenal ulcer
Autopsy? None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James H. Lemmon M. D.
Address Johns Hopkins Hospital Date signed 2-26-43

VS 150

99107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. D 99107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Lexington St
(c) Hospital or Institution: Aged Women's & Aged Men's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 N Lexington St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Higby.

3 (b) If veteran, name war W

3 (c) Social Security Account No. 40 48

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15 1852

8. AGE: Years 90 | Months 11 | Days 10 | If less than one day hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation "

11. Industry or business "

FATHER
12. Name Samuel Higby
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary Snyder
15. Birthplace Unknown

16 (a) Informant Aged Women & Aged Men Home
(b) Address 1400 N Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Balto Md

18 (a) Funeral director Wilhelm Bros Inc
(b) Address 1217 W Fayette St

19 (a) DEC 28 1942 (Date rec'd by reg.) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/25/1942 19 at 1:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15/1927 to 12/25/1942, and that I last saw her alive on 12/24/1942.

Immediate cause of death — Duration
Myocarditis, chronic — 1 yrs.
Bronchitis, chronic — 1 yrs.
Due to
Due to
Other Conditions
Fractured hip, 8 yrs. duration.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edwin B Jaquett M.D.
Address 11 E. Chase St., City Date signed 12/26/42

99108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938 Registered No. F 99108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1968 N Patterson Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1968 N Patterson Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Johanna Vetter

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife George Wilhelm Vetter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 6, 1866

8. AGE: Years 76 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Adam Gruse

13. Birthplace Germany

MOTHER 14. Maiden Name Eichwood

15. Birthplace Germany

16 (a) Informant Irene Muir

(b) Address 1968 N Patterson Pk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/42 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Brooklyn Md

18 (a) Funeral director Phillips & Lee

(b) Address 127 S Paca St

DEC 28 1942 Huntington Williams, M.D. Registrar

(Local Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4-42 19 , to 1-24-42 19 , and that I last saw her alive on 1-21-42 19 .

Immediate cause of death Cerebral Arteriosclerosis — Duration

Due to Cerebral Arteriosclerosis

Due to

Other Conditions Arteriosclerotic Cardiovascular disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Costantini, M.D.

Address 231 S. Conkling St Date signed 12-26-42

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 93 F 99109

F 99109

AB- 78637

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 603 N. Eutaw St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Rawlings

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: Yes

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16-1882

8. AGE: Years	Months	Days	If less than one day
60-	4-	2-	hr. min.

9. Birthplace Alabama
(Town, county, and state)

10. Usual Occupation Plumber

11. Industry or business

FATHER
12. Name William H. Rawlings
13. Birthplace ?

MOTHER
14. Maiden Name Sarah E. Rawlings
15. Birthplace Washington

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/25/42 (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Parkville Md

18 (a) Funeral director Wm Cook Jno
(b) Address 1217 St Paul St

DEC 28 1942 (b)
(Registrar's signature) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/18 1942 at 1:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/17 1942 to 12/18 1942 and that I last saw him alive on 12/18 1942.

Immediate cause of death	Duration
CARDIAC FAILURE	2 wks
Due to ARTERIOSCLEROTIC HT. DISEASE	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Hatt M. D.
Address BALTIMORE CITY Date signed 12/26

99110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

932 Registered No. F 99110

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5312 Ethelbert Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dora Davis

3 (b) If veteran, name war: W

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William P. Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 24th 1888

8. AGE: Years: 54 Months: 1 Days: 3 If less than one day: hr. min.

9. Birthplace: Howard Co. Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: David Thomas Parsley
13. Birthplace: Md.

MOTHER
14. Maiden Name: Laura Jane Grimes
15. Birthplace: Md.

16 (a) Informant: William P. Davis
(b) Address: 5312 Ethelbert Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/42 (month) (day) (year)
(c) Cemetery: Druid Ridge
Location: Pikesville Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 1217 St. Paul St.

19 DEC 28 1942 (Date received by Registrar) (b) Thurlington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 19 42, at 2 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1942, to Dec 27 1942, and that I last saw her alive on Dec 27 1942.

Immediate cause of death	Duration
Bronchopneumonia	1 wk
Due to Arteriosclerotic Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Lawrence E. Grandmont M. D.
Address: Franklin Sq Hosp Date signed

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930 Registered No. E 99111

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3110 Hoover Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 27 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3110 Hoover Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William J Griffith

3 (b) If veteran, name war No

3 (c) Social Security Account No. 216-18-6343

4 Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 26 1886

8. AGE: Years 56 Months 10 Days 29 If less than one day hr. min.

9. Birthplace Philadelphia Pa (town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business Bethlehem Steel Co

FATHER
12. Name John Griffith
13. Birthplace Wales

MOTHER
14. Maiden Name Elizabeth Rafferty
15. Birthplace Pennsylvania

16 (a) Informant Mary E Griffith
(b) Address 3110 Hoover Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)
(c) Cemetery Maryland Memorial Park
Location Parkville Md.

18 (a) Funeral director William Cook Jr
(b) Address 1217 St Paul St Williamsport Md

DEC 28 1942 (Date rec'd by registrar)

(b) Huntington for Williamsport Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1942 at 8 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1942 to Dec 25 1942, and that I last saw h alive on Dec 24 1942

Immediate cause of death Chronic myocarditis — Duration 3 mos.

Due to Rheumatic cardio-vascular disease — 5 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S-A. Alexander M. D.

Address 621 Harford Rd Date signed 12-26-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

99112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 W

Registered No. E 99112

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2401 Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Weeks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 Monthalia St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Andrew McCollough

3 (b) If veteran, name war: W

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Sarah C. McCollough

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9th 1861

8. AGE: Years	Months	Days	If less than one day
81	4	17	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Paper Hanger

FATHER
12. Name Andrew J. McCollough
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Barbara A. Minnick
15. Birthplace Balto. Md.

16 (a) Informant Mrs Blanche M. Moore
(b) Address 1118 Monthalia St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/42 (month) (day) (year)
(c) Cemetery or crematory Balto
Location " Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) (b) Registrar Williams Mgr Funeral

DEC 28 1942

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26th 1942, at 4:17 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20 1942 to Dec. 26 1942, and that I last saw h[illegible] alive on Dec. 26 1942.

Immediate cause of death: cerebral hemorrhage

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. N. Cutterman

Address 2324 Renaissance Rd Date signed 12/27/42 M. D.

CAUSES, WHETHER DISEASE, WITH UNFOLDING INS. Every item of information should be carefully supplied. Insert correct age in especially important. Physicians: please write the causes of death clearly and legibly.

99113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99113
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2201 N. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2201 N. Charles St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Matilda Baker

3 (b) If veteran, name war: W
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) ~~Single~~, married, widowed, or ~~divorced~~: Widowed
6 (b) Name of husband or wife: Samuel E. Baker
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 22nd 1888
8. AGE: Years 54 | Months 10 | Days 4 | If less than one day hr. min.
9. Birthplace Charles Co. Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Henry Henderson
13. Birthplace Md.

MOTHER
14. Maiden Name E. Posey
15. Birthplace Md

16 (a) Informant Ethel Toney
(b) Address 2201 N. Charles St
17 (a) Burial (Burial, cremation, removal) (b) Date thereof 12/29/42 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location " Md.
18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St. Paul St

DEC 28 1942
(Date received by Registrar) (b) Huntington Williams M.D.
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26th 1942, at 2:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1942, to 12/26 1942, and that I last saw h[illegible] alive on Dec 26 1942.

Immediate cause of death: Carcinoma of lung — Duration: Years

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thelma B. Russell
Address 2904 Rest. Rd Date signed 12/28/42 M. D.

99114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

XV 93d

F 99114 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Arnold
(c) Hospital or institution: Maryland Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo. 11
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Roads Farms (If outside city or town limits, write RURAL and give town)
(d) Street No. 321 Register Ave., Govans (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Willa MacLudvigsen

3 (b) If veteran, name war W

3 (c) Social Security Account No. NONE

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1885

8. AGE: Years 57 Months 10 Days 26 If less than one day hr. min.

9. Birthplace Minn. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Frank Shepherd
13. Birthplace Vermont

MOTHER
14. Maiden Name Eva G. Lawrence
15. Birthplace Wisconsin

16 (a) Informant Edward G. Ludvigsen
(b) Address 321 Register Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/42 (month) (day) (year)
(c) Cemetery Woodland Memorial Park
Location Parkville Md.

18 (a) Funeral director William Cook Inc.
(b) Address 217 E. Pleasant St. Huntingdon Pennsylvania

19 (a) DEC 28 1942 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1942, at [illegible] M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/1/7 1942 to 12/27 1942 and that I last saw h.[illegible] alive on 12/26 1942

	Duration
Immediate cause of death: Cardiac failure	
Due to: Chr. myocarditis	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. T. McGrogan M. D.
Address Md. Gen. Hosp. Date signed 12-28-42

VS 3

99115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99115

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) dec'd.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 714 David Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hariet Davenport

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
1			hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Russell Davenport
13. Birthplace Va.

MOTHER
14. Maiden Name Hattie Lee Whitaker
15. Birthplace New York

16 (a) Informant Hattie Davenport
(b) Address 714 David Hill Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-29-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 David Hill Ave.

19 DEC 28 1942 Hamilton Williams, M.D.
(Date received) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1942, at 5-15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry thereon and from the evidence obtained by said autopsy & inquiry find that said deceased came to her death on the day stated above.

(Autopsy or Inquiry)

Immediate cause of death Whooping cough — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. (Medical Examiner)
Date signed Dec 24/1942

Enter age if especially important. Physicians: please write the causes of death clearly and legibly.

V8 6

99116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99116

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 Pennsylvania Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 703 Pennsylvania Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary McKnight Glover

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1— 1904

8. AGE: Years 38 | Months | Days | If less than one day hr. min.

9. Birthplace Panuio S. Car.
(Town, county, and state)

10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Richard James
13. Birthplace S. Car.

MOTHER
14. Maiden Name Sarah Lindsay Johnson
15. Birthplace S. Car.

16 (a) Informant Clarence A. Glover
(b) Address 703 Penn. ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-29-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Hall
(b) Address 128 Dill Ave

19 (a) DEC 28 1942 (b) Registrar for Williams
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23 1942, at 3:25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an his personal & inspection thereon and from the evidence
(Autopsy or Inquiry)
obtained by said his personal & inspection and that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Chronic pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed Dec. 24 1942

VS 6

F 99117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 99117

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use black ink. Do not use pencil. Please write the causes of death clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto., Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 3952 Brooklyn ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy MILLER. (Birth F 64770)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12/42

8. AGE: Years	Months	Days	If less than one day
		15	hr. min.

9. Birthplace Balto., Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name George J. Miller
13. Birthplace Balto., Md

MOTHER
14. Maiden Name Catharine Burns
15. Birthplace Balto., Md

16 (a) Informant George J. Miller
(b) Address 3952 Brooklyn ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28-1942 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Harford ave

18 (a) Funeral director Maurice J. Flynn
(b) Address 1428 Light St.

19 (a) DEC 28 1942 (b) Herman Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27-1942, at 3.20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14-1942 to 12-27-1942 and that I last saw him alive on 12-27-1942.

Immediate cause of death	Duration
Hemorrhagic disease of the newborn	
Due to Prematurity.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr Andrew Zaff M. D.
Address 1213 Light St. Date signed 12/27/42

F 99118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 d

F 99118 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2406 Druid Hill Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)

(d) Street No. 2406 Druid Hill Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julian Washington Ross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	A. A.	Married

6 (b) Name of husband or wife Geneva Ross

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
59 59	5		hr. min.

9. Birthplace Cambridge, Md (Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business —

FATHER 12. Name George W. Ross

FATHER 13. Birthplace Cambridge, Md

MOTHER 14. Maiden Name Mary ?

MOTHER 15. Birthplace Md

16 (a) Informant Geneva Ross

(b) Address 2406 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 29 40 (month) (day) (year)

(c) Cemetery or crematory Arbutus M. Park

Location Balto County

18 (a) Funeral director Mrs Ida F. Bailey

(b) Address 1421 Jefferson St

19 (a) [illegible] (Date) (b) Washington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/25 1942, at 5 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/20 1942, to 12/25 1942, and that I last saw h[illegible] alive on 12/25 1942.

Immediate cause of death Myocarditis — Duration 6 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Carson C. Johnson M. D.

Address 1802 Pennsylvania Ave Date signed 12-26-42

VS 3

F 99119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92d

F 99119 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5604 Fair Oak Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5604 Fair Oak Av (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary A Staab

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FM	W	M

6 (b) Name of husband ~~or wife~~ Valentine H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16-1868

8. AGE: Years	Months	Days	If less than one day
74	7	10	hr. min.

9. Birthplace Balto Md (Town, county and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Philip Fecher
13. Birthplace Germany

MOTHER
14. Maiden Name Antonia Spaun
15. Birthplace Germany

16 (a) Informant Joseph Staab
(b) Address 5604 Hamrahs Ln

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J Rust
(b) Address 5305 Harford Rd

19 (a) DEC 28 1942 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26-1942 at 4 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 10, 1938, to 12-26-1942, and that I last saw her alive on 12-25-1942.

Immediate cause of death Bronchopneumonia — Duration 4 days

Due to

Due to

Other Condition Chr. Hypo-Endo-Pituitary condition

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. B. Defrent M. D.
Address 2807 Harford Rd Date signed 12-27-42

VS 150

F 99120

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99120 ✓ 830 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 101 W 27th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101 W. 27th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elsie Elizabeth Nelson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FM	W	M

6 (b) Name of husband ~~or wife~~ Wm H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-19-1882

8. AGE: Years	Months	Days	If less than one day
60	10 24	6	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER 12. Name William H. Dorsey
13. Birthplace Md

MOTHER 14. Maiden Name Martha S Baker
15. Birthplace Md

16 (a) Informant Claude Nelson
(b) Address 101 W 27th St.

17 (a) Burial (b) Date thereof 12-28-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Leonard Bruce
(b) Address 3305 Hamilton

19 (a) DEC 28 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-25- 1942, at 1:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-24- 1942 to 12-25- 1942 and that I last saw h[illegible] alive on 12-25- 1942

Immediate cause of death Heart failure — Duration
Due to Bronchopneumonia
Due to Cerebral hemorrhage
Other Conditions Hypertension
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place)
While at work?
How injury occurred
23. Means of injury
Signature Richard Weinberger M.D.
Address 912 Brooks Lane Date signed 12-25-42

VS 8

Correct age is especially important. Physicians: please write plainly and use only standard abbreviations. See page 2.

F 99121 ✓ F 99121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94W

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1123 S. Charles St.
(c) Hospital or institution: ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County _____
(c) City or town Baltimore ✓ (If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 S. Charles St. (If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) FULL NAME Robert Joseph Johnston

3 (b) If veteran, name war ✓ (c) Social Security Account No. 218-01-9097

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Emma Mae.
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1897

8. AGE: Years	Months	Days	If less than one day
45	1	2	____ hr. ____ min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Teller at Prov. Bk.
11. Industry or business

FATHER 12. Name Frank E. Johnston
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Ida Burton
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Emma Johnston
(b) Address 1123 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28/42 (month) (day) (year)
(c) Cemetery or crematory Immanuel Cem.
Location Gettysburg Pike. Balto. Md.

18 (a) Funeral director Frank A. Brauer & Son
(b) Address 624 S. Charles St.

19 (Date rec'd by registrar) DEC 28 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25 1942, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Novmbr 1939, to Dec. 25 1942, and that I last saw him alive on Dec 23, 1942.

Immediate cause of death	Duration
Coronary occlusion	2 yrs.
Due to Hypertension	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation _____
Major findings of operation: _____
of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Rockwell J. Funk M. D.
Address 724 W. North Ave. Date signed 12/27/42

VS 3

Correct age is especially important. If uncertain, please write the words "about" before the figures.

F 99122 ✓ F 99122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 05 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 Alice Ann Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Michalaki (Birth F 65212)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 23 1942

8. AGE: Years	Months	Days	If less than one day
		5	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Stephen A. Michalaki
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Agnes Rutkowski
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. A. R. Michalaki
(b) Address 1600 Alice Ann St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M. Welby
(b) Address 401 S. Chester St.

19 (a) (b)

DEC 28 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1942, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27 1942 to Dec. 27 1942 and that I last saw h.er alive on Dec. 27 1942.

Immediate cause of death Congenital Heart Disease.

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Christian J. Richter M. D.
Address St. Joseph's Hosp Date signed 12/27/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99123

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99123 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 227 N. MONROE ST
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —20
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO. MD
(If outside city or town limits, write RURAL and give town)
(d) Street No. 227 N. MONROE ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ETTA GRACE MEREDITH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: FEMALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife ALEXANDER M.
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) JUNE 26, 1875

8. AGE: Years 67 | Months 5 | Days 28 | If less than one day hr. min. 69

9. Birthplace Shepherd's Town, W. Va.
(Town, county, and state)

10. Usual Occupation AT HOME

11. Industry or business

FATHER
12. Name EMORY GONTER
13. Birthplace UNKNOWN

MOTHER
14. Maiden Name ANNIE FREEZE
15. Birthplace THURMONT, MD.

16 (a) Informant ALEXANDER M. MEREDITH
(b) Address 227 N. MONROE ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 26, 1942 (month) (day) (year)
(c) Cemetery or crematory UNITED BRETHREN
Location THURMONT, MD.

18 (a) Funeral director Edward Annacone
(b) Address 391 [illegible] at Heights Ave Baltimore, Md.

19 DEC 28 1942 (b)
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/23 1942, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 10 1940, to Dec. 23 1942, and that I last saw her alive on 12/22 1942.

Immediate cause of death: Carcinoma of Cervix — Duration: 5 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Bruce Longfellow M. D.
Address 400 N. Payson St. Date signed 12/29/42

Correct age is especially important. Physicians: please write the causes of death clearly and fully.

F 99124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 N

F 99124 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 502 N. Chapel St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1923 N. McElderry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MINNIE I JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/29/1877

8. AGE: Years	Months	Days	If less than one day
65	9	26	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name George Thompson
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace

16. Informant George H. Johnson
(b) Address 1923 Mc Elderry St.

17 (a) Burial (b) Date thereof 12-28-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore

18 (a) Funeral director Wilmot Funeral Home
(b) Address 2008 Orleans

19 (a) (b)
(Date rec'd by Registrar) DEC 28 1942 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1942 at 6 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion

Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 12-28-42

F 99125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 d

Registered No. F 99125

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3200 Elmley ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3200 Elmley ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Rhudon Newton

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Johanna Newton

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Dec 17 1878

8. AGE: Years 63 64 | Months 11 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business B & O R R

FATHER
12. Name Henry Newton
13. Birthplace Balto

MOTHER
14. Maiden Name Mary C Morgan
15. Birthplace Balto

16 (a) Informant Johanna Newton
(b) Address 3200 Elmley ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Dec 28/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Balto Co Md

18 (a) Funeral director Uhl Funeral Home
(b) Address 2008 Orleans St

19 (a) (Date received by registrar) Williamsport DEC 28 1942 (Registrar)

VE 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1942 at 12 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-18 1933 to 12-25-1942 and that I last saw him alive on 12-25-1942.

Immediate cause of death: Chronic Myocarditis — Duration 1933
Due to Arteriosclerosis — 1933
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton E Lang M. D.
Address 2117 Belair Rd Date signed 12-26-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1462

F 99126 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 117 S Conkling St

(c) Hospital or institution: Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 D

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) City

(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)

(d) Street No. Same. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Phillip Fleischman

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 53 Months Days If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Martin

13. Birthplace Baltimore Md

MOTHER

14. Maiden Name ? ?

15. Birthplace ?

16 (a) Informant Anna Fleischman

(b) Address 117 S Conkling St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-42 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart Location Hermans Hill Rd.

18 (a) Funeral director John J Rinda

(b) Address 2828 Hudson St

19 (a) DEC 28 1942 (Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/25 1942, at 11:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/20 1942 to 12/25 1942 and that I last saw h alive on 19

Immediate cause of death Acute Dilatation of the Heart — Duration

Due to

Due to

Other Conditions Carcinoma of the Stomach with Metastasis (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dr Dudley

Address 3313 E Balto St Date signed 12/26/42

M. D.

Dr D.H.L. Dr Wm. Hopkins

Thomas J. Watkins, M.D.

F 99127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. F 99127

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto. City
(b) Street address 852 Park Ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 852 Park Ave
(If rural give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3 (a) FULL NAME Blanche Loudon Mayers

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex Female | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife James Henry Mayers
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 60 | Months — | Days — | If less than one day — hr. — min.

9. Birthplace Boston Mass.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business ✓

FATHER
12. Name Unknown
13. Birthplace Boston Mass

MOTHER
14. Maiden Name Unknown
15. Birthplace Boston Mass

16 (a) Informant Emily Hayes Nash
(b) Address 723 Wellington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Balto Md

18 (a) Funeral Dir. Frances A. Hemsley
(b) Address 578 W Biddle St

19 (a) (Date received) DEC 28 1942 Registrar Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 — 26 — 1942, at 330 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1941 to Dec 26 1942, and that I last saw her alive on Dec 21 1942.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertention

Due to ✓

Other Conditions Hypertention

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James J Carfin M. D.
Address 1016 S Sharp Date signed 12-27-42

VS 3

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

F 99128

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

F 99128
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1360 N. Stricker St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1360 N. Stricker St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert L. Newman | Birth F64539

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-9-42

8. AGE: Years	Months	Days	If less than one day
		16	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business Infant

FATHER
12. Name Lewis Hawkins
13. Birthplace Md.

MOTHER
14. Maiden Name Lillian Newman
15. Birthplace Baltimore

16 (a) Informant Lewis Hawkins
(b) Address 1370 Schroeder St.

17 (a) Burial (b) Date thereof 12/28/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Balto. Co.

18 (a) Funeral director Chas. H. Alexander
(b) Address 901 N. Mount St.

19 (d) DEC 28 1942 Hunter Williams Registrar
(Date rec'd by reg.)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1942, at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Bronchial pneumonia — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature Robert Lee Yeatman M.D.
Medical Examiner.
Date signed Dec. 29 1942

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10

F 99129 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 414 S. Furrow St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 414 S. Furrow St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Matilda Link Kuester

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Carl Henry Kuester

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1863

8. AGE: Years 79 | Months 10 | Days 3 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Klem
13. Birthplace Germany

MOTHER
14. Maiden Name —
15. Birthplace Germany

16 (a) Informant Wm. Link
(b) Address 414 S. Furrow St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Kuester
(b) Address 1616 E. Monument Ave.

19 (Signature) Hunter Williams M.D.
Registrar

DEC 28 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/22/42, 19 at 2:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 1942 to Dec 22 1942, and that I last saw her alive on Dec 22 1942.

Immediate cause of death: Left Lobar Pneumonia

Due to:

Due to:

Other Conditions: Senility.
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature: Hugo E. Shammo M. D.
Address 700 N. Fulton Ave Date signed 12/28/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 99130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 F 99130 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Yes (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1349 Myrtle ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Montague

3 (b) If veteran, name war: W. W —

3 (c) Social Security Account No. 215-16-2426

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	married

6 (b) Name of husband or wife Blanch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-24-1897

8. AGE: Years	Months	Days	If less than one day
44	11	27	hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Thomas montague
13. Birthplace Va

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Blanch montague
(b) Address 1614 Gilmore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-42 (month) (day) (year)
(c) Cemetery or crematory Balto national cem
Location Balto city

18 (a) Funeral director Thomas E. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) DEC 28 1942 (b) Huntingtor Williams, Md
Registrar

VS-6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28- 1942, at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerosis Hemorrhage	
Due to spontaneous	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy: yes	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Walden M.D.
Medical Examiner.
Date signed 12-22-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99131

F 99131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 99131

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Oliver and Caroline Sts.

(c) Hospital or institution St. Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days

(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1255 North Broadway (If rural give location)

(e) Citizen of foreign country? U.S. (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs. Bertha Rohrbach

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Isaac Rohrbach

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Sept. 4-1870

8. AGE: Years	Months	Days	If less than one day
69	3	21	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER 12. Name Jeremiah Montgomerie

13. Birthplace Germany

MOTHER 14. Maiden Name Adelaide Schlesinger

15. Birthplace Germany

16 (a) Informant Isaac Rohrbach

(b) Address 1255 Broadway

17 Burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md.

18 (a) Funeral director J. E. Pumphrey & Son

(b) Address 300 Eutaw Place

19 DEC 28 1942 (Date received) J. Thomas Williamson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25, 1942 at 4:59 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16, 1942 to Dec. 25 1942 and that I last saw her alive on Dec. 23, 1942.

Immediate cause of death Cardio-respiratory failure — Duration

Due to Cardio-Vascular accident

Due to Cerebral arterio sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Earl A. Dellinger M.D.

Address St. Joseph's Hospital Date signed Dec. 28th, 1942

Baltimore, Md.

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99132 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3015 Shannon Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3015 Shannon Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. John Joseph Kenney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Edna Houseman Kenney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 12, 1884

8. AGE: Years	Months	Days	If less than one day
58	10	15	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Accountant
11. Industry or business Social Security Board

FATHER
12. Name John Kenney
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Ratigan
15. Birthplace Ireland

16 (a) Informant Mrs. Edna H. Kenney
(b) Address 3015 Shannon Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Road, Baltimore, Md

18 (a) Funeral director H. W. Meamson Son
(b) Address 805 N. Calvert St.

19 (a) Filed (by registrar) Huntington Williams M.D. Registrar
DEC 28 1942

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1942, at 9.9. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1942, to Dec 27 1942, and that I last saw him alive on Dec 27 1942

Immediate cause of death Broncho-Pneumonia — Duration 1 wk.
Due to Chronic Myocarditis
Due to Chronic Nephritis
Due to Hepatic Cirrhosis
Other Conditions Arteriosclerosis.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles A. Anderson M. D.
Address 3001 Sherwood Drive Date signed Dec. 28-42

Please write in ink. Every item of information should be given if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

F 99133
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cherkeland & Raynes
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2401 Brohawn Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Marguerite M. Gerhard

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-12-8473

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife George Gerhard

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) May 21 1892

8. AGE: Years	Months	Days	If less than one day: hr.	min.
49	7	24		

9. Birthplace Baltimore, Md
(town, county, and state)
10. Usual Occupation Operator Rope Machine
11. Industry or business Housewife

FATHER
12. Name Louis Kuhn
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Catherine L. Ritchmiller
15. Birthplace Baltimore, Md.

16 (a) Informant George Gerhard (Husband)
(b) Address 2401 Brohawn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30, 1942 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Baltimore, Md.

18 (a) Funeral director A. J. Howard Evans
(b) Address 1400 E. Chase St.

19 (Registrar's signature) Thomas J. Williams Jr. Registrar
DEC 28 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/26 1942, at 6:35 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from 12/20 1942, to 12/26 1942, and that I last saw h[er] alive on 12/26 1942.

Immediate cause of death Pulmonary Embolism

Due to

Due to

Other Conditions Post-operative
Hypertension Pregnancy
(Include pregnancy within 3 months of death)

Date of operation 12/20/42

Major findings of operation Uterine Fibroids

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Pearson M. Checket M. D.
Address WBGH Date signed 12/26/42.

VS 3

F 99134

B.S. (78707)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 76 N.E. 99134

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1426 Mount St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Teed Hodnett

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1916

8. AGE: Years	Months	Days	If less than one day
26	2	3	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Garage Work

11. Industry or business

FATHER

12. Name Dempsey Hodnett

13. Birthplace Virginia

MOTHER

14. Maiden Name Viola Hodnett

15. Birthplace Virginia

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29, 1942 (month) (day) (year)

(c) Cemetery or crematory Leatham

Location Virginia

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N. Schroeder St. Hampton Williamsburg, Va.

DEC 28 1942 (Date received by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22-42 19 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 19 42, to 12-22 19 42, and that I last saw h[illegible] alive on 12-22 19 42.

Immediate cause of death Hypertrophied cardiac Angina — Duration 1 hr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E. Cross Jr. M. D.

Address Balt. City Hosp. Date signed 12-23-42

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 F

F 99135 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 N. Bruce St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Bellfield

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Black	married

6 (b) Name of husband or wife Georgeanna Bellfield
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John W. Bellfield
13. Birthplace N. C.

MOTHER
14. Maiden Name Ellen Crawford
15. Birthplace Virginia

16 (a) Informant John Bellfield
(b) Address 702 N. Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) Dec 28 1942 (b) [illegible] (Registrar)

VE 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 19 42 at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-8 19 42 to Dec 25 19 42
and that I last saw him alive on Dec 25 19 42

Immediate cause of death — Duration

Cardiac failure

Due to Luetic Cardiovascular Disease

Due to Primary Carcinoma of liver

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Primary carcinoma of liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Etta C. Linke, M. D.
Address Univ. Hosp Date signed 12/25/42

99136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 99136 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Dr. Joseph Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 741 Sarah ann Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marcellus Demby

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 28, 1902

8. AGE: Years	Months	Days	If less than one day
39 40	11	26	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Robert Demby
13. Birthplace Md

MOTHER
14. Maiden Name Betty Hawkins
15. Birthplace Md

16 (a) Informant Mobil Cornish
(b) Address 741 Sarah Ann St

17 (a) Burial (b) Date thereof Dec 28-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Fayette St

19 (a) DEC 28 1942 (b) Washington Williams Md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-24-1942, at 11A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death — Duration

Coronary Occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 12-25-42

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

$30

F 99137 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1543 Division St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis Dobson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Jeane Hobson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 57 | Months — | Days 1 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Dentist

11. Industry or business

FATHER 12. Name Sam Stott

13. Birthplace Virginia

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Mrs. F. Dobson

(b) Address 1542 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28, 1942 (month) (day) (year)

(c) Cemetery or crematory Bush Park

Location Howard Co. Md.

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N. Schroeder St. Funeral Director Williams, M.D.

19 (a) (b) Registrar

DEC 28 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26 1942 at 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from December 25 1942, to December 26 1942 and that I last saw h[illegible] alive on 12/25/42

Immediate cause of death: Cerebral Hemorrhage — Duration: one hr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles J. Waddell M.D.

Address 84 Druid Hill Ave Date signed Dec 28 1942

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a

F 99138 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp. 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) ? 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Dallo (If outside city or town limits, write RURAL and give town)
(d) Street No. Notre Dame College - Charles St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Sheridan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/29/71

8. AGE: Years	Months	Days	If less than one day
71	4	29	hr. min.

9. Birthplace Iowa (Town, county, and state)

10. Usual Occupation Care taker

11. Industry or business

FATHER
12. Name Mr Sheridan
13. Birthplace " "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Miss Stella Sheridan (sister)
(b) Address 149 1 Bluff St - Dubuque Iowa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Dubuque Iowa

18 (a) Funeral director Ged M. Faith & Son
(b) Address 811 N. Grape St

19 (a) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1942 at 1.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/10/1942 to 12/27/1942 and that I last saw him alive on 12/22/1942

Immediate cause of death Cardiac Decompensation — Duration 17 days

Due to Chronic Myocarditis

Due to Hypertensive Arteriosclerotic Cardio-vascular disease

Other Conditions Chronic Nephritis (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. F. Mine

Address Bon Secours Hosp. Date signed 12/27/42 M. D.

VS 2

Please PRINT PLAINLY, write UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 99139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99139

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Oliver & Caroline Sts.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 19 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(b) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 202 S. Patterson Park Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Gilbert F. Miller Frederick Gilbert Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Baby

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1941

8. AGE: Years: one | Months: 7 | Days: 8 9 | If less than one day: hr. min.

9. Birthplace Baltimore, Balto. MD
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Fred G. Miller
13. Birthplace Penna.

MOTHER
14. Maiden Name Sarah E. McCarthy
15. Birthplace Penna.

16 (a) Informant Mr. Fred G. Miller
(b) Address 202 S. Patterson Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director John C. Moran
(b) Address 3000 E. Baltimore St.
Huntington Williamsville

DEC 28 1942
(Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27, 1942 at 10 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26, 1942 to Dec. 27 1942 and that I last saw him alive on Dec. 27 1942.

Immediate cause of death Respiration failure

Due to Meningococcal Meningitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Earl A. Dellinger M. D.
Address St. Joseph's Hospital Date signed Dec. 27 1942
Balto. Md.

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly

F 99140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99140 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 930 Brevard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 930 Brevard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mollie Chatard (Chatmund)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	married

6 (b) Name of husband or wife Frank Chatard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
50	-	-	hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jordan Bagley
13. Birthplace Va

MOTHER
14. Maiden Name Josephine Savard
15. Birthplace Va

16 (a) Informant Minnie Hynes
(b) Address 1332 Stockton St

17 (a) Burial (b) Date thereof 12-28-1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Baltimore Md

18 (a) Funeral director Jos. T. R. Fehn & Son
(b) Address 1788 Edmondson Ave

19 (a) DEC 28 1942 (b) Huntington Williams
(Date rec'd by Reg.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1942 at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 24 1942 to Dec 25 1942 and that I last saw her alive on Dec 24 1942.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration
About an hour

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Pelletreau M. D.
Address 817 St Amtte Ave Date signed

VS 8

F 99141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47 DF 99141 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Curtis Bay (If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Cereal St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Kaszubinski

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-0096

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Josephine Kaszubinski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business —

FATHER
12. Name John Kaszubinski
13. Birthplace Poland

MOTHER
14. Maiden Name Josephine ?
15. Birthplace Poland

16 (a) Informant Josephine Kaszubinski
(b) Address 1614 Cereal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross A.A. Co
Location Baltimore

18 (a) Funeral director Fred W. Zeyerman
(b) Address 1930 Eastern Ave.

19 DEC 28 1942 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/27 1942, at 6:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 29, 1942, to 12, 27 1942, and that I last saw h[illegible] alive on 12/27 1942

Immediate cause of death Circulatory Failure — Duration

Due to Hypertensive Cardio-vascular Disease

Due to

Other Conditions Carcinoma of Lung

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ① Hypertrophy of right ventricle ② Carcinoma of lung ③ Bronchial pneumonia

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eve. Goldstein M. D.
Address Sinai Hospital Date signed 12/27

F 99142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860 F 99142 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1636 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wm J Boyan Benton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Julia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years	Months	Days	If less than one day
35			hr. min.

9. Birthplace Deals Is Md (Town, county, and state)

10. Usual Occupation Sailor

11. Industry or business

FATHER 12. Name Edw R Benton

13. Birthplace Md

MOTHER 14. Maiden Name Julia Webster

15. Birthplace Md

16 (a) Informant J W Webster

(b) Address Deals Is Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-42 (month) (day) (year)

(c) Cemetery or crematory Deals Is Cem

Location Deals Is Md

18 (a) Funeral director Joseph A Finley

(b) Address Fulton & Fayette Sts Baltimore Md

(Date rec'd by Local Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1942, at 9 20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said partial autopsy and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Fracture of skull

Due to Subarachnoid hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: partial.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence at M
(c) Where did injury occur? 1636 W. Fayette St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? outside of home While at work? No (Specify type of place)
(e) Means of injury Fall down steps

23. Signature Robert Lee Eastman M.D. Medical Examiner.

Date signed Dec 27 1942

VS 6

99143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1804 Registered No. E 99143

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2734 E. Eaton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME PETRO CALEMATA (PETER CALAMITE)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years: About 68 | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16. (a) Informant Jennie Vigliato
(b) Address 1546 N. Gay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Paul Vigliato F. H. Inc.
(Address) 1546 N. Gay St

19 (a) DEC 28 (Date rec'd by registrar) (b) Huntington Millington M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24, 1942 at 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Carbon monoxide poisoning	
Due to	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 24, 1942 at 9 AM
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury leak in gas pipe

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.

Date signed 12-26-42

VS 6

F 99144 ✓ F 99144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2721 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Ind (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2721 Edmondson Ave
(If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) FULL NAME Olivia L Kaufman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Married

6 (b) Name of husband or wife Edward
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Oct 13 1871

8. AGE: Years	Months	Days	If less than one day
71	2	11	_____ hr. _____ min.

9. Birthplace Indiana
(Town, county, and state)

10. Usual Occupation H W

11. Industry or business

FATHER
12. Name Milton Yaste
13. Birthplace Indiana

MOTHER
14. Maiden Name Dont know
15. Birthplace — —

16 (a) Informant Mr. Edward Kaufman
(b) Address 2721 Edmondson ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick ave

18 (a) Funeral director William M Mareck
(b) Address 715 Lytle St

(b) _____ Registrar

DEC 28 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1942, at 11:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-26 1942 to 12-28 1942
and that I last saw h[illegible] alive on 12-24 1942

Immediate cause of death Myocardial Failure — Duration _____

Due to (a) _____ — _____

Due to _____ — _____

Other Conditions Generalized arteriosclerosis — _____

(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: _____

of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Harry L Gimbel M. D.
Address 2703 Edmondson Date signed 12-28 1942

VS 3

99145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

Registered No. E 99145

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp. 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore County
(c) City or town Baltimore Phoenix
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hazel Marie Owlen.

3 (b) If veteran, name war: no

3 (c) Social Security Account No. None

4. Sex: F | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1923

8. AGE: Years 19 | Months 1 | Days 28 | If less than one day: hr. min.

9. Birthplace Balto. Co., Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business [illegible]

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Sara Owens
15. Birthplace Balto. Co. Md.

16 (a) Informant Sara Jackson
(b) Address 371 Owens St Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 29 1942 (month) (day) (year)
(c) Cemetery or crematory Union Asm E.
Location Long Green, Balto. Co. Md.

18 (a) Funeral director Lanahan M. Brooks
(b) Address Loards, Md.

Dec 28 1942 Hattie E. Williams
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1942, at 3 15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Bullet wound of head

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: yes,

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Dec. 27 1942 at ? M
(c) Where did injury occur? Phoenix, Baltimore County, (State)
(City or town) (County)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? Yes
(Specify type of place)
(e) Means of injury Shot in head

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec. 27 1942

VS 6

F 99146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99146 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hosp. for Women & Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2513 East Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Augusta John Trenholm

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	widow

6 (b) Name of husband or wife Julian Chisolm Trenholm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18 1870

8. AGE: Years	Months	Days	If less than one day
52	8	17	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Inspector of Balto. Council
11. Industry or business of civilian Defense

FATHER 12. Name Jno. A. McKellop.
13. Birthplace Taneytown - Pa

MOTHER 14. Maiden Name Amanda W. Johns.
15. Birthplace Balto -

16 (a) Informant Mrs Rutger B Gault (daughter)
(b) Address 2513 East Rd.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec 29 42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry W. Jenkins Sons Co
(b) Address McCulloh & Eutaw Sts

DEC 28 (Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1942 at 10.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 23 1942 to Dec 26 1942 that I last saw he alive on Dec 26 1942

Immediate cause of death — Duration

Myocarditis interstitial pneumonia — 2 days
Due to
Stomach abdominal — 1 yr.
Due to Carcinomatosis
Other Conditions. (none)

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy No Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Whitridge Yorke M. D.
Address 1 Mount Vernon Pl Date signed Dec 28 42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 99147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 99147 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hospital for Women of Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3400 E. PRATT ST.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Knochel (Birth F-6538)

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 26 19 42

8. AGE: Years | Months | Days | If less than one day 17 hr. 41 min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation NONE

11. Industry or business –

FATHER 12. Name Edw. Stanley Knochel

13. Birthplace Balto, Md

MOTHER 14. Maiden Name Ruth Virginia Stewart

15. Birthplace Balto. Md.

16 (a) Informant Father

(b) Address 3400 E. Pratt st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC. 29/42 (month) (day) (year)

(c) Cemetery or crematory PARKWOOD

Location TAYLOR AVE.

18 (a) Funeral director Lillyman Zeiler INC.

(b) Address 403 S. WOLFE ST.

19 (a) (Date rec'd by registrar) DEC 28 1942 (b) Filed by Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1942, at 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1942 to Dec 26 1942 and that I last saw h[illegible] alive on Dec 26 1942

Immediate cause of death
Broncho-Pneumonia

Due to Atelectasis
intra-uterine

Due to aspiration

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy not done

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Arthur York

Address Johns Hop. Date signed 12/26/42 M. D.

3-42 F 99148 2 Copies F 99148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 186 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1909 EASTERN AVE.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1909 EASTERN AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL O. BUCKLEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWER

6 (b) Name of husband or wife ELIZABETH BUCKLEY
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 9 1869

8. AGE: Years	Months	Days	If less than one day
73	4	16	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation RETIRED NIGHT WATCHMAN
11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace BALTO. MD.

16 (a) Informant ANNIE BUCKLEY (DAUGHTER)
(b) Address 1909 EASTERN AVE.

17 (a) BURIAL (b) Date thereof DEC. 29/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL.
Location ODONNELL ST.

18 (a) Funeral director Lillyn Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

DEC 28 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 25 1942, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 25 1942, to Dec 25 1942, and that I last saw h. alive on Dec 25 1942.

Immediate cause of death Pulmonary embolism.
Due to
Due to Fracture Rt femur.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Nov. 17 1942 at M
(c) Where did injury occur? Balto Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home - While at work?
(Specify type of place)
(e) Means of injury Fall down steps.

23. Signature Harold Brownfield M.D.
Address 5401 Belair Rd. Date signed 12-26-42
For H. N. McNeal
Thomas J. Madden, M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

F 99149 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1616 Hanford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 Hanford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Fehrer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Agnes Fehrer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1876

8. AGE: Years 66 | Months 5 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Mariner

11. Industry or business Gulf

FATHER
12. Name Stephen Fehrer
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Schumann
15. Birthplace Germany

16 (a) Informant
(b) Address 1616 Hanford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec (month) 14 (day) (year)

(c) Cemetery or crematory Balto.
Location Baltimore Md

18 (a) Funeral director Philip Knuth Sons
(b) Address 2024 Eutaw St

19 (a) [redacted] Washington Hillman M.D. (Registrar)

DEC 23 19[redacted]

VS:

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1942, at 9 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1940, to Dec 25 1942, and that I last saw him alive on Nov 22 1942.

Immediate cause of death Coronary Thrombosis — Duration 10 minutes

Due to Arteriosclerosis — 4 yrs

Due to Chronic Nephritis — 6 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. J. McDermott

Address 1136 Poplar Grove St Date signed 12/28/42 M. D.

H L Wollenweber MD Asst Medical Examiner

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99150 Registered No. 6216

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp. 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 117 W. Fanwale St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK POTTHAST

3 (b) If veteran, name war: World War 1

3 (c) Social Security Account No. 215-05-1925

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/20/97

8. AGE: Years 48 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Furniture Salesman

11. Industry or business

FATHER
12. Name William A. Potthast
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Feldt
15. Birthplace Germany

16 (a) Informant Miss Magdalena Potthast Sister
(b) Address 117 W. Fanwale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/42 (month) (day) (year)
(c) Cemetery or crematory Holy Sepulchre
Location

18 (a) Funeral director Clay J. Evans Son
(b) Address 118 N. Mt. Prospect Ave. Washington Boulevard, Baltimore, Md.

19 (a) (Date received by Registrar) DEC 28 1942 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1942 at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/21/1942 to 12/26/1942 and that I last saw him alive on 12/26/1942

Immediate cause of death: Carcinoma of Bladder — Duration 5 days

Due to

Due to

Other Conditions: Metastatic Carcinoma Hypostatic Pneumonia Cardiac Vascular Disease (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. M. J. Muse M. D.
Address Bon Secours Hosp. Date signed 12/26/42

correct age is especially important. Physicians: please write out causes in plain English, using terms

F 99151

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 93d

Reg. Dist. No.

F 99151

1. PLACE OF DEATH:
County 3321 E Baltimore St
City or town BALTIMORE
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 yrs.
Hospital, institution, or street address where death occurred: 26
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MARYLAND County
City or town BALTIMORE
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3321 E. BALTIMORE ST.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME DOMINIC COSTA

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife LUCIA
(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) NOV. 8. 1876 1866

8. AGE: Years	Months	Days	If less than one day
76	1	19	hrs. min.

9. Birthplace ITALY (Town, county, and state)
10. Usual occupation Coal Miner
11. Industry or business
FATHER 12. Name GIOVANNI MARIA COSTA
13. Birthplace ITALY
MOTHER 14. Maiden name PICONI
15. Birthplace ITALY
16. Informant Daughter
Address 3321 E Baltimore St.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 29. 1942 (month) (day) (year)
Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd + Moravia Ave.
18. Funeral director Frank Della Vace
Address 502 Morley St.
DEC 28 1942 (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27, 1942 at 1:30A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 26, 1939 to December 1942 and that I last saw him alive on December 26, 1942

Immediate cause of death	DURATION
Acute Congestive Heart Failure	1 day
Acute Pulmonary Edema	1 day
Due to Chronic Myocarditis.	Unknown
Arteriosclerosis.	Unknown
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Philip Leo Artigiani M. D. or other
Address 2942 E. Fayette St. Date signed 12/28/42

425471 F 99152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 99152 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 121 N. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Benton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Frances

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-29-88

8. AGE: Years	Months	Days	If less than one day
54	3	29	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Jeffery Benton
13. Birthplace Va.

MOTHER
14. Maiden Name Alice ?
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Ebony Wilson
(b) Address 1005 Pennsylvania Ave

19 (a) DEC 28 1942 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1942 at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1st 1942 to Dec. 26 1942 and that I last saw him alive on Dec. 26 1942.

Immediate cause of death Lobar pneumonia — Duration

Due to Type I pneumococcus

Due to

Other Conditions pyelonephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Suppurative pyelonephritis, Emphysema, and cardiolysis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Fneriche M. D.
Address Date signed 12-28-42

F 99153 (over) F 99153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 64

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 E. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country (Birth F. 59136)

3 (a) FULL NAME CARLENE MOSS JACKSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/5/42

8. AGE: Years	Months	Days	If less than one day
	2	18	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Russell Jackson
13. Birthplace Va.

MOTHER 14. Maiden Name Dorothy Moss
15. Birthplace N.C.

16 (a) Informant Dorothy Moss
(b) Address 1317 E. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Pennsylvania Ave

19 (a) DEC 28 1942 (Date filed by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1942 at 10:25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Status thymicolymphaticus — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenmueller M.D.
Medical Examiner.

Date signed 1-2-43

VS 6

F 99154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99154 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 E. Fairmount Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME NORMAN FINNEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1898

8. AGE: Years	Months	Days	If less than one day
44	7	9	hr. min.

9. Birthplace Olney Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mary Hodge
(b) Address 1604 E Fairmount St.

17 (a) Burial (b) Date thereof 12/30/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Avery Wilson
(b) Address 1000 Brantley

DEC 28 1942

19 (a) (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1942 at 5:20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Crushing of chest — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 11/2
(b) Date of occurrence 12-23-42 at 8 P.M.
(c) Where did injury occur? Park Ave & Fairmount
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? Yes
(Specify type of place)
(e) Means of injury Streetcar crushed between

23. Signature H. L. Wollenmeyer M.D.
Medical Examiner.
Date signed Dec 26 1942 Time of death same

F 99155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 99155 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 S. Jefferson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Wynn (Winn)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Widow

6 (b) Name of husband or wife Henry Wynn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1880

8. AGE: Years	Months	Days	If less than one day
62	11	7 12	hr. min.

9. Birthplace Catesville N.C. (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Roger Wynn

(b) Address 516 N. Central Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/42 (mo.) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Thos. Watson

(b) Address 1000 Broadway

19 (a) DEC 28 1942 (Date rec'd by registrar) (b) for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27-1942, at 2 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy, thereof and from the evidence obtained by said Autopsy and that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-vascular	
Due to Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.

Date signed 12-28-42

VS 6

F 99156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99156 Registered No. 83c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1212 Homewood Ave
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 Homewood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ann Proctor

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife James Proctor
6 (c) If married, widowed, or divorced, how long 47 years

7. Birth date of deceased (mo., day, yr.) April 12, 1868

8. AGE: Years	Months	Days	If less than one day
74 73	8	17 15	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Housework at Home
11. Industry or business Home

FATHER
12. Name John J. Byrne
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Meighan
15. Birthplace Ireland

16 (a) Informant Mrs. James Proctor
(b) Address 1212 Homewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location 4430 Belair Road

18 (a) Funeral director Edwin W. Conklin & Son
(b) Address 924 E. Eager St.

19 DEC 28 '42 (Date received by registrar) Hampton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27th 1942 at 3.17 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to Dec 27 1942 and that I last saw her alive on Dec 27 1942

Immediate cause of death	Duration
Cerebral Oedema	12 hours
Due to Encephalomalacia	2 years
Due to Cerebral Arteriosclerosis ?	
Other Conditions Senile Dementia	2 Years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William A. Geraghty M. D.
Address 10 E. Preston St. Date signed 12/28/42

(over)

Correct age if appearing vague.

VS 3

F 99157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122a

F 99157 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1646 Gorsuch Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Richard Bergmann

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	None	Male	White	Widowed

6 (b) Name of husband or wife Elizabeth Bergmann 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 30, 1859

8. AGE: Years	Months	Days	If less than one day
83	10	25	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired Store Keeper
11. Industry or business General Merchandise Store

FATHER 12. Name Unknown
13. Birthplace Germany

MOTHER 14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Wm. H. Bergmann son in law
(b) Address 1646 Gorsuch Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location 4430 Belair Rd

18 (a) Funeral director Edward W. Carter & Son
(b) Address 924 E. Lanvale St.

19 (a) (Patient or hospital) (b) Huntington Williams Funeral Home

DEC 28 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1942, at 5 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1942 to Dec 25 1942 and that I last saw h[illegible] alive on Dec 25 1942

Immediate cause of death	Duration
Uremia	
Due to Hypertensive C.R.V.D	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 12-12-42
Major findings of operation: Hernia
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Dillenger M.D.
Address St. Joseph's Hospital Signed Dec. 25, 1942
Baltimore, Md.

F 99158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99158
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 Hubbard Alley
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 Hubbard Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lawrence Terry

3 (b) If veteran, name war	3 (c) Social Security Account No. 218-09-1190

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 19, 1900

8. AGE: Years	Months	Days	If less than one day
42	10	7	hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William Terry
13. Birthplace N. C

MOTHER
14. Maiden Name Cornelius?
15. Birthplace N. C.

16 (a) Informant Ada Nicholson Terry
(b) Address 602 Hubbard Alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location A. A. County Md

18 (a) Funeral director Joseph G. Locke Jr
(b) Address 1308 N. Central Ave.

19 (a) DEC 28 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1942, at 1:50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy & inquest find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Bronchial pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec. 27 1942.

VS 6

F 99159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 F 99159 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1646 Abbott St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 4

(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1646 Abbott St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosina Russell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Harry

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Aug 15, 1874

8. AGE: Years 68 | Months 4 | Days 12 | If less than one day hr. min.

9. Birthplace St. Mary County Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name ? Gross
13. Birthplace Md

MOTHER
14. Maiden Name ?
15. Birthplace Md

16 (a) Informant Harry Russell
(b) Address 1646 Abbott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto. Md

18 (a) Funeral director Joseph B. Locke, Jr.
(b) Address 1364 N. Central Ave

19 (a) (b) Registrar

DEC 30 1942

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1942 at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942 to Dec 27 1942 and that I last saw h[illegible] alive on Dec 27 1942.

Immediate cause of death

(a) Pneumonia

Due to

Due to

Other Conditions Arter. Sclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
(a) 2 da
not kn.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature

Address Date signed 12/30/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99160

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99160 Registered No. 138

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3039 Fleetwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3039 Fleetwood Av (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John H. Stricker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Widower

6 (b) Name of husband or wife Mary Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5 - 1872

8. AGE: Years	Months	Days	If less than one day
70 72	5	21	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Carpenter - Mechanic

11. Industry or business

FATHER 12. Name John Stricker

13. Birthplace Balto. Md

MOTHER 14. Maiden Name Anna C ?

15. Birthplace

16 (a) Informant John Stricker

(b) Address 3039 Fleetwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/42 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Holy Rd.

Location

18 (a) Funeral director Leonard J. Ruehr

(b) Address 3-305 Harford Rd

19 (a) (Date received by Registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 19 , at 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1942 to Dec 26 1942 and that I last saw h~~im~~ alive on Dec 26 1942

Immediate cause of death Myocarditis — Duration 1 yrs.

Due to Auricular fibrillation

Due to

Other Conditions Fibroid Utr.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frances L. Bayli M. D.

Address 6077 Harford Rd Date signed 12/28/42

VS 8

F 99161

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99161 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15 S. Carolined
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 S. Caroline St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margarett Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C.	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1910

8. AGE: Years	Months	Days	If less than one day
32	1	14	hr. min.

9. Birthplace md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Albert Hicks
13. Birthplace md.

MOTHER
14. Maiden Name Rachel Saunders
15. Birthplace md.

16 (a) Informant Irene Conway
(b) Address 404 N. Dallas St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1001 Bloomsbury Ave

19 (a) DEC 28 1942 (Date rec'd by registrar) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26, 1942 at 5:20 P.M

21. I certify that death occurred on the date above stated, that I attended deceased from 12-23 1942 to 12-26 1942 and that I last saw h[illegible] alive on 12-26 1942

Immediate cause of death Acute Lobar Pneumonia — Duration 4 days
Due to primary
Due to —
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo S Allen
Address 121 Augusta St Date signed 12-28-42

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 99162 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3022 Barclay St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3022 Barclay St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John William Baxter

3 (b) If veteran, name war: No.

3 (c) Social Security Account No. 705-05-7954

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Katie V.

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 28 1867

8. AGE: Years 75 | Months 5 | Days 29 | If less than one day hr. min.

9. Birthplace West Virginia
(Town, county, and state)

10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name Samuel W. Baxter
13. Birthplace West Virginia

MOTHER
14. Maiden Name Mary V. Irvin
15. Birthplace Westchester Va

16 (a) Informant Katie V Baxter
(b) Address 3022 Barclay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 29 42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Franklin Town Rd

18 (a) Funeral director Martin W.E. Dippel's Sons
(b) Address 7110 Belair Rd

19 (a) (Date received by registrar) Dec 30 (b) Registrar's signature Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1942 at 11 A.M. 15

21. I certify that death occurred on the date above stated; that I attended deceased from June 1st 1942 to Dec 26th 1942 and that I last saw h.im alive on Dec 26th 1942

	Duration
Immediate cause of death: Coronary occlusion	18 hrs.
Due to Hypertension	4 yr.
Due to arteriosclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lt. J Faulkner M. D.
Address 100 n Milton Date signed Dec 29 3d

F 99163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1200

F 99163 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 939 Wilk Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah F. Green (Smallen)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband William Green

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-12-1855

8. AGE: Years 87 | Months 1 | Days 15 | If less than one day hr. min.

9. Birthplace Md. (Mt. Vernon) (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At Home

FATHER 12. Name Orlando H. Furnace

13. Birthplace Md.

MOTHER 14. Maiden Name Ursula Vetra

15. Birthplace Md

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)

(c) Cemetery or crematory Grace Church

Location Mt Vernon Md.

18 (a) Funeral director William Cook Inc.

(b) Address 1217 St. Paul St.

DEC 28 1942 (b) Baltimore, Maryland

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1942 at 10 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27 1942 to Dec 27 1942 and that I last saw her alive on Dec 27 1942

Immediate cause of death Regional enteritis — Duration 1 month

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Regional enteritis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marjorie Hayes M. D.

Address Johns Hopkins Hosp. Date signed Dec 28 1942

F 99164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99164 Registered No. 520

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1215 ~~Bingandy St~~ Light Street

(c) Hospital or institution: South Balto Gen Hospt.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mon

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 805 Burgandy Street (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ~~Adolph Gustav Stein~~ Gustav Adolph Stein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age " years

7. Birth date of deceased (mo., day, yr.) Feb 20 1871 Age 71

8. AGE: Years	Months	Days	If less than one day
71	10	3	hr. min.

9. Birthplace ~~Germany~~ Baltimore (Town) county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Peter Stein

13. Birthplace Germany

MOTHER 14. Maiden Name ~~Elizabeth~~ Catherine Schwartz

15. Birthplace Germany

16 (a) Informant Medical Records.

(b) Address Mr. William L. Stein 712 Warner St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30, 1942 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemetery

Location Baltimore, Md.

18 (a) Funeral director Miller Sunday

(b) 1003 W. Baltimore St.

DEC 28 1942

19 (a) (Date rec'd by registrar) Registrar Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1942, at 2 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1942 to Dec 28 1942 and that I last saw him alive on Dec 28 1942

Immediate cause of death ~~Gangrene~~ Arteriosclerosis — Duration Unknown

Due to Carcinoma of bladder — Duration Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. Anderson Zoll M. D.

Address 1213 Light St Date signed 12/28/42

F 99165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

F 99165 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 440 or Maine Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 440 or Maine Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Taylor Kimball

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or Divorced Widower

6 (b) Name of husband Edward Curtis Kimball

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9 1857

8. AGE: Years 85 | Months 6 | Days 16 | If less than one day hr. min.

9. Birthplace Delaney - Ohio (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name David Conyart Taylor

13. Birthplace Middletown Ohio

MOTHER 14. Maiden Name Phoebe Burnham

15. Birthplace Mt Healthy Ohio

16 (a) Informant Mrs. Louis H Vance

(b) Address 440 or Maine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 28 1942 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem Location Baltimore Co. Md.

18 (a) Funeral director Miller Lamotray

(b) Address 1003 W. Baltimore St.

19 DEC 28 1942 [illegible] Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1942 at 8.45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 27 1942 to Dec. 25 1942 and that I last saw h&s alive on Dec. 27 1942

Immediate cause of death	Duration
(1) Cerebral Arterio-Sclerosis	
Heart Disease	4 yrs. ?
Due to	
Due to Hemorrhagic Cerebral Arterio Sclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations

of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul L. Chambers, M.D.

Address 408 Liberty Hts Ave Date signed

VS 8

F 99166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 99166 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 907 Ridgley St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 907 Ridgely St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME RHINEHARDT H. DECKERT

3 (b) If veteran, name war NONE

3 (c) Social Security Account No. 212-18-2911

4. Sex MALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. WIDOWER

6 (b) Name of husband or wife EDNA SCULLY DECKERT

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1874

8. AGE: Years 68 | Months 9 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore City (Town, county, and state)

10. Usual Occupation Box Maker

11. Industry or business Cigar Box Factory

FATHER 12. Name Rhienhardt H. Deckert

FATHER 13. Birthplace Baltimore City

MOTHER 14. Maiden Name Florence L. Leicht

MOTHER 15. Birthplace unknown

16 (a) Informant Mrs. Florence Adams

(b) Address 535 W. Hamburg St.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/29/42 (month) (day) (year)

(c) Cemetery or crematory LOUDON PARK

Location BALTIMORE, CITY.

18 (a) Funeral director E. Schlom and Son.

(b) Address 1029 HANOVER ST.

19 (a) (b) Huntington Wilkinson Registrar

DEC 28 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 26, 1942 19 , at 8:10 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Dec 15 1942 to Dec 26 1942, and that I last saw him alive on Dec 24 1942

Immediate cause of death	Duration
CHRONIC VASCULAR DISEASE	
Due to ARTERIOSCLEROSIS	15 YRS
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Edward J. Mader M. D.

Address 1531 Eutaw Pl. Date signed 12-28-42

F 99167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46

F 99167 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 327 E. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 327 E. North Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARTIN CLIFFORD DIXON.

3 (b) If veteran, name war: none.

3 (c) Social Security Account No. 262-22-3532

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife Louisa Stowe Dixon.
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) JUNE 20, 1874

8. AGE: Years	Months	Days	If less than one day
68	6	8	hr. min.

9. Birthplace PORTSMOUTH, N.C.
(Town, county, and state)
10. Usual Occupation TUG BOAT CAPTAIN.
11. Industry or business

FATHER
12. Name Solomon Dixon
13. Birthplace PORTSMOUTH, N.C.

MOTHER
14. Maiden Name BASHEBA HILL
15. Birthplace NORTH CAROLINA.

16 (a) Informant MRS. HILDA M. LAWRENCE.
(b) Address 327 E. NORTH AVE.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory FAIRLEY MEMORIAL CE
Location MIAMI - FLORIDA.

18 (a) Funeral director Mary M. Widefeld
(b) Address 501 E. 22nd St.

DEC 28 1942 (b) Huntington, West Virginia
(Local registrar)

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 28. 1942 at 2:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1942 to Dec 28 1942
and that I last saw h. alive on Dec 25 1942

Immediate cause of death
(a) Exhaustion — Duration 1 wk.
Due to (b) Carcinoma of Stomach
Due to (c) Peritonitis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Oct 15
Major findings of operations: Carcinoma of Stomach
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 112 W. 35 Date signed Dec 28

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99168

F 99168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3237 Clifton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Yr
(e) Length of stay in Baltimore (yrs., mos., or days) all life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7023 Dunbar Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie White

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife James White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1883

8. AGE: Years 59 | Months 7 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore City
(Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Julius Heil
13. Birthplace New York State

MOTHER
14. Maiden Name Mary Kotzyra
15. Birthplace Maryland

16 (a) Informant Mrs. Mary Fillmore Scott
(b) Address 3237 Clifmont

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/1942 (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Taylor Ave Parkwood

18 (a) Funeral director John A. Moran
(b) Address 3000 E. Baltimore St.

DEC 28 1942
(Date rec'd by Registrar) Baltimore MD

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1942, at 12:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16 1942, to Dec 27 1942, and that I last saw her alive on Dec. 27 1942.

Immediate cause of death Cerebral Hemorrhage. — Duration 2 hrs.

Due to Hypertensive C.V. Disease

Due to Myocarditis & Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. B. Stevens M. D.
Address 3400 Eastern Ave Date signed 12/31/42

VS 3

F 99169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 99169 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution:
Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 S. Decker Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Herr

3 (b) If veteran, name war: ****

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife **** Matthew
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1866

8. AGE: Years 76 | Months | Days | If less than one day: hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name
13. Birthplace Dont know

MOTHER
14. Maiden Name Dont know
15. Birthplace

16 (a) Informant Mrs Rose Mattes
(b) Address 12 S. Decker ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director J. J. Moran
(b) Address 3000 E. Baltimore St.

[illegible] (b) [illegible] Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26, 1942, at 10:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14 1942, to Dec. 26 1942, and that I last saw h[illegible] alive on Dec. 26 1942.

Immediate cause of death: Arteriosclerotic heart disease.

Duration

Due to

Due to

Other Conditions general arteriosclerosis.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm J Schmick M. D.
Address 701 N. Fremont ave. Date signed 12/29/42

F 99170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 99170 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 11 S. Ann Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 S. Ann Street (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Poland

3 (a) FULL NAME Waleria Liszewski (Lease)

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Stanislaw Liszewski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Andrzej Orzechowski
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Stanislaw Liszewski
(b) Address 11 S. Ann Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29/42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus Cem
Location Baltimore City

18 (a) Funeral director John M Weber
(b) Address 401 S. Chester Street

DEC 28 1942 (Date rec'd by registrar) (b) Washington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1942, at 11 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1940, to Dec 24 1942; and that I last saw her alive on Dec 24 1942.

Immediate cause of death	Duration
Coronary Thrombosis	acute
Due to Coronary Arteriosclerosis	3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mary L Beeuwkes
Address 5100 Reisterstown Rd Date signed Dec 24 1942

VS 3

F 99171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/2/W

F 99171 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 669 W. Barre St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 37

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 669 W. Barre St. (If rural give location)

(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Benjamin Janney

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Colored	Married

6 (b) Name of husband or wife Emily Janney

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) June 26 1905

8. AGE: Years	Months	Days	If less than one day
37	6	29	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Thomas Janney

13. Birthplace Calvert Co. Md.

MOTHER 14. Maiden Name Florence Veney

15. Birthplace Richmond Co. Va.

16 (a) Informant Rosa Lydnon

(b) Address 669 W. Barre St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof December 30 1942 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Park

Location Baltimore County

18 (a) Funeral director Joseph V. Lively

(b) Address 4 So. Schroeder Street

(c) [illegible] (b) Registered [illegible]

DEC 28 [illegible]

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1942 at 4:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1942 to Dec 25 1942 and that I last saw him alive on Dec 24 1942

Immediate cause of death	Duration
Chronic Cardio-renal disease	5 wks
Due to Unknown	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John W. Janney M. D.

Address 669 W. Barre St. Date signed 12/25/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √61

F 99172 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 622 S. Port St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 + 3
(e) Length of stay in Baltimore (yrs., mos., or days) 41 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltr (If outside city or town limits, write RURAL and give town)
(d) Street No. 622 S. Port St (If rural, give location)
(e) Citizen of ~~foreign country~~? Yes (Yes or no)
If yes, name country

3 (a) FULL NAME SOPHIA WOJTYSIAK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race WHITE. | 6 (a) Single, married, widowed, or divorced WIDOW

6 (b) Name of husband ~~or wife~~ LATE Walter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/15/1886

8. AGE: Years 56 | Months 9 | Days 11 | If less than one day hr. min.

9. Birthplace Poland. (Town, county, and State)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Boncek
13. Birthplace Poland.

MOTHER 14. Maiden Name Not Known
15. Birthplace Poland.

16 (a) Informant Walter Watson
(b) Address 1411 Poplar Grove St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location 4100 Edmondson Ave

18 (a) Funeral director Geo Leimbach
(b) Address 1225 N. Lindenwood St.

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 28 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26 1942, at 2.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1942, to Dec 26 1942, and that I last saw h[er] alive on Dec 13 1942.

Immediate cause of death Diabetes mellitus — Duration 12-26-42
Hypertension: C-V disease
Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence , at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. Eschenwelk M. D.
Address 842 S. Eaton Ave Date signed Dec 28 1942

Approved: Robert Lee Chatten MD
Asst. Med. Examiner

99173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √61

Registered No. F 99173

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument St 14
One day & night.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day or less
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 W. North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY SEIGEL HENRY SIEGEL.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Genevieve Siegel
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) April 30 1872

8. AGE: Years	Months	Days	If less than one day: hr.	min.
70	7	28		

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Samuel Siegel
13. Birthplace Germany

MOTHER
14. Maiden Name Hannah Hamburger
15. Birthplace Germany

16 (a) Informant Mrs. Genevieve Siegel
(b) Address 1009 W. North Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Dec 30/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew Cemetery
Location Belair Ave
Funeral director J. Abrenethy

19 (a) (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1942, at 6:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1942 to Dec 28 1942 and that I last saw him alive on Dec 28 1942

Immediate cause of death Respiratory failure — Duration

Due to Arteriosclerotic Cardio-Vascular disease

Due to

Other Conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Irving Robert Lowry M. D.
Address Sinai Hospital Date signed Dec 28

DEC 28 1942

VS 8

99174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99174

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison
(c) Hospital or institution: Maryland Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 W. North Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME RAYMOND LESTER STUFFT

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Wh.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/11/41

8. AGE: Years	Months	Days	If less than one day
1	-	17	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation --

11. Industry or business

FATHER
12. Name Lester Stufft
13. Birthplace Gray Pa.

MOTHER
14. Maiden Name Hazel Ickes
15. Birthplace Osterburg, Pa.

16 (a) Informant Mr. Lester Stufft
(b) Address 1303 W. North Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)
(c) Cemetery or crematory ---
Location Johnstown Pa.

18 (a) Funeral director WM. J. TICKNER & SONS INC.
(b) Address North Huntington Williamsburg

19 (a) DEC 29 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28 1942, at 12:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/28 1942, to 12/28 1942 and that I last saw him alive on 12/28 1942.

Immediate cause of death	Duration
Pneumonia	
Due to (a)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. F. McGregan M. D.
Address Md. Gen. Hosp. Date signed 12/29/42

VS 3

F 99175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/N

Registered No. F 99175

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 Dukeland Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN HENRY ALLEN

3 (b) If veteran, name war: SAW

3 (c) Social Security Account No.: none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1863

8. AGE: Years 79 | Months 6 | Days 13 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Allen
13. Birthplace ----------

MOTHER
14. Maiden Name Amanda Smith
15. Birthplace ----------

16 (a) Informant Records-US Marine Hospital.
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 12/30/42
(Burial, cremation, removal) (month) (day) (year)
(c) Cemetery National
Location Balto Md.

18 (a) Funeral director McGowan Cook Inc
(b) Address 217 St Paul St

19 DEC 29 1942 (b) Huntington Williams M.D.
(Date received by Registrar) (Signature of Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26, 1942 at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 24, 1942 to Dec. 26, 1942 and that I last saw him alive on Dec. 26, 1942

	Duration
Immediate cause of death: Terminal bronchopneumonia, bilateral	3 da.
Due to: Arteriosclerosis generalized with coronary and nephrosclerosis	Unk.
Due to	
Other Conditions: Prostatic hypertrophy	Unk.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Williams

Address US Marine Hospital Baltimore, Maryland. Date signed 12/28/42 M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. E 99176

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3120 St Paul St
(c) Hospital or institution St Paul Court Apts
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3120 St Paul St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Delma D Brown

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Albert C Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7 1898

8. AGE: Years 64 | Months 5 | Days 19 | If less than one day: hrs. min.

9. Birthplace Tarday Md (town, county, and state)

10. Usual Occupation Housemaid

11. Industry or business

FATHER — 12. Name Eben Dockety
13. Birthplace Maryland

MOTHER — 14. Maiden Name Lydia Buckson
15. Birthplace Maryland

16 (a) Informant Albert C Brown
(b) Address 3120 St Paul St

17 (a) Final (Burial, cremation, or removal) (b) Date thereof 12/29/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Catonsville Md

18 (a) Funeral director Wilbur Coffee
(b) Address 1217 E Fayette St

19 (a) (Registrar) (b) Registrar

Funeral Director William Md

DEC 29 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1942 at 5 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 24 1942 to Dec 26 1942 and that I last saw h[illegible] alive on Dec 26 1942.

Immediate cause of death: Myocardial degen. — Duration: 7 yrs.
Due to: Chr Duty nephritis — 12 yrs.
Due to: Hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Homer L Todd
Address 735 N Fulton Ave Date signed 12/29/42 M. D.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

99177 BABY

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99177 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood
(c) Hospital or institution: Univ. Hosp. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Randallsville 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susan Haller

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22. 1937

8. AGE: Years 5 | Months 4 | Days 1 | If less than one day hr. min.

9. Birthplace Penn.
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Robert V. Haller
13. Birthplace Randallsville, Md.

MOTHER
14. Maiden Name Cornelia Barksdale
15. Birthplace Md.

16 (a) Informant Susan Haller
(b) Address Randallsville, Md.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec. 29th. 42 (month) (day) (year)
(c) Cemetery or crematory
Location Fort Lincoln Wash. D.C.

18 (a) Funeral director Harry H. Heltzer
(b) Address 410 Edmondson Ave. Balto. Md.

DEC 29 1942 (Date rec'd by registrar)
(b) Huntington Williams Mort. Registrar

VE 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 23, 1942 at 12 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 22, 1942 to Dec 23, 1942, and that I last saw h[illegible] alive on Dec 23, 1942.

Immediate cause of death	Duration
Streptococcic Septicemia	2 days ?
Due to Streptococcic Throat Infection	5 days
Due to	
Other Conditions Deaf-Mute	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. E. Sealey, M. D.
Address Univ. Hosp. Date signed 12-23-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99178 Home

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12 F 99178

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNIVERSITY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE CITY. (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 E. ARLINGTON AVE (If rural give location)
(e) Citizen of foreign country? NO. (Yes or No) If yes, name country

3 (a) FULL NAME JOHN L. STONE

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-03-7093

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	SINGLE

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) SEPT. 27-1910

8. AGE: Years	Months	Days	If less than one day
32	3	29	hr. min.

9. Birthplace FREDERICK, MD. (Town, county, and state)
10. Usual Occupation STEEL WORKER CLERK.
11. Industry or business BETHLEHEM STEEL CO.

FATHER
12. Name JOHN L. STONE
13. Birthplace MD.

MOTHER
14. Maiden Name DORA F. WOLFE
15. Birthplace MD.

16 (a) Informant JOHN L. STONE
(b) Address 605 E. ARLINGTON AVE BALTO.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 27-42 (month) (day) (year)
(c) Cemetery or crematory MT. OLIVET.
Location FREDERICK. MD.

18 (a) Funeral director Harry H. Webster
(b) Address 4101 Clarendon Ave. Balto. Md.

DEC 29 1942 (Date received by Registrar) [illegible] Williamsport MD. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26 1942 at 8:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-25 1942 to 12-26 1942 and that I last saw h[illegible] alive on 12-26 1942

Immediate cause of death Pneumonia

Due to

Due to

Other Conditions Emphysema - Pulmonal Tuberculosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: acute fulminous pleurisy

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore Karbash M. D.
Address University Hospital Date signed 12-27-42

Please answer all questions as especially important. Physicians: please write the causes of death clearly and legibly.

99179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 99179

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address (If not in hospital) Maine and Carolina Sts.

(c) Hospital or institution: St Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days

(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 913 Homestead Street (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs. Dolores Mizerovsky

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Married

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1920

8. AGE: Years	Months	Days	If less than one day
22			hr. min.

9. Birthplace Baltimore, Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name John Moore

13. Birthplace Baltimore, Md.

MOTHER

14. Maiden Name Amelia

15. Birthplace Baltimore, Md.

16 (a) Informant James Mizerovsky

(b) Address 913 Homestead Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location 3801 Frederick Road

18 (a) Funeral director Charles E. Schimunek

(b) Address 2601 E. Madison Street

19 (a) DEC 29 1942 (Date rec'd by Registrar) (b) Huntingdon Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26, 1942, at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 18, 1942 to Dec. 26, 1942 and that I last saw h[illegible] alive on Dec. 26, 1942.

Immediate cause of death Respiratory failure.

Due to Pneumonia - lobar (bilateral).

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Karl A. Hellinger, M. D.

Address St. Joseph's Hosp Date signed Dec. 26, 1942.

Baltimore, Md.

VS 3

99180

BALTIMORE CITY HEALTH DEPARTMENT 64

CERTIFICATE OF DEATH

F 99180

Registered No. Bal 2367

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 613 Melville Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 613 Melville Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby William Joseph Reed (Birth F 59191)

3 (b) If veteran, name war — W

3 (c) Social Security Account No. — NF

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 27th 1942

8. AGE: Years | Months: 3 | Days: - | If less than one day: hr. min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER
12. Name Henry John Reed
13. Birthplace Chicago Ill

MOTHER
14. Maiden Name Mary Russell
15. Birthplace Balto. Md.

16 (a) Informant Mrs Mary R. Reed
(b) Address 613 Melville Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

DEC 29 1942 (Date received by Registrar) (b) Inserting for Williams Mgr. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1942 at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1942 to Dec 27 1942; and that I last saw h[illegible] alive on Dec 26 1942.

Immediate cause of death: Status Lymphaticus
Enlarged Thymus

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 12-29-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99181 HEALTH DEPARTMENT—CITY OF BALTIMORE 99181

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 Hoffman St. Ward) 465

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Rosa

(a) Residence: No. 529 Hoffman St. 17-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

If U.S. Veteran specify WAR .....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas Jones

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rebecca Galloway

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Jenny Jones
(Address) 529 W Hoffman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Ct Date 12-29-1942

19. UNDERTAKER Isaiah L. Brown & Son
(Address) 1038 W Montgomery St

Thomas E. Williams M.D.
Registrar.

FILED DEC 29 1942

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1942 to Dec. 24 1942

I last saw h[illegible] alive on Dec 24 1942 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Stomach	
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank C Haguet M.D.

(Address) 3027 Edmondson

99182

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99182

CERTIFICATE OF DEATH

160a

1. PLACE OF DEATH — Registered No. _____

CITY OF BALTIMORE: (No. 501 Reedbird Ave St., _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Baby Boy Hall.

(a) Residence: No. 501 Reedbird Ave St., 25-2 Ward.

(Usual place of abode)

If U. S. Veteran specify WAR. (Butt F 6549 5)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 24, 1942

7. AGE — Years | Months | Days | If LESS than 1 day ___ hrs. or ___ min.

Dec 24 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as lawyer, stenographer, clerk, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Hall

14. BIRTHPLACE (city or town) (State or country) Woodlawn Ky.

MOTHER

15. MAIDEN NAME Cathryn Epps

16. BIRTHPLACE (city or town) (State or country) Portsmouth Ohio

17. INFORMANT Edward Hall

(Address) 501 Reedbird Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place JOHN HOPKINS MEDICAL SCHOOL Date DEC 28 1942 19___

19. UNDERTAKER Commissioner of Health

(Address) DEC 28 1942

20. Filed _____ By Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1942 to Dec 24, 1942

I last saw him alive on Dec 24, 1942 Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	Dec 24
Other contributory causes of importance	
none	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation none

What test confirmed diagnosis? No Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Paul Arnold M. D.

(Address) 2601 Annapolis Rd

VS D

9684

99183 F 64706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99183 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County St Marys
(c) City or town Leonardtown (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? Na (Yes or No) If yes, name country

3 (a) FULL NAME JANIE HOLLY

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	MARRIED

6 (b) Name of husband or wife William Holly
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) March 7, 1907

8. AGE: Years	Months	Days	If less than one day
35	9	31	— hr. — min.

9. Birthplace MARYLAND (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Butler
13. Birthplace Unknown

MOTHER
14. Maiden Name Elizabeth Nelson
15. Birthplace Unknown

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location University Hospital DEC 28 1942
18 (a) Funeral director Commissioner of Health
(b) Address
19 (a) DEC 28 1942 (Date rec'd by registrar) (b) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22 1942 at 5 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/10 1942 to 12/22 1942, and that I last saw HER alive on 12/22 1942.

Immediate cause of death	Duration
Miliary Tuberculosis	
Due to	
Due to	
Other Conditions Pregnancy (Delivered 12/14/42) (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy Miliary Tuberculosis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Zartman
Address The Johns Hopkins Hospital Date signed 12/24/42 M.D.

VS 3

9683

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99184

CERTIFICATE OF DEATH

61

F 99184

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 N. Carey Street St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Rachel J. Watkins

If U. S. Veteran specify WAR

(a) Residence: No. 912 N. Carey Street St., 16-2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (deceased)

6. DATE OF BIRTH (month, day, year) Feb. 2, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Moses Morbey

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Pierce

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Morbey Willis.

(Address) 2741 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date Dec. 30 19 42

19. UNDERTAKER Mrs. Robert A. Elliott & Daughter

(Address) 1129 N. Carrollton Ave.

20. FILED DEC 29 1942 Hunting for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27/42

22. I HEREBY CERTIFY, That I attended deceased from 12/22/42 to 12/27/42

I last saw her alive on 12/26/42 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Diabetes Mellitus

Hypertension Heart Disease

Other contributory causes of importance:

Date of onset

When operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signature) H. H. Kaufmann M. D.

(Address) 5 W. Lexington St.

OCCUPATION is very important. See instructions on back of certificate.

V8 2

F 99185

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99185 Registered No. 1700

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 33 S. Carlin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Traynor

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Annie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 2, 1900

8. AGE: Years	Months	Days	If less than one day
42	2	24	hr. min.

9. Birthplace Fayetteville N. Carolina
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Edward Mainor
13. Birthplace N.C.

MOTHER
14. Maiden Name Hattie Mainor
15. Birthplace N.C.

16 (a) Informant Annie Mainor
(b) Address 33 S. Carlin St

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Dec 29 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Balto. County Md.

18 (a) Funeral director Mrs. R. G. Elliott & Daughter
(b) Address 1129 E. Caroline St

19 (a) DEC 29 1942 Huntington for Nitkowski, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1942, at 5 55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Gunshot wounds of chest	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 3/1
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 26 1942 at 1 45 A.M
(c) Where did injury occur? Lombard & Broad St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? no
(Specify type of place)
(e) Means of injury Shot by city cop

23. Signature Robert Lee Emerson M.D.
Medical Examiner.
Date signed Dec 27 1942

VS 6

F 99186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 99186 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2731 N. Howard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2731 N. Howard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William O. Plowman Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Lillie R. Plowman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21-1876

8. AGE: Years 66 | Months 6 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore County (Town, county, and state)

10. Usual Occupation Retired R.R. Engineer

11. Industry or business

FATHER
12. Name William H. Plowman Sr.
13. Birthplace Unknown

MOTHER
14. Maiden Name Jenny Bull
15. Birthplace Baltimore Co.

16 (a) Informant Melton W. Depp
(b) Address 2731 N. Howard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 29 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Leroy S. Tilley & Inc
(b) Address 5005 Park Heights Ave

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

DEC 28 1942

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26- 1942, at 11:00 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 19 1942, to 12-26-1942, and that I last saw h[illegible] alive on 12-19- 1942.

Immediate cause of death	Duration
Cerebral Hemmorhage	2 2 da
Due to Hypertension	Unknown
Due to Endocarditis	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chester Riland, M.D.

Address 2532 Edmondson Ave. Date signed 12-26-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99187 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2942 Huntingdon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 65-6-9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2942 Huntingdon Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Althea Berry Stambaugh

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Orville B. Stambaugh

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17-1877

8. AGE: Years 65 | Months 6 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name George Berry
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma E. Shauck
15. Birthplace Maryland

16 (a) Informant Orville B. Stambaugh Jr.
(b) Address 2942 Huntingdon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29-1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) (Date rec'd by registrar) DEC 29 1942 (b) Registrar of Baltimore City

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26. 1942, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1942 to Dec 26 1942 and that I last saw her alive on Dec 26 1942

Immediate cause of death: Coronary Occlusion

Due to: Arteriosclerosis. — Duration: 4 years

Due to:

Other Conditions: Chr. Bronchitis — Duration: 5 7/12

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2940 Clarks Date signed 12/27/42

F 99188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943 F 99188 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2732 Reisterstown Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2732 Reisterstown Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ALBERT FRANKLIN SNYDER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Laura C. Snyder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1859

8. AGE: Years	Months	Days	If less than one day
83	5 6	18	hr. min.

9. Birthplace Carroll Co., Md. (Town, county, and state)
10. Usual Occupation retired Clerk
11. Industry or business P. O.

FATHER
12. Name Elisha Snyder
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Diana --
15. Birthplace Md.

16 (a) Informant Mrs. Angel O. Abbott
(b) Address 815 Powers St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 12/29/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 29 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27, 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1942 to Dec 26 1942 and that I last saw h[illegible] alive on Dec 26 1942

Immediate cause of death: (a) Chronic Cardio Vascular disease
Due to
Due to
Other Conditions Primary anemia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 2 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
Signature Ernest R. Kalm, M. D.
Address 735 Poplar Rd Date signed 12/29/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

F 99189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 61

F 99189 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2430 Calverton Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2430 Calverton Heights Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Corrillie Harden
(Corrillie (Lillie) Harden)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William Forest Harden
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1874

8. AGE: Years 68 | Months 11 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Hanover, Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business None

FATHER
12. Name Jno. Carson
13. Birthplace Balto.

MOTHER
14. Maiden Name Mary E. Elliott
15. Birthplace Harford Co. Md.

16 (a) Informant Mrs. Ethel Virginia Dorsey
(b) Address 2430 Calverton Hts. Ave.

17 (a) Burial (b) Date thereof 12/31/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Pleasant Cem.
Location Carroll Co., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) DEC 29 1942 (b) Received by registrar Huntington Williams M.D.
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1942, at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1942 to Dec. 29 1942 and that I last saw h alive on Dec 29 1942

Immediate cause of death Cerebral Thrombosis — Duration days

Due to Hy. Cerebral Hemorrhage

Due to Diabetes — Duration 3 years

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 608 N. Mont Date signed

427264

BALTIMORE CITY HEALTH DEPARTMENT

F 99190 CERTIFICATE OF DEATH 93d

F 99190 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3527 Newland Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Leeke (James Drakely Leeke)

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: (Sara E. Leeke)

6 (c) If alive, give age: 78 years

7. Birth date of deceased (mo., day, yr.): 7-31-63

8. AGE: Years 79 | Months 4 | Days 25 | If less than one day: hr. min.

9. Birthplace: Md

10. Usual Occupation: Treasurer Emeritus Retired

11. Industry or business: Johns Hopkins Hosp.

FATHER
12. Name: Wm H Leeke
13. Birthplace: Md

MOTHER
14. Maiden Name: Margt Mc Cawley
15. Birthplace: Md

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/42 (month) (day) (year)
(c) Cemetery or crematory: DRUID RIDGE CEM.
Location: PIKESVILLE, MD.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: North & Pa. - Balto.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

DEC 29 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1942, at 8 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1942, to Dec 26 1942, and that I last saw him alive on Dec 26 1942.

Immediate cause of death: Cardiac Failure — Duration:

Due to: Arteriosclerotic Heart Disease

Due to:

Other Conditions: Bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. H. Kleinschmidt

Address: Johns Hop. Hosp. Date signed: 12-28-42

F 99191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4805 Eastern Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK HESSE

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 212-05-8467

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sophie Lay
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Feb. 21, 1893

8. AGE: Years	Months	Days	If less than one day
49	10	5	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation WEIGHMASTER
11. Industry or business WPA

FATHER
12. Name Christian Hesse
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Florence Mae Cullen
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Wendell C. Humphreys
(b) Address 15-01 N. Broadway

19 (a) (b) Huntington Williams M.D. Registrar

DEC 29 19[illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26, 1942, at 11:54 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 25, 1942, to Dec. 26, 1942, and that I last saw him alive on Dec. 26, 1942.

Immediate cause of death	Duration
Tetanus	4 days
Due to Abscess, left thigh injection	1 week
Due to Self given morphine injection	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Hesse M. D.
Address US Marine Hospital Date signed 12/28/42
Baltimore, Maryland.

For [illegible] Commissioner
[illegible] Baltimore, M. D.

F 99192 F 99192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street-address Rayner Ave
(c) Hospital or institution: West Balto General Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and name town)
(d) Street No. 3406 Accidentally Fatal
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac Goldberg

3 (b) If veteran, name war

3 (c) Social Security Account No. 117-12-7947

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sophia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/26/1885

8. AGE: Years 57 Months 8 Days 2 If less than one day hr. min.

9. Birthplace Roumania (town, county, and state)

10. Usual Occupation Retired

11. Industry or business W. P. A.

FATHER
12. Name Keye Goldberg
13. Birthplace Roumania

MOTHER
14. Maiden Name Esther
15. Birthplace Roumania

16 (a) Informant Hosp. Records.
(b) Address

17 (a) Burial Park (Burial, cremation, or removal) (b) Date thereof 12/29/42 (month) (day) (year)
(c) Cemetery or crematory New York, N.Y.
Location

18 (a) Funeral director Jack Lloyd, Inc.
(b) Address 1439 E. Balto. St.

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28 1942, at 7:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/25 1942 to 12/28 1942 and that I last saw h[illegible] alive on 12/28 1942

Immediate cause of death Cerebral Hemorrhage — Duration 24 hrs.

Due to Cerebral Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. V. Youngclaus
Address West Balto Sta. Date signed 12/30/42

VS 3

Huntington Williamsport

Cover

F 99133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99193 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 531 Bruce Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Bailey

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace Eastern Shore Va.
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name Richard Bailey
13. Birthplace Va.

MOTHER 14. Maiden Name unknown
15. Birthplace

16 (a) Informant Susie Bailey
(b) Address 531 Bruce St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-30-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) DEC 30 1942 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26- 1942 at 12 05 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Ruptured liver — fractured ribs
Due to: gunshot wound abdomen
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 17/3
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-24- at 11:40 P. M
(c) Where did injury occur? Franklin St. at Myrtle Ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Pedestrian struck by Auto.

23. Signature Howard J. Brooks M.D.
Medical Examiner.
Date signed 12-25-42

F 99134
E.S. (78251)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99194
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 527 Moore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Viola Ward

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1918

8. AGE: Years	Months	Days	If less than one day
24	0	0	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Nurse's Aide
11. Industry or business Rosie Snyder

FATHER
12. Name Samuel Ward
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 12-29-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director [illegible]
(b) Address 918 Druid Hill Ave.

19 (a) Date received (b) Registrar

DEC 29 1942

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/25/42 19 , at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/28/42 19 , to 12/25/42 19 , and that I last saw her alive on 12/24/42 19 .

Immediate cause of death exhaustion

Due to Pul. Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Pul. Tuberculosis

Duration
12 mons

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. J. Hartle
Address Balto City Hosp Date signed 12/28/42

F 99195 HEALTH DEPARTMENT—CITY OF BALTIMORE F 99195

CERTIFICATE OF DEATH

93 N

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1430 Druid Hill Ave St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lucy A. Freeman

(a) Residence: No. 1430 Druid Hill Ave St., 14-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	D.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Freeman

6. DATE OF BIRTH (month, day, year) 12-3-1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	63	-	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wanneton, Va.
(State or country)

FATHER

13. NAME Edward Munroe

14. BIRTHPLACE (city or town) Norwalk, Va.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Ann Whitaker

16. BIRTHPLACE (city or town) Wanneton Va.
(State or country)

17. INFORMANT George H. Munroe (Brother)
(Address) 133 W 145 St, N. Y. City

18. BURIAL, CREMATION, OR REMOVAL
Place Wash. D.C. Date Dec 29, 1941

19. UNDERTAKER Mrs. George W. Stallard
(Address) 1636 Druid Hill Ave.

20. FILED DEC 29 1941 Registrar for Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1941

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1941 to Dec 26, 1941

I last saw h[illegible] alive on Dec. 26, 1941 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Heart Failure (Coronary Thrombosis)	[illegible]
Other contributory causes of importance: Arteriosclerosis Myocarditis	

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lewis E. Harman M. D.

(Address) 2340 Madison Ave

M. D. P. 1208-9 Social Security # 217-01-3599

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99196

CERTIFICATE OF DEATH

94 W F 99196

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1301 S. Hanover St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Martin Holmsted Sr.

(a) Residence: No. 1301 S. Hanover St., 23-1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Holmsted

6. DATE OF BIRTH (month, day, year): Dec. 20, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	-	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dredge Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Crandall Corp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Denmark

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): "

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT (Address): Mrs. J. Schneider 1301 S. Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Date: Dec. 29, 1942

19. UNDERTAKER (Address): Fred. A. Prague & Son 2-16 S. Charles St.

20. FILED 19 [illegible], Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/26/1942

22. I HEREBY CERTIFY, That I attended deceased from June 19 42 to Dec 26 19 42
I last saw him alive on Dec 25 19 42 Death is said to have occurred on the date stated above, at 7:01 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/25/42

Other contributory causes of importance:

Arteriosclerosis	1 year
Hypertension	

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Isaac Miller M. D.
(Address) 1225 S. Charles St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 2

DEC 31 1942

F 99197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99197

Registered No.

L.S. (72796)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 & 3
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 215 S. Highland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Emily Morelock

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	WIDOW

6 (b) Name of husband or wife JOHN A. MORLOCK
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1857

8. AGE: Years	Months	Days	If less than one day
85 ?	?	?	hr. min.

9. Birthplace ? BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation ? HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B.C.H. Records
(b) Address

17 (a) BURIAL (b) Date thereof DEC. 29/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location ODONNELL ST.

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) [illegible] 1942 (b) Hunting & Williams, M.D.
(Registrar) Registrar

DEC 24 1942

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-26 1942, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-25 1942, to 12-26 1942, and that I last saw h.e alive on 12-26 1942

Immediate cause of death	Duration
Bronchopneumonia	?
Due to	
Due to	
Other Conditions Hypertension Cardio vascular disease	?

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Cross I. M. D.
Address Balt. City Hosp. Date signed 12-28-1942

F 99198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99198

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2105 Gough St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County BALTO.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2105 Gough St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph J. Perse

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO.	212 05 6098	M	W	MARRIED

6 (b) Name of husband or wife Laura Perse
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 15. 1893

8. AGE: Years	Months	Days	If less than one day
49	9	13	hr. min.

9. Birthplace Poland.
(Town, county, and state)
10. Usual Occupation Engineer. Gas Elec Co
11. Industry or business

FATHER
12. Name Felix Perse
13. Birthplace Poland.

MOTHER
14. Maiden Name Anna Eljasz
15. Birthplace Poland.

16 (a) Informant Laura Perse
(b) Address 2105 Gough st

17 (a) Burial (b) Date thereof Dec 31-1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Geneva Hill Road

18 (a) Funeral director Lillye Zyler Inc
(b) Address 403 S. Wolfe St Huntingtown Williams, Md.

19 (Date received by Registrar) DEC 29 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28/1942, at 6-40 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh J. McNally M.D.
Medical Examiner.
Date signed 12/28/42.

VS 6

correct age is especially important. Physicians: please write the cause of death very plainly.

F 93199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

F 93199 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 85 3 21

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 E. Madison St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jessie A. Hall

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6, 1857

8. AGE: Years 85 | Months 3 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Wm. H. Elkins
(b) Address 2101 W. Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/42 (month) (day) (year)
(c) Cemetery or crematory St. Paul's Fifth Reform Church
Location Canton, Md.

18 (a) Funeral director Howard H. Blight Jr.
(b) Address 4944 Belair Road

19 DEC 29 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1942, at 845 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 16 1942 to Dec 27 1942, and that I last saw h~~im~~er alive on Dec. 25 1942.

Immediate cause of death: Chronic Myocarditis — Duration

Due to

Due to

Other Conditions Senility
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Futterman M. D.
Address 2324 Reisterstown Rd Date signed 12/28/42

Please write in ink and correct age is especially important. Physicians: please write the causes of death clearly and

VS 3

F 99200 F67682 ✓ F 99200

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1d

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 N. Calhoun St.
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1138 S. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Audrey V ~~Kirschke~~ KIRSCHKE

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-12-2327

4. Sex: Female

5. Color or race: W

6 (a) Single, married, widowed, or divorced: ~~married~~ Divorced

6 (b) Name of husband ~~or wife~~ Roland

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 31 1915

8. AGE: Years 27 | Months 3 | Days 25 | If less than one day: hr. min.

9. Birthplace Marley A A Co Md (Town, county, and state)

10. Usual Occupation Tele Lady

11. Industry or business

FATHER
12. Name Wm E Shortt
13. Birthplace Md

MOTHER
14. Maiden Name Martha A Marshall
15. Birthplace Md

16 (a) Informant Richard Shortt
(b) Address Ocean City Beach A A Co Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

DEC 29 1942 (b) Registrar Huntington Williams Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/26/42 19 , at 1 14 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/25/42 19 to 12/26/42 19 , and that I last saw her alive on 12/26/42 19 .

Immediate cause of death: Anesthesia death? Pulmonary embolism?

Due to:

Due to:

Other Conditions: Full term pregnancy - in labor 2nd stage
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration: over

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lavin E Goodman Jr. M. D.
Address Franklin Sq Hosp Date signed

correct age is especially important. Physicians, please write the

F 99201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 ✓

F 99201 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 848 N. Pratt St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 848 N. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Mc Aleer ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1867

8. AGE: Years	Months	Days	If less than one day
75	9	27	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Mc Aleer
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Godfrey
15. Birthplace Ireland

16 (a) Informant Mr John Mc Aleer
(b) Address 848 N. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Lannan & Son
(b) Address 901 Hollins St.

19 (a) (Signature of registrar) (b) Registrar

DEC 29 1942

Reporting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28th 1942 at 1 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1942 to Dec 27 1942, and that I last saw her alive on Dec. 27 1942.

Immediate cause of death	Duration
Bronch. Pneumonia	Sev. days
Due to –	
Due to –	
Other Conditions Arteriosclerotic cvd.	years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Heglestein M. D.
Address 888 W. Lombard St Date signed 12-28-42

Please write the cause of death clearly and legibly — correct age is especially important. Physicians: please write the cause of death clearly and legibly —

F 99202
T.N 73188

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99202
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 months
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1139 Wicomico St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Kroner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Lula (D

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24th, 1861

8. AGE: Years	Months	Days	If less than one day
80	11	28	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Pete Kroner
13. Birthplace Germany

MOTHER
14. Maiden Name Eva Marie Kroner
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Record

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Baltimore, Md.

18 (a) Funeral director John J. Gowan & Son
(b) Address 901 Hollins St. Huntington for Williams, Md.

19 (a) [illegible] (b) [illegible]
Registrar

DEC 30 1942

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22 1942, at 5:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 1942, to 12-22 1942, and that I last saw h[illegible] alive on 12-22 1942.

Immediate cause of death: Bronchopneumonia — Duration: 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature I. K. Pattison M. D.
Address Balto. City Hosp. Date signed 12-29-42

F 99203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. F 99203

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully worked out. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 570 W. Preston St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis Marshall

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-22-4721

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
Male	Negro	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7, 1885

8. AGE: Years	Months	Days	If less than one day
57	2	21	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name John Marshall
13. Birthplace Maryland

MOTHER
14. Maiden Name Emelina Jones
15. Birthplace Maryland

16 (a) Informant Mrs. Ida E. Mrs. Jno. Marshall
(b) Address 570 W. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-43 (month) (day) (year)
(c) Cemetery or crematory Laurel
Location Baltimore, Maryland

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave.

19 (a) Filed DEC 29 1942 (b) Huntington-Williams Co.
(Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28- 1942, at 5:15 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage from aorta,	
Due to Injury of Stomach	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

By autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 12-28-42 at A M
(c) Where did injury occur? Fayette and Mount Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Blunt ground

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 12-28-42

F 99204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 MF 8089

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1517 N. Stricker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 N Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Baltimore County (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Samuel Anderson
13. Birthplace Md

MOTHER
14. Maiden Name Caroline Wilson
15. Birthplace Md

16 (a) Informant Dorothea Anderson
(b) Address 1517 Stricker St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Arbutus Cem
Location Baltimore Co.

18 (a) Funeral director Archibald A Gaddis
(b) Address 210 McCulloh St.

19 DEC 29 1942 (Date rec'd by registrar) (b) Thurlington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1942, at 11:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an in person thereon (Autopsy or Inquiry) and from the evidence obtained by said in person (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Eastman M.D. Medical Examiner.
Date signed Dec 27 1942

F 99205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99205 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eastern & Wolfe
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 3217 Belmont Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Smolka

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-5343

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER 12. Name Emanuel Smolka

13. Birthplace Hamburg, Germany

MOTHER 14. Maiden Name Resade

15. Birthplace Germany

16 (a) Informant Mrs. Agnes Smolka

(b) Address 3217 Belmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/42 (month) (day) (year)

(c) Cemetery or crematory Moreland Mem. Park

Location Taylor Ave.

18 (a) Funeral director John J. Fahey & Sons

(b) Address 1318 Light St.

12/28/1942 Registered Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

4'12

20. DATE OF DEATH 12-27 1942, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/23 1942 to 12/27 1942, and that I last saw h[illegible] alive on 12/27 1942.

Immediate cause of death	Duration
Congestive heart failure	2 days
Due to Arteriosclerosis	10 years
Due to	
Other Conditions Bronchopneumonia	1 week

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Mercer MD M. D.

Address St Agnes Hosp Date signed 12/28/42

F 99206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99206 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17da.
(e) Length of stay in Baltimore (yrs., mos., or days) 17 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maine (b) County
(c) City or town Portland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 488 Cottage Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALBERT FOSTER JONES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Gracia Martin
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Dec. 11. 1887

8. AGE: Years	Months	Days	If less than one day
55	0	18	hr. min.

9. Birthplace Cape Elizabeth, Maine
(Town, county, and state)
10. Usual Occupation Lieutenant, US CG
11. Industry or business

FATHER
12. Name Winthrop S. Jones
13. Birthplace Maine

MOTHER
14. Maiden Name Henrietta Foster,
15. Birthplace Portland, Maine

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Dec 29-1942 (month) (day) (year)
(c) Cemetery or crematory
Location Portland Maine

18 (a) Funeral director Hoff & B.M. Walter
(b) Address Pratt & Stricker Sts. Huntington Ave Baltimore Md

19 (a) DEC 29 1942 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29, 1942, 6:40a.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 12, 1942 to Dec. 29, 1942 and that I last saw him alive on Dec. 29, 1942.

	Duration
Immediate cause of death Acute Intestinal Obstruction, post operative	20 hr.
Due to Resection of carcinoma of rectum	20 hr.
Due to	
Other Conditions Bronchopneumonia, bilateral; Generalised peritonitis	

(Include pregnancy within 3 months of death)

Date of operation Dec. 22, 28/42

Major findings of operations: Abdominal, perineal resection, expl.lap; Expl.lap; Jejunostomy

Date of autopsy As above

PHYSICIAN Underline the cause which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J.C. Quelin M.D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 12/29/42

M. D. B. 1268-9

Social Security #218-10-0717 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99207

CERTIFICATE OF DEATH

13 B F 99207

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1327 Lemon St., ... Ward)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Jesse Myers

(a) Residence: No. 1327 Lemon St., 19-3 Ward

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. Where any item is unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Victoria Myers

6. DATE OF BIRTH (month, day, year): July 16 1886

7. AGE: Years 56 | Months 5 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 1

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Frederick Md

FATHER

13. NAME: Dennis Myers

14. BIRTHPLACE (city or town) (State or country): Frederick Md

MOTHER

15. MAIDEN NAME: Debby Ridgeley

16. BIRTHPLACE (city or town) (State or country): Frederick Md

17. INFORMANT: Victoria Myers

(Address) 1327 Lemon St.

18. BURIAL, CREMATION, OR REMOVAL

Place Catoctin Mem. Date Dec 29. 1942

19. UNDERTAKER: Mrs Katie R. Wilkams

(Address) 3299 Pennsylvania Ave. Baltimore Md.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 25 1942

22. I HEREBY CERTIFY, That I attended deceased from 7/21 1942 to 12/25 1942

I last saw him alive on 12/24 1942 Death is said to have occurred on the date stated above, at 1225 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	—
Other contributory causes of importance: Nephritis Regurgitation	—

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. T. Howell M. D.

(Address) 601 N. Carrollton Ave

Morgue

F 99208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 N ✓ Registered No. F 99208

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 780 Bradley St
(c) Hospital or institution: Md. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 780 Bradley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lana Garrett

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widow

6 (b) Name of husband or wife George Garrett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1876

8. AGE: Years	Months	Days	If less than one day
66	6	16	hr. min.

9. Birthplace Balto Md (Town, county and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Isaac Hall
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Md.

16 (a) Informant Charles Hall
(b) Address 634 Greenmeadow St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 29-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 922 N. Schroeder St

19 (a) [redacted] (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1942, at 7 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest I find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
arteriosclerotic cardio Vascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Eustam M.D. Medical Examiner.
Date signed Dec 27 1942.

VS 6

F 99209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 J

F 99209 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 903 Myrtle av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 903 Myrtle Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Marshall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16 - 1918

8. AGE: Years 24 Months Days 11 If less than one day hr. min.

9. Birthplace Beachhill Penn (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Archie Marshall
13. Birthplace Penn

MOTHER
14. Maiden Name Lottie Adams
15. Birthplace Penn

16 (a) Informant Wilhelmina Marshall
(b) Address 903 Myrtle av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30-42 (month) (day) (year)
(c) Cemetery or crematory Gallalin
Location Tennessee

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 3229 N. Kehoe St

19 (a) [illegible] (Date received by registrar) (b) Huntingtown Williams Md Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1942 at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-21 1942, to Dec 27 1942, and that I last saw h[illegible] alive on Dec 26 1942

Immediate cause of death — Duration

Pulmonary Tuberculosis — Indef.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Edward Fisher
Address 612 E Monument St Date signed Dec 28 1942

F 99210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99210

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 936 N Wolfe
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Waverly P. Alston.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-26-36

8. AGE: Years	Months	Days	If less than one day
6	11	-	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Alston
13. Birthplace Md

MOTHER
14. Maiden Name Minnie Eaton
15. Birthplace N.C.

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (b) Date thereof 12/30/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert L. Young
(b) Address 804 N. Caroline St

19 (a) DEC 29 1942 Huntington Williams M.D.
(Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1942, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death: Lymphatic Leukemia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Robert D. Solomons M. D.
Address Johns Hopkins Hosp. Date signed 12/29/42

F 99211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

#66

F 99211

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address RAYNER & DUKELAND AVE

(c) Hospital or institution: WEST BALTO. GENERAL HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23d

(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 2013 E. PRATT St. (If rural give location)

(e) Citizen of foreign country? Yes. (Yes or No)

If yes, name country

3 (a) FULL NAME Maciej Matthew Mytka

(b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWED

6 (b) Name of husband or wife MARYANNA

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 18, 1871

8. AGE: Years	Months	Days	If less than one day
71	10	7	hr. min.

9. Birthplace POLAND (Town, county, and state)

10. Usual Occupation RETIRED

11. Industry or business

FATHER 12. Name JACOB MYTKA

13. Birthplace POLAND

MOTHER 14. Maiden Name JOANNA —

15. Birthplace POLAND

16 (a) Informant JADWIGA FINK

(b) Address 231 MURDOCK ROAD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/30/42 (month) (day) (year)

(c) Cemetery or crematory St. STANISLAUS

Location MT. CARMEL ROAD

18 (a) Funeral director W. J. Szkudlarek Son

(b) Address 1808 Eastern Ave

19 (a) DEC 29 1942 Hartford Milwaukee Wis.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/25 1942 at 10:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/2 1942 to 12/25 1942 and that I last saw h[illegible] alive on 12/25 1942

Immediate cause of death	Duration
Heart Failure	
Due to Carcinoma of Stomach with Generalized Carcinomatosis	6 mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. O. Tompkins M. D.

Address West Balto. General Hosp. Date signed 12/30/42

F 99212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 N

F 99212 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Sq. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 124 N. Schroeder St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Tyrone Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race C.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-31-41

8. AGE: Years 1 Months 3 Days 24 27 If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Ernest White

13. Birthplace N. C.

MOTHER 14. Maiden Name Elmora Thompson

15. Birthplace Balto. Md.

16 (a) Informant Annie White

(b) Address 108 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location Balto. City

18 (a) Funeral director Samuel M. Sullivan Jr

(b) Address 117 N. Carrollton Ave

19 (a) DEC 29 1942 (Local Reg.) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28/42 19 at 10 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27/42 19 to 12/28/42 19 and that I last saw h[illegible] alive on 12/28/42 19

Immediate cause of death: Miliary Tuberculosis — Duration: 4 weeks

Due to

Due to

Other Conditions. (none)

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Miliary Tuberculosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jerrold E. Baudrand M. D.

Address Franklin Sq. Hosp Date signed

VS 3

Dr Henry Wilson 34 W. Biddle St Ver 2074

F 99218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 934 S. Bouldin ST
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 11

(e) Length of stay in Baltimore (yrs., mos., or days) 27 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 934 S. Bouldin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roche a. Diorio

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-31-9017

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Margaret Diorio

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 11th 1892

8. AGE: Years 50 | Months 2 | Days 1 7 | If less than one day hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation Roller

11. Industry or business Revere Copper & Brass Co

FATHER
12. Name Alfonso F. Diorio
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Theresa (Unknown)
15. Birthplace Italy

16 (a) Informant Mrs Margaret Diorio
(b) Address 934 S. Bouldin ST

17 (a) Burial (b) Date thereof 12/30/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Trinity
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1040 S.T. Paul ST

19 (a) DEC 30 1942 Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28th 1942, at 7A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to Dec. 28 1942; and that I last saw him alive on Dec. 27 1942.

Immediate cause of death Cancer of Stomach — Duration 6 mos.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry E. Wilson M.D.
Address 34 W. Biddle Date signed Dec 29

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

176

F 99214 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** PATRICK LEE

3 (b) If veteran, name war

3 (c) Social Security Account No. 408-07-9734

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Dorothy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1916

8. AGE: Years	Months	Days	If less than one day
26	-	13	hr. min.

9. Birthplace Nashville, Tenn.
(Town, county, and state)

10. Usual Occupation steel worker
11. Industry or business Fairfield Ship yard (under)

FATHER
12. Name Thomas Lee
13. Birthplace Tenn.

MOTHER
14. Maiden Name Rachael conder
15. Birthplace Tenn.

16 (a) Informant Mrs Dorothy Lee
(b) Address 1504 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Ship 12/29/42 (month) (day) (year)
(c) Cemetery or crematory Shipped To Nashville Tennessee
Location

18 (a) Funeral director Tom Cook Inc
(b) Address 1217 St Paul St Balto

19 (a) DEC 29 1942 (Date received by Registrar) Huntington Pittman Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1942 at 6 15 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to — Duration

Due to — Duration

Other Conditions Nne — Duration

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 25/6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 12-28-42 at M
(c) Where did injury occur? Bethlehem Shipyard Fairfield (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury struck by moving machinery
Signature H. L. Weisenhaus M.D.
Medical Examiner.
Date signed 12-29-42

427431 F 99215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 482

F 99215 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3Days
(e) Length of stay in Baltimore (yrs., mos., or days) 71 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County --------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2303 Edgemont Ave
(If rural, give location)
(e) Citizen of foreign country? -------- (Yes or No)
If yes, name country --------

3 (a) FULL NAME: Mrs. Loretto Emmart (M. Loretto Emmart)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Howard Emmart
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 10-9-71

8. AGE: Years	Months	Days	If less than one day
71	2	19	-- hr. --- min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name Joseph Feig
13. Birthplace Md.
14. Maiden Name Rebecca Buckman
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Cemetery Street

DEC 29 1942
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1942 at 11 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 25 1942 to Dec 28 1942 and that I last saw her alive on Dec 28 1942

Immediate cause of death: Hemorrhage into G I tract — Duration

Due to: metastasis from Ca of uterus

Due to:

Other Conditions: Metastasis in lung

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marjorie Hayes M. D.
Address Johns Hopkins Hosp. Date signed 12-28-42

F 99216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1192

✓ F 99216 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 548 W Lee Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ronald Parker (Birth F-51834)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M. | 5. Color or race Bl. | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —
(6-22-42)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 42

8. AGE: Years | Months -6 | Days 5 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Ernest Parker
13. Birthplace Va

MOTHER 14. Maiden Name Mary Dorsey
15. Birthplace Md

16 (a) Informant Mary Dorsey
(b) Address 548 W Lee Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A.Co. Md

18 (a) Funeral director Isaiah L Bowlan
(b) Address 1081 W Montgomery Street

19 (a) DEC 29 1942 (b) Huntington Williams Mott Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/24/19 42 to 12/25/19 42 and that I last saw h[illegible] alive on 12/25/19 42

Immediate cause of death
Accidents
Due to Diarrhea
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature [illegible]
Address University Hosp Date signed 12/26/42 M D.

F 99217

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 99217

CERTIFICATE OF DEATH 92D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2020 E. Pratt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2020 E. Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary B. Schmitt

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-9886

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife *****

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1871

8. AGE: Years	Months	Days	If less than one day
71	6	0	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Store Clerk
11. Industry or business Hutzlers Bros,

FATHER
12. Name George A. Schmitt
13. Birthplace Germany

MOTHER
14. Maiden Name Ann M. Segrist
15. Birthplace Germany

16 (a) Informant Mrs. Virgina Hawickhorst
(b) Address 2020 E. Pratt St,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Balto.

18 (a) Funeral director John A. Moran.
(b) Address 3000 E. Baltimore St,

DEC 29 1942 (b) Registrar
(Date received by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26, 1942 at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1942 to Dec. 26 1942
and that I last saw h[illegible] alive on Dec. 26 1942

Immediate cause of death
Acute Cardiac Vascular
degeneration
Due to Chronic Arteris-Sclerosis
& Chronic Myocarditis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
2 days
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac L. Geraghty M.D.
Address 2020 E. Pratt St. Date signed 12/30/42

Huntingtown Williamsport Md

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 99218 Registered No.

CERTIFICATE OF DEATH 94a

F 99218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1616 W. Fayette St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 W. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM WALSH

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1879

8. AGE: Years	Months	Days	If less than one day: hr.	min.
63	4 3	30 29	—	—

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER 12. Name Patrick Walsh
FATHER 13. Birthplace Ireland

MOTHER 14. Maiden Name Annie Kelly
MOTHER 15. Birthplace Ireland

16 (a) Informant Bernard F. Walsh
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-42 (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location N. Bentalou St.

18 (a) Funeral director F. J. Wisperts Son
(b) Address 1800 Eutaw Place

19 (a) [illegible] Huntington Williams, M.D.

DEC 29 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1942 at 7 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed 12-29-42

F 99219

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ F 99219

Registered No. 131 W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given or entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly, as required.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1403 E. Federal Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 9-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 E. FEDERAL ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Amelia E. Riley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles L. Riley
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 2 - 1869

8. AGE: Years	Months	Days	If less than one day
73	7	25	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation AT HOME
11. Industry or business

FATHER
12. Name AUGUST MILLER
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace UNKNOWN

16 (a) Informant ALICE MARIE RILEY
(b) Address 1403 E. FEDERAL ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 30-42 (month) (day) (year)
(c) Cemetery or crematory BALTIMORE
Location BALTO. MD.

18 (a) Funeral director Edelworth's Funeral
(b) Address 3911 Liberty Heights Ave.

(b)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27, 1942 at 11:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1938 to Dec. 27 1942, and that I last saw h[illegible] alive on Dec 26 1942.

Immediate cause of death	Duration
Chronic Myocarditis	3 yrs.
Due to Thyroid Cardiovascular Renal Disease	4 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward B Wolfe
Address 1331 Chatterton Ave Date signed 12-9-42 M. D.

F 99220

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 99220 Registered No.

CERTIFICATE OF DEATH 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 5
(If outside city or town limits, write RURAL and give town)
(d) Street No. 433 N. Broadway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDGAR GEAR ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 30. 40

8. AGE: Years	Months	Days	If less than one day
2	11	28	hr. min.

9. Birthplace Millcreek W. Va.
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Edgar Gear
13. Birthplace Fultonwood W. Va.

MOTHER
14. Maiden Name Mildred Taylor
15. Birthplace Millcreek W. Va.

16 (a) Informant Mr. Edgar Gear
(b) Address 433 N. Broadway

17 (a) Burial (b) Date thereof Dec 31 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Millcreek Cem
Location Millcreek W. Va.

18 (a) Funeral director L. Hyeman & Son
(b) Address 32 S. Broadway

19 DEC 29 1942 Huntington Williams
(Date rec'd by registrar)

VB 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1942 at 7 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobar	
primary	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Wollenweber M.D.
Medical Examiner
Date signed 12-29-42

F 99221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99221 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 N. Luzerne Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna E. Bridgeon

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James Bridgeon
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) July 12, 1906

8. AGE: Years	Months	Days	If less than one day
36	5	17	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name John Nozak
13. Birthplace Bohemia

MOTHER
14. Maiden Name Marie Rehak
15. Birthplace Bohemia

16 (a) Informant James Bridgeon
(b) Address 1018 N. Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Enoch Brackbon
(b) Address 920 N Chester St

[redacted] Huntington Williamsport

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1942, at 7:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 25 1942, to Dec 24 1942, and that I last saw her alive on Dec 24 1942

Immediate cause of death	Duration
Generalized Peritonitis	
Due to Appendicovesicostomy for Intestinal Obstruction	
Due to Annular Carcinoma of Lower Sigmoid	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Dec. 22, 1942
Major findings of operation: As above
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Hughes M.D.
Address St Joseph's Hosp Date signed 12/24/42

F 99222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 99222

937 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1626 Clarkson St.
(c) Hospital or institution:

2313

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 Clarkson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William C. Herchenhan

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-7818

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Rose A. McGee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/17/1870

8. AGE: Years	Months	Days	If less than one day
72	II	IO	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business

FATHER
12. Name Christopher H. Herchenhan
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Miller
15. Birthplace Baltimore, Md.

16 (a) Informant Family
(b) Address 1626 Clarkson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Reisterstown Highway

18 (a) Funeral director I. Frank Mc Gill
(b) Address 130 E. Fort Ave.

19 (a) [illegible] by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/27/ 1942, at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/21/1942, to 12/27/1942 and that I last saw him alive on 12/26/ 1942.

Immediate cause of death Cerebral hemorrhage — Duration 6 days
Due to
Due to
Other Conditions General arteriosclerosis, chronic myocarditis — Duration ?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deibel
Address 1226 Hanover St. Date signed 12/29/1942.

DEC 29 [illegible]

F 99223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 a

✓ F 99223 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 903 W. Hoffman
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give County)
(d) Street No. 903 W. Hoffman St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bessie Hobson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Frank Hobson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 7, 1900

8. AGE: Years 42 | Months 11 10 | Days 11 21 | If less than one day hr. min.

9. Birthplace Cave, Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name George Irbin

13. Birthplace Cave, Va.

MOTHER 14. Maiden Name Ada ? ? ?

15. Birthplace Cave, Va.

16 (a) Informant Frank Hobson

(b) Address 903 W. Hoffman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 29, 1942 (month) (day) (year)

(c) Cemetery or crematory —
Location Cave, Virginia

18 (a) Funeral director Mrs. Catherine M. Holland

(b) Address 1631 Druid Hill Ave

DEC 29 1942 (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1942 at 5 0 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1942 to Dec 28 1942 and that I last saw h[illegible] alive on Dec 27 1942.

Immediate cause of death	Duration
Hemorrhage	
Cedema	
Due to Acute Renal insufficiency	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. A. Hamburger M. D.

Address 1212 Druid Hill Ave Date signed 12-29-42

99224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11 H d

Registered No. F 99224

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 4W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 E Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Cameron

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M.D.O.W-S

6 (b) Name of husband or wife Ruby White Cameron
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) OCT 24-1900

8. AGE: Years	Months	Days	If less than one day
42	2	5	hr. min.

9. Birthplace MD. (Town, county, and state)
10. Usual Occupation unemployed
11. Industry or business

FATHER
12. Name John Cameron
13. Birthplace Calhoun Co.

MOTHER
14. Maiden Name Celre White
15. Birthplace Maryland

16 (a) Informant Walter C. Cameron
(b) Address 266 E. Hoanist Port Deposit Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31, 1942 (month) (day) (year)
(c) Cemetery or crematory West Nottingham
Location Colora Md Rural

18 (a) Funeral director Lee A. Patterson & Son
(b) Address Perryville, Md

DEC 30 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/29 1942, at 5:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/2 1942 to 12/29 1942 and that I last saw h[illegible] alive on 12/29/ 1942

Immediate cause of death	Duration
Pulmonary tuberculosis	
Due to Lung abscess	
Due to P.O. Explanation	
Other Conditions (os).	

(Include pregnancy within 3 months of death)
Date of operation 12/24/42
Major findings of operation: Lung abscess tuberculosis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence Gallagher
Address Mercy Hospital Date signed 12/29/

VS 180

99225
99225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

F 99225 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1547 Clifton ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Herman Berkowitz or Burke.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-07-1658

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Bertha Mrs Berg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Merchant

FATHER
12. Name Abraham Berkowitz
13. Birthplace Russia

MOTHER
14. Maiden Name Anna Shapiro
15. Birthplace Russia

16 (a) Informant Bertha Berkowitz
(b) Address 1547 Clifton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Location Hamilton ave

18 (a) Funeral director Sol Levinson Bros
(b) Address 1124-26 W North ave

DEC 30 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1942 at 6:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13 1942 to 12-28 1942 and that I last saw him alive on 12-28 1942

Immediate cause of death	Duration
Cerebro-vascular accident	
Due to Essential Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard Carey M. D.
Address University Hosp Date signed 12-28-42

VS 150

F 99226

99226
12/26

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99226
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4000 Oakford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4000 Oakford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maybelle G. Weg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: David

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1909

8. AGE: Years 33 | Months 11 | Days 23 | If less than one day hr. min.

9. Birthplace Newark N. J.
(Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Louis Goldman
13. Birthplace New York City

MOTHER
14. Maiden Name Elizabeth Goldman
15. Birthplace Russia

16 (a) Informant David Weg
(b) Address 4000 Oakford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30, 1942 (month) (day) (year)
(c) Cemetery or crematory Newark N. J.
Location

18 (a) Funeral director Sollevinson & Bros
(b) Address 1124, 1126 W North Ave

DEC 30 1942
(Date rec'd by registrar)

(b) Hunting for Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1942, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 28 1942, to Dec. 29 1942, and that I last saw h[illegible] alive on Dec. 29 1942.

Immediate cause of death Carcinoma of the breast with metastasis — Duration 2 yrs.

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lawrence Blum, M.D.

Address 2931 Park Heights ave Date signed 12-29-42 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 250

F 99227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. F 99227

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Southern Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 820 Woodward St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Georgia Emma Clark

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Jacob B. Clark
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 29, 1862

8. AGE: Years	Months	Days	If less than one day
80	3	29	hr. min.

9. Birthplace Centreville, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant William V. Clark
(b) Address 2104 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/37 (month) (day) (year)
(c) Cemetery or crematory Ivy Hill Cemetery
Location Laurel, Md.

18 (a) Funeral director Ambrose Inc.
(b) Address 412 N. Franklintown Rd.

19 (Filed) DEC 31 1937 (Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1937 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1937, to Dec 29 1937 and that I last saw h[illegible] alive on Dec 27 1937.

Immediate cause of death Chronic Vascular Disease — Duration 1937

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Mlean M.D.
Address 682 Washington Blvd Date signed 12/31/37

99228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 15

F 99228
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 39rd & Calvert
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 903 E 41st St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Baby Girl Suter (Birth F 65278)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-22-42

8. AGE: Years — | Months — | Days — | If less than one day 12 hr. 30 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Walter Hart Suter
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Jean Price London
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Jean Suter
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location

18 (a) Funeral director
(b) Address

DEC 30 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23 1942, at 1 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/22 1942 to 12/23 1942 and that I last saw h[illegible] alive on 12/23 1942.

Immediate cause of death Congenital atelectasis of right lung — Duration 13 hrs

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alfred B. Dixon M. D.
Address Union Memorial Hosp. Date signed 12/24/42

99229 78585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600 Registered No. F 99229

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 210 N. Eden St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BallBaby Girl (Sylvia) (Bath F 64649)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife 0

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-14-42

8. AGE: Years	Months	Days	If less than one day
0	0	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation 0

11. Industry or business 0

FATHER
12. Name Herman Ball
13. Birthplace Md.

MOTHER
14. Maiden Name Sylvia Jefferson
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-17-42 10 AM (month) (day) (year)
(c) Cemetery or crematory B.C.Hospital
Location 4940 Eastern ave

18 (a) Funeral director B.C. Hosp
(b) Address 4940 Eastern ave

19 (a) [illegible] (b) Huntington Williams, M.D.

DEC 30 1942

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12.16 1942, at 5:15A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12·15·1942, to 12·16·1942, and that I last saw h[illegible] alive on 12·16·1942

Immediate cause of death: Intracranial Hemorrhage — Duration: 2 days

Due to birth trauma and prematurity

Due to

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp Date signed 12-17-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99230 XB - 78580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600

F 99230 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1939 Laurette Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BABY BOY MCALLUM (Butler F 65551)

3 (b) If veteran, name war	3 (c) Social Security Account No.
0	0

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	C	Single

6 (b) Name of husband or wife 0
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13-1942

8. AGE: Years	Months	Days	If less than one day
—	—	—	2 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Samuel McAllum
13. Birthplace N.C.

MOTHER
14. Maiden Name Rose Smith
15. Birthplace N.C.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-17-42 (month) (day) (year)
(c) Cemetery or crematory B.C. Hosp.
Location 4940 Eastern Ave

18 (a) Funeral director B.C. Hosp
(b) Address 4940 Eastern Ave

19 DEC 30 1942 Registrar Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 13 1942, at 11:39 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13 1942 to 12-13 1942 and that I last saw him alive on 12-13 1942

Immediate cause of death: Congenital atelectasis — Duration 2 hrs.
Due to: Intracranial hemorrhage (?) —
Due to: prematurity —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Matthews M. D.
Address Balto. City Hosp. Date signed 12-16-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

F 99231

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99231
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: US Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 3 days
(e) Length of stay in Baltimore (yrs., mos., or days): Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County: (Baltimore County)
(c) City or town: Ruxton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (NO) (Yes or No)
If yes, name country (NO)

3 (a) FULL NAME: LEONARD P. BAKER (LEONARD PASSANO BAKER)

3 (b) If veteran, name war: SAW

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Florence Clark (Baker)

6 (c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Dec. 1, 1869

8. AGE: Years: 73 | Months: 0 | Days: 27 | If less than one day: ____ hr. ____ min.

9. Birthplace: Catonsville, Maryland (Town, county, and state)

10. Usual Occupation: AGENT INDIANNA

11. Industry or business: (Glass Broker)

FATHER
12. Name: WILLIAM BAKER
13. Birthplace: MARYLAND

MOTHER
14. Maiden Name: BETHENIA PISANO
15. Birthplace: MARYLAND

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 30. 1942 (month) (day) (year)
(c) Cemetery or crematory: Green Mount Cemetery
Location: Green Mount At Oliver Sts.,

18 (a) Funeral director: Stewart & Mowen Comapny
(b) Address: 108 N. North Av. (W.E.Wooden, Suc

19 (a) ____ (b) ____
(Signature of Undertaker) Registrar

DEC 30 1942
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 28, 1942, at 12:06 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 25, 1942 to Dec. 28, 1942, and that I last saw him alive on Dec. 28, 1942.

	Duration
Immediate cause of death: Bronchopneumonia	1 da.
Due to: Heart failure	Unk.
Due to: Coronary artery insufficiency	Unk.
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: [signature]
M. D.
Address: US Marine Hospital, Baltimore, Md. Date signed: 12/28/42

Huntington Williams, M.D.

F 99232

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99232 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3812 Greenmount Ave.
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 77 years
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. City
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 3812 Greenmount Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Charles Waldron Baggott

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-12-6759

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: Annie L. Baggott deceased 6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 10-1865

8. AGE: Years 77 | Months 1 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Executive

11. Industry or business Federal Bldg. Assoc'n.

FATHER 12. Name Thomas A. Baggott
13. Birthplace Birmingham, England.

MOTHER 14. Maiden Name Elizabeth Waldron
15. Birthplace County Wicklow, Ireland

16 (a) Informant Barnes T. Baggott
(b) Address 3812 Greenmount Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31. 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Lots No 611-612 Area II

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108-10 North Ave (W.Z. Wooden-Supt.)

19 (a) ____ (Date rec'd by registrar) (b) Huntingtn for Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1942, at 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1942 to Dec. 28 1942 and that I last saw him alive on Dec. 28 1942.

	Duration
Immediate cause of death: Acute cardiac dilatation	3 days.
Due to: Arteria-sclerosis Advanced age	—
Due to: Acute bronchitis	9 days.
Other Conditions: Chronic Nephritis.	3 years

(Include pregnancy within 3 months of death)
Date of operation ____
Major findings of operation: ____
of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M.
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature Barnes T. Baggott M.D.
Address 3812 Greenmount Ave. Date signed 12/28/42

VS 2

F 99233

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 462

F 99233 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Baltimore
(a) Baltimore City, Maryland
(b) Street address 1312 - W. Lanvale st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED: Baltimore City
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1312 - W. Lanvale st. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George W. Waters

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M. | 5. Color or race Cr. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Martha Waters
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 53 40 | Months | Days | If less than one day hr. min.

9. Birthplace Howard Co. Md. (Town, county, and state)

10. Usual Occupation Saloon

11. Industry or business

FATHER 12. Name Thomas Waters
13. Birthplace Howard Co. Md.

MOTHER 14. Maiden Name Mattie Hosey
15. Birthplace Howard Co. Md

16 (a) Informant Martha Waters
(b) Address 1312 - W. Lanvale st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem.
Location Balto. Co.

18 (a) Funeral director Chas. H. Alexander
(b) Address 922 N. Mount St. Baltimore, Md.

19 (a) 12-30-42 (Signature of Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27 1942, at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942, to Dec. 27, 1942 and that I last saw him alive on Dec. 26 1942

Immediate cause of death Gastric Carcinoma — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C.R. Campbell M. D.
Address 718 Dolphin St. Date signed 12-29-42

F 99234

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99234 ✓ 93N Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 710 N. Vincent St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 710 N. Vincent St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Green

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married~~, widowed, or ~~divorced~~
F	C	

6 (b) Name of husband or wife George W. Green
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Prince George Co. Md (Town, county, and state)
10. Usual Occupation Homemaker
11. Industry or business John Johnson

FATHER
12. Name ~~George W. Green~~
13. Birthplace Prince George Co. Md

MOTHER
14. Maiden Name Marie [illegible]
15. Birthplace Prince George Co. Md

16 (a) Informant John Green
(b) Address 710 Vincent St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans, Md.

18 (a) Funeral director Chas. H. Alexander
(b) Address Mount St.

DEC 30 1942

19 (a) (Date rec'd by registrar) (b) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28 1942; at 7:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-vascular Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 12/29/42

VS 6

F 99235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33 F 99235 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 306 Robert St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 Robert St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George H. Ring

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15 1892

8. AGE: Years 50 | Months 6 | Days 14 | If less than one day: hr. min.

9. Birthplace St. Mary's Co Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Solomon Ring
13. Birthplace Md

MOTHER
14. Maiden Name Matilda Moore
15. Birthplace Md

16 (a) Informant Mrs Ellen Johnson
(b) Address 306 Robert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-'43 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Park
Location Balto Co. Md

18 (a) Funeral director Mrs Francis A Kemsley
(b) Address 578 W. Biddle St.

19 (a) Huntington Williams Registrar

DEC 30 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec., 29 1943 at 7.9 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-4- 1943 to 12-29 1943 and that I last saw him alive on 12-26 1943

Immediate cause of death: Cardio Vascular Disease — Duration: 1 yr

Due to

Due to

Other Conditions Grippe

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Atwell Jones M. D.
Address 537 Dolphin St Date signed 12-29-43

F 99236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

598

F 99236 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore Gen. Hosp. 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 Edgewood House for Aged (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Melvin D. Andrews

3 (b) If veteran, name war

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	V

6 (b) Name of husband or wife Florence

6 (c) If alive, give age V years

7. Birth date of deceased (mo., day, yr.) Aug 27/78 Age 64

8. AGE: Years	Months	Days	If less than one day: hr.	min.
64	4	—		

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Thos Andrews
13. Birthplace Md

MOTHER 14. Maiden Name Blanche Hollingshead
15. Birthplace Md

16 (a) Informant Medical Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick ave.

18 (a) Funeral director John Crutchfield Sons
(b) Address 1900 Eutaw Place

19 (a) DEC 30 1942 (Date rec'd by registrar) (b) Huntingdon Williamsport Md. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1942 to Dec 27 1942 and that I last saw him alive on Dec 27 1942.

Immediate cause of death Generalized arteriosclerosis

Due to Emaciation

Due to Undernourishment

Other Conditions Arthritis
Deformans
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Arteriosclerosis
Gangrene

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Andrews Zeph M. D.
Address 1213 Light St. Date signed

correct age is especially important. Physicians, please

VS 150

F 99237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99237 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 705 Dolphin St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Dolphin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sadie Young

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1890

8. AGE: Years 52 | Months 11 | Days 23 25 | If less than one day hr. min.

9. Birthplace Phila. Pa. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Jeremiah Young
13. Birthplace Md.

MOTHER 14. Maiden Name Julia Wamit
15. Birthplace Fredricksburg, Va.

16 (a) Informant Mrs. Julia Cornett
(b) Address 705 Dolphin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Balto. Co. Md.

18 (a) Funeral director Wm. Geo. W. Mullen
(b) Address 1651 Druid Hill Ave.

19 (a) (Signature) Huntington Williams M.D. 2134 Druid Hill Ave.

DEC 30 1942

correct age is especially important - please write plainly

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/26 1942, at 1P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1 1942 to 12/26 1942, and that I last saw h alive on 12/26 1942.

Immediate cause of death: Acute Insufficiency — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. M. Rhett M. D.
Address 2134 Druid Hill Ave. Date signed

F 99238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99238

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Generally
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 726 Brandall Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DAVID (TELLER) McCullough

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-18-0239

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 96

8. AGE: Years	Months	Days	If less than one day
46	5	11	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William Teller
13. Birthplace Md

MOTHER
14. Maiden Name Eliza Leonald
15. Birthplace Md

16 (a) Informant Anon Teller
(b) Address 613 Conway

17 (a) Burial (b) Date thereof 12-30-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A Co Md

18 (a) Funeral director Isaiah L Brawner
(b) Address 18 W Montgomery St

19 (a) DEC 30 1942 (b) Huntington Nathaniel, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 19 42 at 8 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Pneumonia Lobar Bilateral — Duration

Due to — Duration

Due to — Duration

Other Conditions Nil — Duration

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Wollenmuller M.D.
Asst Medical Examiner.

Date signed 12-26-42

VS 6

F 99239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99239 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 2104 Division Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT HARRISON BROOKS

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1896

8. AGE: Years	Months	Days	If less than one day
46	0	11	hr. min.

9. Birthplace St. Mary's County, Maryland
(Town, county, and state)
10. Usual Occupation COOK
11. Industry or business

FATHER
12. Name Robert Brooks
13. Birthplace St. Mary's County, Maryland

MOTHER
14. Maiden Name Elizabeth Washington
15. Birthplace St. Maru's County, Maryland

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 12-31-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Balto. City

18 (a) Funeral director Isaiah L. Brown Son
(b) Address 108 W Montgomery St

19 (a) (b) Registrar

DEC 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28, 1942, at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10, 1942, to Dec. 28, 1942, and that I last saw him alive on Dec. 28, 1942.

	Duration
Immediate cause of death: Bronchopneumonia, bilateral,	Term.
Due to: Cardiac hypertrophy	Unknown
Due to: Syphiletic aortitis; Syphiletic aortic valvulitis	Unknown
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify place)
(e) Means of injury

23. Signature J. Walter
Address US Marine Hospital Date signed 12/28/42
Baltimore, Maryland.

99240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 N

F 99240 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3443 Parklawn Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 3443 Parklawn a (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph a Marsch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex m | 5. Color or race w | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Gertrude K

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1866

8. AGE: Years 76 | Months 5 | Days 27 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation unemployed

11. Industry or business

FATHER 12. Name Martin Marsch

13. Birthplace Germany

MOTHER 14. Maiden Name Catherine Bischof

15. Birthplace Germany

16 (a) Informant Mrs Wm Hollmeyer

(b) Address 3443 Parklawn a

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto

18 (a) Funeral director Leonard J Kenny

(b) Address 5345 Harford Rd

19 DEC 30 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-25 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 19 42 to Dec 27 19 42 and that I last saw him alive on Dec 27 42

Immediate cause of death: Hypostatic pneumonia

Due to: acute bronchitis

Due to: Dropsy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 1 wk

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

DEC 28 1942

23. Signature Fred Murphy M. D.

Address 700 N Patterson Park Av Date signed

VS 8

F 99241

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 99241

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 743 N. Chester st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 743 N. Chester st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emil C. Heise

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary A. Heise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13th 1859

8. AGE: Years	Months	Days	If less than one day
83	3	15	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Retired Captain
11. Industry or business Fire Dept.

FATHER
12. Name Jeremiah Heise
13. Birthplace Germany

MOTHER
14. Maiden Name Charlotte ?
15. Birthplace Germany

16 (a) Informant Lottie Heise
(b) Address 743 N. Chester st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul st

DEC 30 1942 (Date rec'd by Registrar) (b) Huntington Williams (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28th 1942, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1942, to Dec 28 1942, and that I last saw him alive on Dec 26 1942.

Immediate cause of death Coronary Thrombosis — Duration 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny
Address 2200 E. Madison st Date signed 12/29/42

99242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 V

Registered No. 99242

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution: Home for the Aged of the M.E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Q. Boyer

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Helen Boyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec 26th 1869

8. AGE: Years	Months	Days	If less than one day
73	0	1	hr. min.

9. Birthplace: Balto. Md. (Town, county and state)
10. Usual Occupation: Inmate
11. Industry or business: Home for Aged

FATHER
12. Name: Thomas Boyer
13. Birthplace: Kent Co. Md.

MOTHER
14. Maiden Name: Amneth Phillips
15. Birthplace: A.A. Co. Md.

16 (a) Informant: Home for the Aged of the M.E. Church
(b) Address: 2211 Rogers Ave

17 (a) Burial: Burial (b) Date thereof: 12/30/42 (month) (day) (year)
(c) Cemetery: Greenmount
Location: Balto Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 121 West Pratt St

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27th 1942, at 0 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1942 to Dec 27 1942, and that I last saw h/she alive on Dec 27 1942.

Immediate cause of death	Duration
Cerebral Embolism	12 hrs.
Due to Chronic Myocarditis	3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Anthony J. Barnes M. D.
Address 510 W 32nd Date signed 12-29-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. F 99243

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1763 Gorsuch ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1763 Gorsuch ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Leroy M. Batterill

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Mabel E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/22/1882

8. AGE: Years 60 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Florist

11. Industry or business

FATHER
12. Name Nicholas B. Batterill
13. Birthplace Md

MOTHER
14. Maiden Name Clara ?
15. Birthplace Md

16 (a) Informant Mrs. Mabel E. Batterill
(b) Address 1763 Gorsuch Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Baltimore, Md.

18 (a) Funeral director Wm. Cook, Inc.
(b) Address 1217 St Paul St. Balto.

19 DEC 30 1942 Huntington Williamsburg
(Filed [illegible], Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1942, at 7:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/IX 1941, to 12/28/42 19 42
and that I last saw h alive on 12/28/42 19 42

Immediate cause of death Coronary Thrombosis — Duration 15 minutes
Due to Coronary Thrombosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rosenbaum
Address 130 E Chase Date signed 12/31/42 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

F 99244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

F 99244 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 37
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE MARYLAND (If outside city or town limits, write RURAL and give town)
(d) Street No. 1904 LONGWOOD St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME MR WILBUR G ECKER (Wilford G. Ecker)

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 215 - 01-7313

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife (Florence) MRS WILBUR G ECKER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT 17, 1875

8. AGE: Years 67 | Months 3 | Days 11 | If less than one day hr. min.

9. Birthplace Frederick Co., MARYLAND (Town, county, and state)

10. Usual Occupation CASHIER

11. Industry or business Southern Hotel

FATHER 12. Name HARRISON ECKER

13. Birthplace Frederick Co. MARYLAND

MOTHER 14. Maiden Name ISABELLE BARNES

15. Birthplace Frederick Co. MARYLAND

16 (a) Informant Mrs. Florence Ecker

(b) Address 1904 Longwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem.

Location Woodlawn, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS

(b) Address Balto., Md.

19 (c) DEC 30 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28-42 19 at 2 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-19 1942 to 12-28 1942 and that I last saw h alive on 12-28 1942.

Immediate cause of death	Duration
CARDIO RESP FAILURE	
Due to MULTIPLE MYELOMA	? 2 YRS
Due to	
Other Conditions ARTERIO SCLEROSIS, UREMIA, ENDO CARDITIS (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operations

of autopsy: Traumatic Myeloma

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Luckett, Jr. M. D.

Address Union Memorial Hosp. Date signed 12-28-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 189

F 99245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 W

Registered No. F 99245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2210 Poplar Grove St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLARD Adams SNELLINGS

3 (b) If veteran, name war: World War I

3 (c) Social Security Account No. 215-01-3572

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Naomi I. Snellings

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/28/1889

8. AGE: Years 53 | Months 3 | Days 1 | If less than one day hr. min.

9. Birthplace: Fredericksburg, Va. (Town, county, and state)

10. Usual Occupation: Clerk D.C.

11. Industry or business: National Laundries Co. Wash

FATHER
12. Name: Charles B. Snellings
13. Birthplace: unknown

MOTHER
14. Maiden Name: -- Cathcart
15. Birthplace: unknown

16 (a) Informant: Mrs. Naomi I. Snellings
(b) Address: 2210 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/1943 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Balto., Md.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) DEC 30 1942 (b) Registered by: Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29, 19 42 at 8:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions: no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 12-29-42

F 99246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1644

F 99246 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 530 N. Loudon ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 530 N. Loudon ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard Taylor (Richard Charles Taylor)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-20-9321

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1925

8. AGE: Years	Months	Days	If less than one day
17	0	21	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation student

11. Industry or business

FATHER
12. Name Mr. Merritt I. Taylor
13. Birthplace Pittsburgh, Pa.

MOTHER
14. Maiden Name Flora Eliz. Riger
15. Birthplace

16 (a) Informant Mrs. F. E. Taylor
(b) Address 530 N. Loudon Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12/30/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Crematory
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Signature of registrar) (b) Registered Dec 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27-1942, at 6.45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition thereon and from the evidence obtained by said Inquisition find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Asphyxiation	
Due to Hanging	
Due to	
Other Conditions Suspendent	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 12-27-42 at P M
(c) Where did injury occur? 530 N. Loudon ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Suspended by rope

23. Signature Howard J. Middleton M.D. Medical Examiner.
Date signed 12-28-42

F 99247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 N

F 99247 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3301 Glenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3301 Glenmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EZEKIAL MILLS.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	212-01-2285	M	W	Married

6 (b) Name of husband or wife Catherine Winder Mills
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 2-7-1889

8. AGE: Years	Months	Days	If less than one day
53	10	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business U. S. Tobacco Co.

FATHER
12. Name Samuel L. Mills
13. Birthplace Snow Hill, Md.

MOTHER
14. Maiden Name Etta Mills
15. Birthplace Cambridge, Md.

16 (a) Informant Mrs. Mills — son
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-30-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location

18 (a) Funeral director Jerry J. Tankard & Son Inc
(b) Address North & Penna Ave

19 (a) DEC 30 1942 (b) Huntington Williams, M.D. Registrar
(day registered)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 19 42 at 1 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Hypertension cardiovascular disease — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmaier M.D. and Medical Examiner.
Date signed 12-28-42

F 99248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

F 99248 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 18hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2424 Presbury St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

15

3 (a) FULL NAME Baby Boy Miller [Birth F 6560]

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	newborn

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1942

8. AGE: Years	Months	Days	If less than one day
			18 hr. 20 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Meyer Miller
13. Birthplace Baltimore, md

MOTHER
14. Maiden Name Dora Garfinkel
15. Birthplace Baltimore, md

16 (a) Informant Meyer Miller
(b) Address 2424 Presbury St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-42 (month) (day) (year)
(c) Cemetery or crematory Beth MADRASH
Location Rosedale

18 (a) Funeral director Jack Lewis Inc
(b) Address 1459 E Belto. St

19 (Date received by registrar) DEC 30 1942 (Signature of registrar) for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1942, at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1942, to Dec 29 1942, and that I last saw him alive on Dec 29 1942

Immediate cause of death Intra Cranial hemorrhage. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morris L. Katzstein M. D.
Address Date signed

VS 3

F 99249 ✓ F 99249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3320 Wheeler Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Bath City Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3320 Wheeler Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lawson Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	Widowed

6 (b) Name of husband ~~or wife~~ Susie Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace Va

16 (a) Informant Susie Bryant
(b) Address 3320 Wheeler Ave

17 (a) Burial (b) Date thereof Dec 31-1942
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery
Location A A Co. Md

18 (a) Funeral director Robert Williams
(b) Address 1515 McElderry St

19 (a) DEC 30 1942 Huntington Williams M.D.
(Registered by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1942 at 7.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1942 to Dec 27 1942 and that I last saw ~~him~~ alive on Dec 26 1942

Immediate cause of death Hemiplegia — Duration 2 days

Due to (over)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. J Coleman M. D.
Address 2039 McCulloh Date signed Dec 30 1942

F 99250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 99250

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Six 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Crownsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Herald Harbor
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEONARD BENALLACK

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.:

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Gladys Ahloren

6 (c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.): Jan. 30, 1890

8. AGE: Years 52 | Months 10 | Days 29 | If less than one day: hr. min.

9. Birthplace: Streator, Ill.
(Town, county, and state)

10. Usual Occupation: CLERK--UNITED CIGAR STORE

11. Industry or business:

FATHER
12. Name: William Benallack
13. Birthplace: England

MOTHER
14. Maiden Name: Carrie Adamton
15. Birthplace: Canada

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31/42 (month) (day) (year)
(c) Cemetery or crematory Annapolis
Location Annapolis Md

18 (a) Funeral director R E Hopkins
(b) Address Annapolis Md.

19 DEC 30 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29, 1942, at 9:45 pm M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26, 1942, to Dec. 29, 1942, and that I last saw him alive on Dec. 29, 1942.

Immediate cause of death: Bronchopneumonia, bilateral — Duration: Terminal
General debility — 10 yrs
Due to: Progressive muscular atrophy — 10 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: G T Johnson
Address: US Marine Hospital, Baltimore, Maryland
Date signed: 12/30/42 M.D.

F 99251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108 F 99251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Olivia & Caroline Sts.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 81 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 444 E. 22nd Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Trageser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
81			hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John Trageser
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Thalheimer
15. Birthplace Germany

16 (a) Informant Joseph Trageser
(b) Address 444 E 22nd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Mary M. Wiedefeld
(b) Address 501 E 22nd St. Baltimore Md

19 (a) DEC 30 1942 (b) Hunting
(Registered by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1942 at 12.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 24 1942 to Dec. 27 1942 and that I last saw h[illegible] alive on Dec. 27 1942

Immediate cause of death Respiratory failure — Duration

Due to Lobar pneumonia, bilateral

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl A. Stellinger, M. D.
Address St. Joseph's Hospital Date signed Dec. 27 1942
Baltimore, Md.

Morgue

F 99252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64

F 99252
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1411 Eutaw Place
(c) Hospital or institution:

14

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 Eutaw place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David J Chapman (Birth F 6 2245)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9, 1942

8. AGE: Years	Months	Days	If less than one day
	1	20	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name David Chapman
13. Birthplace Pickens S. C.

MOTHER 14. Maiden Name Mary E. Richardson
15. Birthplace Pickens S. C.

16 (a) Informant John H. Richardson
(b) Address 6904 Pennington Ave Baltimore Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2 1942 (month) (day) (year)

(c) Cemetery or crematory Sunset Cemetery
Location Pickens S. C.

18 (a) Funeral director Solon A. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) (b) Williamsville

DEC 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1942, at 3 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Status thymicus lymphaticus — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec 29 1942.

F 99253

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92 F 99253 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Frederick Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Thomas
13. Birthplace ?

MOTHER
14. Maiden Name Annie Manning
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Gramman Ave

19 (a) DEC 30 1942 (Registrar) Hunting for Williams Registrar

VS 150

MEDICAL CERTIFICATION 3.30 P.

20. DATE OF DEATH Dec. 28 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to Dec 28 1942 and that I last saw him alive on Dec 27 1942

Immediate cause of death	Duration
Acute Dilatation of Heart	1 Day
Due to Mitral Stenosis	3 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall
Address 1631 E. North Ave Date signed Dec 29 42 M. D.

F 99254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99254 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 530 W. Cross St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roosevelt Jordon 78411

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-4709

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	married

6 (b) Name of husband or wife Viola
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1912

8. AGE: Years	Months	Days	If less than one day
30	5	16	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name John Jordon d
13. Birthplace S.C.

MOTHER
14. Maiden Name Maggie Black
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30 1942 (month), (day) (year)
(c) Cemetery or crematory Mount Lebanon
Location Baltimore County

18 (a) Funeral director Joseph A. Purdy
(b) Address 409 N. Mount Street

19 (a) DEC 30 1942 Registrar Baltimore, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1942, at 4:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 5 1942 to Dec. 28 1942, and that I last saw h im alive on Dec. 28 1942.

Immediate cause of death — Duration

Pulmonary tuberculosis — 2 mos?

Due to

Due to

Other Conditions Rupture of Oesophagus — 4 mos.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Harty M. D.
Address Balto City Hosp Date signed 12-30-42

Morgue

F 99255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99255

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3 Holabird Ave
(c) Hospital or institution: Holabird Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Broadford (If outside city or town limits, write RURAL and give town)
(d) Street No. N. Washington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Donald F. O'Neil

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-7-[illegible]

8. AGE: Years 27 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace Tonawanda N. Y. (Town, county, and state)
10. Usual Occupation Tool Dresser
11. Industry or business Soldier

FATHER
12. Name ✓
13. Birthplace

MOTHER
14. Maiden Name ✓
15. Birthplace

16 (a) Informant Warrant Officer Rice
(b) Address Camp Holabird

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Broadford Pa

18 (a) Funeral director Walter Burke Bradley Inc
(b) Address 1944 N. North Ave

19 (a) DEC 30 1942 (Date received by Registrar)

Funeral Home

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1942, at 10 30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Subdural Hematoma — Duration
Due to accident
Due to
Other Conditions — Duration: over

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: ✓
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec. 20th 1942 at ? M
(c) Where did injury occur? Camp Holabird (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Army camp (Specify type of place) While at work? yes
(e) Means of injury fell down barracks steps

23. Signature Robert Lee Fentress M.D. Medical Examiner.
Date signed Dec 29 1942

F 99256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1314 F 99256 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison + Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 E. Lanvale St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPHINE JULIA TAWNEY

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife: Soloman Frederick Tawney
6 (c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) Sept. 27. 1858

8. AGE: Years	Months	Days	If less than one day
84	3	2	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Fisher
13. Birthplace Virginia

MOTHER
14. Maiden Name Frances Winstead
15. Birthplace Virginia

16 (a) Informant Mr. Albert F. Tawney (son)
(b) Address 1727 N. Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31. 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway Baltimore, Md.

19 (a) DEC 30 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/29 1942 at 1:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27 1942, to 12/29 1942.
I last saw her alive on 12 19

Immediate cause of death	Duration
Bronchopneumonia	
Due to Myocarditis - chronic	
Due to	
Other Conditions Nephritis - chronic	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Loy M. Zimmerman M. D.
Address Md. Gen. Hosp. Date signed 12/29/42

VS 8

F 99257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99257 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belloma Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County ——
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 755 Non Cake Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB FRANKLIN

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Widowed

6 (b) Name of husband or wife Mary Margaret Johnson
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 8. 1851

8. AGE: Years	Months	Days	If less than one day
91	10	20	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Advertising-retired 10yrs
11. Industry or business

FATHER
12. Name Isaac Franklin
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Bennie Franklin Jr.
(b) Address Sylvan Drive. Lochearn Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30. 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway

19 (a) ..... (b) ..... Registrar

DEC 30 1942

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1942 at 3 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8 1932 to Dec. 24 1942, and that I last saw h— alive on Dec. 27 1942

Immediate cause of death	Duration
Bronchopneumonia	1 day
Pulmonary Edema	1 week
Due to Chr. myocarditis	10yrs +
Due to Chr. interstitial nephritis	10yrs +
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo Schlenger MD
Address 4600 Liberty Hgts Ave Date signed Dec 30 1942

F 99258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99258 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 S. Ogden St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 809 S. Ogden St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth ~~Rubeck~~ Ruebert

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George ~~Rubeck~~ Ruebert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5th. 1856

8. AGE: Years	Months	Days	If less than one day
86	0	22	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Not Known
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Mrs Chas. Schwarz
(b) Address 809 S Ogden St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30. 1942 (month) (day) (year)
(c) Cemetery or crematory St. Mathews Cem.
Location Balto. Md.

18 (a) Funeral director George Leimbach
(b) Address 525 N. Lyndhurst St.

19 (a) DEC 30 19[illegible]
Registrar
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27 19 42 at 8P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 19 42 to Dec 27 19 42 and that I last saw h[illegible] alive on Dec 27 19 42

Immediate cause of death
Due to Hypostatic Pneumonia
Due to Senility
Other Conditions Coronary Sclerosis
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

Duration
2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature [illegible] M. D.
Address [illegible]

F 99259

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

106 F 99259 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5012 Reisterstown Rd
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 31

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5012 Reisterstown Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Bessie Snyder
3 (b) If veteran, name war —
3 (c) Social Security Account No. —
4. Sex Female 5. Color or race W 6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Edel
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1871
8. AGE: Years 111 Months Days If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home
11. Industry or business Wife
FATHER 12. Name Unknown
13. Birthplace Russia
MOTHER 14. Maiden Name Chana Cohen
15. Birthplace Russia
16 (a) Informant Gelda Falk
(b) Address 2225 Kirk ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-42 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Shaarie Hanedrusk Location Rosedale
18 (a) Funeral director Falk & Ellis Inc
(b) Address 1439 E. Balto St
19 Filed DEC 30 1942 (b) Huntington Williams, M.D. (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30, 1942, at 9.30 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 1937 to Dec. 30 1942, and that I last saw h[er] alive on Dec. 24, 1942.

Immediate cause of death: Cardiac failure — Duration: 1 week
Due to: Bronchitis
Due to: Arteriosclerosis
Other Conditions: (w)
(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operation: —
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —
23. Signature Sidney L. Levy M. D.
Address 2302 Eastern Ave Date signed 12/30/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

F 99260

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99260 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 918 S. Carey St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Sarah Connell

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife WILLIAM
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) July 25, 1882

8. AGE: Years	Months	Days	If less than one day
60	5	3	...hr. ...min.

9. Birthplace Michigan (Town, county, and state)
10. Usual Occupation STOREKEEPER
11. Industry or business CONFECTIONARY

FATHER
12. Name CHARLES CRUMP
13. Birthplace ENGLAND

MOTHER
14. Maiden Name MARY BAYNE
15. Birthplace Md

16 (a) Informant Daughter Gladys Lehmann
(b) Address 914 S. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd. Balt. Md.

18 (a) Funeral director Frank Dillon More
(b) Address 52 N. Morley St.

19 (a) ... (Date received by Registrar) (b) ... Registrar

Dec 30 ... Recorded by Registrar Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1942 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 1942 to Dec 28 1942 and that I last saw her alive on Dec 28 1942

Immediate cause of death Uremia

Due to [redacted] anuria

Due to intrahepatic renal obstruction (suppuration)

Other Conditions meningococcus lepto-meningitis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Same

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Carey M. D.
Address University Hosp Date signed 12-28

F 99261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 99261

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4108 Kinsway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4108 Kinsway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry L. Warthen

3 (b) If veteran, name war

3 (c) Social Security Account No. Police Dept.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Ellen Olivia

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1880

8. AGE: Years	Months	Days	If less than one day
62	3 4	29	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Lieut. Detective

11. Industry or business Balto Police Dept.

FATHER
12. Name Henry Warthen
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Isabelle Galloway
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Ellen Olivia Warthen
(b) Address 4108 Kinsway

17 (a) Burial (b) Date thereof 1-2-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Oakland
Location Baltimore Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson ave.

19 (a) DEC 30 1942 (b) [illegible] for William [illegible] Registrar
(Date received by local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1942 at 11 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Hypertension cardio-vascular renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.

Date signed Dec 30 1942

VS 6

F 99262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1780 F 99262 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 m
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 210 E. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** GEORGE B. HILL

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Mary B Hill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 28 1866

8. AGE: Years 76 | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Amos Hill

13. Birthplace Pa

MOTHER 14. Maiden Name Nancy A Hipple

15. Birthplace Pa

16 (a) Informant Mrs Nevada Ryan

(b) Address 10 S Kresson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31/42 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Baltimore Co Md

18 (a) Funeral director Ulman Funeral Home

(b) Address 2008 Orleans St

(c) Huntington Williams Sig (Date received by Registrar) Registrar

DEC 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1942 at 4 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an engm (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Carbon monoxide poisoning	
Due to	
Due to	
Other Conditions 42 (Include pregnancy within 3 months of death)	
Date of operation No	
Major findings of operation:	
of autopsy: No	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 6/5
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 28, 1942 at M
(c) Where did injury occur? Automobile (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Same (Specify type of place) While at work? No
(e) Means of injury Gas Heater

23. Signature H L Wollenweber Coroner Medical Examiner. M.D.

Date signed 12-28-42

VS 6

Dreyer

F 99263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No. F 99263

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 33rd St. Calvert
(b) Street address [redacted]
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2398 University Pkwy. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Anna Mary Dreyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	

6 (b) Name of husband or wife Henry D Dreyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-27-1867.

8. AGE: Years	Months	Days	If less than one day
74 yrs		2.	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name [illegible] Pentz.
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Deuchal
15. Birthplace Md.

16 (a) Informant Albert E Dreyer
(b) Address 2905 Southern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md.

18 (a) Funeral director Mrs Chas A J Rohde
(b) Address 2327 Edmondson Ave

19 (a) Filed (b) Huntington Williams, M.D. Registrar

DEC 30 1942

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29 1942, at 7:17 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-27 1942 to 12-29 1942, and that I last saw h[illegible] alive on 12-28 1942.

Immediate cause of death	Duration
Cardio respiratory failure	
Due to Generalized peritonitis	
Due to rupture appendicitis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 12-28-42.
Major findings of operation: acute gang. [illegible] appendix
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Union Memorial Date signed 12-29-42

F 99264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99264

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Snow Hill, Curtis Bay (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John CROWLE

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace BALTO. MD. (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name JOHN CROWLE
13. Birthplace GERMANY

MOTHER
14. Maiden Name Charlotte ?
15. Birthplace BALTO MD

16 (a) Informant LOUIS GILES
(b) Address 1530 LIGHT ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-31-42 (month) (day) (year)
(c) Cemetery or crematory CEDAR HILL
Location A.A.Co.

18 (a) Funeral director Bernard C Hasle
(b) Address 121 E West St

19 DEC 30 1942 (Date rec'd by registrar) (b) Huntingtown Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1942, at 7 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & my inspection thereon and from the evidence obtained by said autopsy & my inspection find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to auto accident

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec. 29 1942 at 6 45 P M
(c) Where did injury occur Pennington Ave near Alden (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? No
(e) Means of injury Struck by auto

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed Dec 30 1942.

VS 6

F 99265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 16 F 99265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 104 Willard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 104 Willard
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Theresa Make

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: late John
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 15/1865

8. AGE: Years 78 yrs | Months 2 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frank Gerker
13. Birthplace Austria

MOTHER
14. Maiden Name Helen Slifer
15. Birthplace Austria

16 (a) Informant John Make (Son)
(b) Address 104 Willard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd. Balt. Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 DEC 30 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28/1942, at 109 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/10 1942 to 12/28 1942 and that I last saw h e alive on 12/26 1942

Immediate cause of death: Fracture of Lt hip — Duration: 2 wks
Due to:
Due to:
Other Conditions: Bronchopneumonia — 2 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 20/4
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 12 [illegible] 42
(c) Where did injury occur? [illegible] Lombard St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (specify type of place) While at work? no
(e) Means of injury Fell in home

23. Signature Benjamin Miller M. D.
Address 2030 Wilkens Date signed 12/30/42

VS 8

Howard J. Watkins M.D.

F 99266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1

F 99266 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
26 (c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 634 W. Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Conley 78755

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1879

8. AGE: Years	Months	Days	If less than one day
63	10	9	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name James Conley
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth King
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Dec 31 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Pott & Co B. M. Walter
(b) Address Pott & Stocker Sts.

DEC 30 1942 (b) Huntington Williams M.D. Registrar
(Date received by Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 19 42 at 2:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 24 1942 to Dec. 29 1942, and that I last saw him alive on Dec. 29 1942

Immediate cause of death	Duration
Pulmonary tuberculosis	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. S. Harte M.D.
Address Balto City Hosp Date signed 12/29/42

F 99267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. F 99267

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Morgue
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1553 Montpelier St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James J. Keogh

3 (b) If veteran, name war World War No 1
3 (c) Social Security Account No. 216-07-7912

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Married

6 (b) Name of husband or wife Regina E. Burton Keogh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1895

8. AGE: Years	Months	Days	If less than one day
47	10	6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Watchman at Pier #2
11. Industry or business Pratt St. Pier Maint. Service

FATHER
12. Name James J. Keogh
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Margaret G. Allen
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Regina E. Keogh
(b) Address 1553 Montpelier Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2, 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location 5300 Frederick Rd

18 (a) Funeral director Omer W. Collins & Son
(b) Address 1600 E. Eager Street

DEC 30

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1942, at 1:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning — Duration

Due to accident

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 29 1942 at 7 P.M.
(c) Where did injury occur? Pier #2 Light St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Harbor While at work? Yes (Specify type of place)
(e) Means of injury Fell into harbor

23. Signature Robert L. Graham M.D. Medical Examiner.
Date signed Dec 29 1942

F 99268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

114d

Registered No. F 99268

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1801 Bank Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 Bank Street
(If rural give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country POLAND

3 (a) FULL NAME STANISLAUS LISZEWSKI

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-1513

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Jadwiga
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1890

8. AGE: Years	Months	Days	If less than one day
52	10	25	hr. min.

9. Birthplace Selistowka, Poland
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Shipyards

FATHER
12. Name Jan Liszewski
13. Birthplace Selistowka, Poland

MOTHER
14. Maiden Name Maryanna Borkowska
15. Birthplace Selistowka, Poland

16 (a) Informant Mrs. Jadwiga Liszewska
(b) Address 1801 Bank Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Road

18 (a) Funeral director Jno. F. Sadowski & Son
(b) Address 1 E 0 E. Eastern Ave
(Signature of registrar) (Registrar)

DEC 30 1942

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1942 at 11 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1942 to Dec 27 1942 and that I last saw h-- alive on 1942

Immediate cause of death Acute Cardiac Dilatation — Duration Dec 27 42

Due to Abscess of Lung — Aug 1 19--

Due to

Other Conditions (nil)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Kramer M. D.
Address 801 S Kenwood Ave Date signed Dec 30 42

F 99269

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99269 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution:
Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 532 N. Eden St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Sehley

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	None	M.	C	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/25/1880

8. AGE: Years	Months	Days	If less than one day
62	0	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business

FATHER
12. Name George M. Sehley
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sarah
15. Birthplace Balto. Md.

16 (a) Informant Edward Sehley (Son)
(b) Address 532 N. Eden St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A.Co. Md

18 (a) Funeral director Charles G. Cooper
(b) Address 514 N. Calhoun St.

19 (a) (Date rec'd by Registrar) DEC 30 1942 Registrar, Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/27/42 19 1:36 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-12- 1942 to 12/27/ 1942 and that I last saw h[illegible] alive on 12/27 1942.

Immediate cause of death	Duration
Pulmonary edema	36 hrs
Due to	
Cerebral hemorrhage	15 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Dolan M. D.
Address 515 N. Monroe St. Date signed 12-28-42

1 F 99270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99270 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 723 N. Carey St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 b
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 723 N. Carey St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William T. Glass

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/1896

8. AGE: Years	Months	Days	If less than one day
46	7 *	*	hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Wm. T. Glass
13. Birthplace Ohio

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Alverta Washington (D.F.)
(b) Address 723 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 574 N. Calhoun St.

19 (a) DEC 30 1942 Registrar
(b) Date received

MEDICAL CERTIFICATION

20. DATE OF DEATH December 27 1942 at 3:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-25 1942 to 12-27 1942 and that I last saw h[illegible] alive on 12-27 1942.

Immediate cause of death	Duration
Acute Myocarditis	1 day
Due to Bronchial Asthma	3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. L. Berry M. D.
Address 1420 E. Chase Date signed 12-30-42

VS 3

Hunting for Nathaniel Mc

F 99271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83N

F 99271 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 845 Harlem Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 B
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 845 Harlem Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Susie Harred

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/1/1874

8. AGE: Years	Months	Days	If less than one day
68	11	25 24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Samuel Harred
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Harris
15. Birthplace Baltimore, Md.

16 (a) Informant Wm. Harred (Brother)
(b) Address 845 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/30/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 514 N. Gilmor St. Baltimore, Md.

19 (a) DEC 30 1942 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/25/42 19 at 12:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15 1942 to 12/25 1942. and that I last saw h alive on 12/24 1942. I

Immediate cause of death Cerebral Hemorrhage — Duration 2 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles T. Wendt M. D.
Address 861 Harlem Date signed 12/29/42

F 99272

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93N Registered No. F 99272

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 W. Lanvale St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jeremiah Matthews

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband of wife Josephine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/23/1870

8. AGE: Years	Months	Days	If less than one day
72	10	4	hr. min.

9. Birthplace Talbot Co., Md
(Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER 12. Name Wm. Matthews
13. Birthplace Talbot Co., Md

MOTHER 14. Maiden Name Mary M. Bailey
15. Birthplace Talbot Co., Md

16 (a) Informant Laura Richardson
(b) Address 1439 Bambridge St. Phila., Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 514 N. Calhoun St. Baltimore, Md.

19 DEC 30 1942 (b) Filed by registrar Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28-1942, at 7:29 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-22-1942, to 12-28-1942 and that I last saw him alive on 12-28-1942.

Immediate cause of death	Duration
pulmonary edema	12 hrs
Due to congestive decompensation	14 days ?
Due to myocarditis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. E. Carr M. D.
Address 5 E. Mosher St. Date signed 12-29-42

F 99273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95C

F 99273 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4111 E. Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 37 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4111 E. Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Duncan Weber

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	214-03-1865	Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 10, 1903

8. AGE: Years	Months	Days	If less than one day
39	10	18	hr. min.

9. Birthplace Tilghmans Island, Md.
(Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business Parrish Transfer Co.

FATHER
12. Name Samuel A. Weber
13. Birthplace Somerset County, Md.

MOTHER
14. Maiden Name Ida C. Bartlett
15. Birthplace Talbot County, Md.

16 (a) Informant Mrs. Raymond Starkey
(b) Address 4111 E. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31, 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Md.
18 (a) Funeral director Miller Lamoreux
(b) Address 1003 W. Baltimore St.
19 (a) DEC 30 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1942, at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 12/28 1942 and that I last saw him alive on 19 .

Immediate cause of death: Cerebral Hemorrhage
Due to Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged plausibly.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature H. A. Sudler M. D.
Address 3323 E. Baltimore St Date signed

for H. N. McNally
Herman J. Madden, M.D.

V2 2

M. D. B. 1208-0

F 9927 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 131B F 99274

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Entries in all items must be made. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 260 N. Bruce St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Robert Beard 19 V

(a) Residence: No. 260 N. Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estella Beard

6. DATE OF BIRTH (month, day, year) Sept 9, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Hosp.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Buffalo Va

FATHER

13. NAME John Beard

14. BIRTHPLACE (city or town) (State or country) Raleigh N. C.

MOTHER

15. MAIDEN NAME Julia Watkins

16. BIRTHPLACE (city or town) (State or country) Buffalo Va

17. INFORMANT Estella Beard
(Address) 260 N. Bruce St

18. BURIAL, CREMATION OR REMOVAL
Place Mt. Auburn Date 12-30 19 42

19. UNDERTAKER Mrs Katie P. Williams
(Address) 323 N. Fulton Ave

20. FILED DEC 30 1942 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 1942

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1940 to Dec 27, 1942
I last saw h[illegible] alive on Dec 21, 1942 Death is said to have occurred on the date stated above, at 3:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Chr. Nephritis	

Name of operation none Date of ...
What test confirmed diagnosis? Almost Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Geo. E. Shannon M. D.
(Address) 500 N. Fulton Ave

425 E 99275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93c

Registered No. E 99275

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 636 Mosher (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lena Frances Hopkins
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Chester
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) 10-24-96

8. AGE: Years 46 | Months 2 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace VA (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charlie Hicks
13. Birthplace VA

MOTHER
14. Maiden Name Harrison
15. Birthplace VA

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 30 42 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem
Location

18 (a) Funeral director Mr Kates D Williams
(b) Address 322 N. Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1942, at 445 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 16 1942, to Dec 27 1942, and that I last saw h[illegible] alive on Dec 27 1942.

Immediate cause of death CARDIAC FAILURE — Duration 51 days

Due to HYPERTENSIVE CARDIO-VASCULAR DISEASE

Due to

Other Conditions RHEUMATIC FEVER DISEASE

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Austrian
Address Johns Hopkins Hospital Date signed 12/27/42 M.D.

F 99276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13a

F 99276 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 935 N. Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 935 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary K. ~~Lewis~~ (Mary K. Louis)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F. ~~M~~	W	Married

6 (b) Name of husband or wife Noel Louis

6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) ----------

8. AGE: Years	Months	Days	If less than one day
About 70	---	--	-- hr. --- min.

9. Birthplace New York State (Town, county, and state)

10. Usual Occupation None

11. Industry or business -----

FATHER
12. Name Cornelius Desmond
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Flanagan ~~Ellen Brennan~~
15. Birthplace Ireland

16 (a) Informant Noel Louis
(b) Address 935 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

DEC 30 1942 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

28. DATE OF DEATH Dec. 30 1942 at 12 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an in query & his opinion (Autopsy or Inquiry) thereon and from the evidence obtained by said in query & his opinion (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hypertensive Cardiovascular renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Dec 30 1942

F 99277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 99277

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st Sts.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo. 26da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 239 North High Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES M. CARTER

3 (b) If veteran, name war: SAW

3 (c) Social Security Account No. NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced. DIVORCED

6 (b) Name of husband or wife JENNY LAURIE

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1875

8. AGE: Years 67 | Months 1 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Lorenzo C. Carter
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director A. Lee Oden
(b) Address 4655 York Road

DEC 30 1942 Huntington Williams, M.D. (Signature and title of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28, 1942, at 12:38 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 2, 1942, to Dec. 28, 1942, and that I last saw him alive on Dec. 28, 1942.

Immediate cause of death: Bronchopneumonia, bilateral — Duration: 17 da.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury?

23. Signature H. C. Oden

Address US Marine Hospital, Baltimore, Maryland. Date signed 12/29/42 (M.D.)

F 99278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 99278 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 30 S Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 30 S Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Winner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Dr Jacob L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec, 22, 1864

8. AGE: Years 78 | Months - | Days 7 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Moses Goldstrom
13. Birthplace Poland

MOTHER
14. Maiden Name Rena Brunner
15. Birthplace Poland

16 (a) Informant Milton Winner
(b) Address 30 S Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cem
Location 3600 E Baltimore St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

DEC 30 1942 (Date filed by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1942 at 7120 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1941 to Dec 29 1942, and that I last saw h[illegible] alive on Dec 29 1942

Immediate cause of death	Duration
Bronchopneumonia	7 days
Due to General Arteriosclerosis	3 yrs.
Due to Chronic Myocarditis	3 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton L. Solomon

Address 129 S. Broadway Date signed 12/30/42

Hamilton Williamsville, Md.

F 99279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1316

F 99279 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 325 S. Chester Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 325 S. Chester Street (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Filipiak (Phillips)

3 (b) If veteran, name war

3 (c) Social Security Account No. 203-18-1322

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Stephen Filipiak
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) June 3 1889

8. AGE: Years	Months	Days	If less than one day
53	6	24	..... hr. ..... min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Michael Bengier
13. Birthplace Poland

MOTHER
14. Maiden Name Antonina Hudanska
15. Birthplace Poland

16 (a) Informant Stephen Filipiak
(b) Address 325 S. Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John F. Weber
(b) Address 407 S. Chester Street

19 (a) [illegible] (Registrar) Hunting for Williams M.D.

DEC 30 1942
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1942 at 12:01 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18 1942 to Dec 27 1942 and that I last saw h. Ewalive on Dec 27 1942

Immediate cause of death	Duration
Chronic Myocarditis	3 wks
Chronic Nephritis	3 wks
Due to	
Due to	
Other Conditions Bronchiectasis ?	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo L. Kilcoyne M.D.
Address 126 S. Potomac St. Date signed Dec 29/42 M. D.

99280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 99280
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3440 Mondawmin Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3440 Mondawmin Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catharine Doty

3 (b) If veteran, name war --

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Edward J. Doty

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1872

8. AGE: Years	Months	Days	If less than one day
70	4	21	hr. min.

9. Birthplace Philadelphia, Pa.
(Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER
12. Name Penrose A. Solts
13. Birthplace Pa.

MOTHER
14. Maiden Name Amanda L. Hoffner
15. Birthplace Pa.

16 (a) Informant Edward J. Doty
(b) Address 3440 Mondawmin Ave.,

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 31, 1942 (month) (day) (year)
(c) Cemetery or crematory Pa. R.R.
Location Phila. Pa.

18 (a) Funeral director J. Howard Strong
(b) Address 3207 W. North Ave.

DEC 31 1942 (Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30, 1942, at 2.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1942, to Dec 30 1942, and that I last saw h[illegible] alive on Dec 30 1942

Immediate cause of death Coronary thrombosis — Duration 7 days
Due to Arteriosclerosis — ?
Hypertension — ?
Due to
Other Conditions Miscarriage — about two

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank Stablet M. D.
Address 7220 Garrison Blvd. Date signed Dec 30/42

VS 8

99281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99281
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Melvin Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Teresa Powers (Busth - F65633)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Bon Secours Hospital (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Roger Christopher Powers Jr.
13. Birthplace Catonsville, Md.

MOTHER
14. Maiden Name Audrey May Goodrich
15. Birthplace Baltimore, Md.

16 (a) Informant Next of Kin
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Emile A. Starling
(b) Address 1218 Park Ave

19 DEC 31 1942 (b) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-30 1942 at 10 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-27 1942 to 12-30 1942 and that I last saw her alive on 12-30 1942

Immediate cause of death: Congenital Atelectasis — Duration 3 days.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Kriegsmann M.D.
Address Bon Secours Hosp Date signed 12-30-42

VS 8

99282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. F 99282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cotton & Wilkens
(c) Hospital or institution: St. Agnes Hospital 25
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2504 Lakeland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Georgia H. Barnett

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced:

6 (b) Name of husband or wife Dorothy J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1877

8. AGE: Years 65 | Months 5 | Days | If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wm. Barnett
13. Birthplace Va.

MOTHER
14. Maiden Name Caroline Edmonds
15. Birthplace Va.

16 (a) Informant Dorothy J. Barnett
(b) Address 2504 Lakeland ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel M.
Location Near Hereford, Balto. Co. Md.

18 (a) Funeral director Harry N. Smith Jr.
(b) Address 4101 Edmondson Ave.

DEC 31 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12-28 1942 at 4.03 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/29 1942 to 12/28 1942 and that I last saw him alive on 12/28 1942.

Immediate cause of death: Congestive heart failure — Duration 1 week

Due to: Arteriosclerosis — 10 years

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 12/30/42

Major findings of operations: amp. leg for occlusion of artery

If autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. R. Dwyer M.D.
M. D.
Address St Agnes Hosp. Date signed 12/28/42

99283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163H Registered No. E 99283

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Balto. Gen. Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2434 Calverton Heights ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theodore P. Mueller Sr

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Clara Hetz Mueller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1880

8. AGE: Years	Months	Days	If less than one day
62	3	3	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Painting Contractor
11. Industry or business

FATHER
12. Name John H. Mueller
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth B Moehring
15. Birthplace Germany

16 (a) Informant Clara H. Mueller
(b) Address 2434 Calverton Hghts.

17 (a) Burial (b) Date thereof 12/31/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry A. Mitten
(b) Address 1121 E Monumental Ave

19 (a) DEC 31 1942 Huntingtn Williamsport Md
(Registrar's signature)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27- 1942, at 10. P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death
asphyxiation
Due to Carbon Monoxide
Due to auto - exhaust
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Probably Suicide
(b) Date of occurrence 12-27-42 at P. M
(c) Where did injury occur? Garage 2434 Calverton H. ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury? inhalation of auto. exhaust gas

23. Signature Howard [illegible] M.D.
Medical Examiner
Date signed 12-28-42

F 99284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 99284 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Md. State Penn. Tenary
(c) Hospital or Institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 733 W. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William H. Burkheimer

3 (b) If veteran, name war No. | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Christina
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1881

8. AGE: Years	Months	Days	If less than one day
61	11	17	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation guard
11. Industry or business Md. Penitentiary

FATHER 12. Name William B. Burkheimer
13. Birthplace Balto.

MOTHER 14. Maiden Name Wilhemina Emrich
15. Birthplace Baltimore

16 (a) Informant Harry L. Burkheimer
(b) Address 4000 Sinclair Lane.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31 '42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director M. W. E. Doepkes Sons
(b) Address Broadway & Ann Sts.

19 (a) DEC 31 1942 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1942 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1942 to Dec 29 1942 and that I last saw h[illegible] alive on Dec 29 1942.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions none
(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1811 Charles St. Date signed Dec 30 '42

Hunting for Williamsport

F 99285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99285 Registered No. 94a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 208 Calvin St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANK PROCTOR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
62 (62)			hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Florine Proctor
(b) Address 602 20th NC Md

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-6-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director J. Halter
(b) Address 9 E Lanvale

19 (a) (b) Registrar

DEC 31 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1942 at 8:20 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said ? (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.

Date signed 12-29-42

F 99286

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 99286
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 909 Byrd Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Mackel Brown

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name Elizabeth Mackey
15. Birthplace

16 (a) Informant Elizabeth Weinston
(b) Address 1670 Mt Meriam Court.

17 (a) (Burial, cremation, or removal) (b) Date thereof 12/30/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Holstead
(b) Address 918 David Hill ave.

19 (a) DEC 31 1942 (Date received by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-27- 1942 at 5 05 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death — Duration
Chronic Myocardial degeneration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Mealey M.D.
Medical Examiner.
Date signed 12-28-42

F 99287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 99287 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 300 N. Exeter St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GERALDINE SIMON (Birth F 5934)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-11-4-

8. AGE: Years	Months	Days	If less than one day
	2		hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name William Penrey
13. Birthplace ?

MOTHER
14. Maiden Name Mary Nelson
15. Birthplace Baltimore

16 (a) Informant Mary Bell Simon
(b) Address 300 N. Exeter St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) DEC 31 1942 (b) [illegible]

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1942 at 8:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said I, (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Asphyxiation	
Due to Aspiration of Vomitus	
Due to	
Other Conditions Nil	

(Include pregnancy within 3 months of death)
Date of operation Nil
Major findings of operation:
of autopsy: Nil

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. and Medical Examiner.
Date signed 1-2-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99238 (78735)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

F 99238 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 135 W. Lanvale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amanda McKellip

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Joseph McKellip (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1864

8. AGE: Years	Months	Days	If less than one day
78	0	10	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Joseph Johns Jr.
13. Birthplace Pa.

MOTHER
14. Maiden Name Susan A. ~~Waring~~ WARING
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31 42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md.

18 (a) Funeral director Perry W. Jenkins & Co
(b) Address McCulloh & Richard Sts

19 DEC 31 1942 (b) Huntington for Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29 19 42, at 6 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-23 19 42 to 12-29 19 42, and that I last saw h[illegible] alive on 12-29 19 42

Immediate cause of death

Bronchopneumonia

Due to Hypostasis

Stasis Neck & Jaw

Due to

Other Conditions Arteriosclerotic Heart Disease

(Include pregnancy within 3 months of death)

Date of operation 12-25-42

Major findings of operation: None

of autopsy:

Duration
1 day
1 wk.
1 wk.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 12-22-42 at 3 M
(c) Where did injury occur? 4940 Eastern Ave Balto (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? at home While at work? no
(Specify type of place)
(e) Means of injury Fall down the steps

23. Signature Donald B. Seff M. D.

Address Balto City Hosp Date signed 12-29-42

For Dr R. L. Putnam
Thomas J. Madden M.D.

F 99289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99289 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3409 Parkside Drive (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Robinson Coughlan

3 (b) If veteran, name war —

3 (c) Social Security Account No. — 216-03-6661

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen Gray

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Nov 2, 1873

8. AGE: Years 69 | Months 1 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Accountant

11. Industry or business

FATHER
12. Name David Coughlan
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Eliza J. Robinson
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Helen Gray Coughlan
(b) Address 3409 Parkside Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Road

18 (a) Funeral director John D. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) Filed [illegible] (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30, 1942, at 1:23 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23, 1942, to Dec 30 1942, and that I last saw him alive on Dec 30 1942.

Immediate cause of death	Duration
Cardio respiratory failure	
Due to Cerebral accident	
Due to Generalized arteriosclerosis	
Other Conditions Coronary insufficiency; Renal failure (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Union Memorial Hosp. Date signed Dec 31 1942 M. D.

Correct age is especially important. Physicians: please write plainly.

VS 150

F 99290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 10

✓ F 99290 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1709 Sexton St.
(c) Hospital or institution:

25-3

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 Sexton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katie Worch

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1865

8. AGE: Years	Months	Days	If less than one day
77	3	2	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Henry Worch
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Leistner
15. Birthplace Germany

16 (a) Informant Mary Worch
(b) Address 1709 Sexton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31, 1942 (month) (day) (year)
(c) Cemetery or crematory Western Cemy.
Location Balto. Md.

18 (a) Funeral director John O. Mitchell Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) (b) Huntington Williams M.D. Registrar

Registered by [illegible] DEC 31 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1942 to Dec 29 1942, and that I last saw h. alive on Dec 29 1942.

Immediate cause of death — Duration

Cardio Vascular Renal disease — 7
Due to
Cardiac failure
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. McLaughlin M. D.
Address 2470 Washington Blvd Date signed 12-30-42

correct age is especially important. Physicians: please write plainly

F 99291

HEALTH DEPARTMENT—CITY OF BALTIMORE

S30993

CERTIFICATE OF DEATH

147B F 99291

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mildred F. Hughes

If U. S. Veteran specify WAR

(a) Residence: No. 705 Dolphin St., Ward 19-3

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Hughes

6. DATE OF BIRTH (month, day, year) Oct. 20, 1903

7. AGE: Years 39 | Months 2 | Days 9 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Elizabeth City N.C.

FATHER

13. NAME William Fulton

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Susie Wheeler

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Howard Hughes

(Address) 705 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Elizabeth City N.C. Date 1-1-43 19

19. UNDERTAKER (Mrs) Frances A. Hemsley

(Address) 578 W. Druid St

20. FILED DEC 31 1942 19 Hastings & Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30, 1942

22. I HEREBY CERTIFY, That I attended deceased from 12-2-42 19 to 12-30 1942

I last saw her alive on 12-30-42 19 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uter Pneumonia	
Other contributory causes of importance:	
Puerperal Sepsis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. B. Butler M. D.

(Address) 2133 Druid Hill Ave

OCCUPATION IS VERY IMPORTANT

VS 3

F 99292

AE-78230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 99292 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1089 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bernard Moore

3 (b) If veteran, name war

3 (c) Social Security Account No. Yes

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5-1899

8. AGE: Years	Months	Days	If less than one day
43	-	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation On Relief

11. Industry or business

FATHER
12. Name Morris Moore
13. Birthplace Va.

MOTHER
14. Maiden Name Margaret Nelson
15. Birthplace Md.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frankie A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (Date received) DEC 31 1942 (b) Registrar Hattie Williams, M.D.

VS-160

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-30 1942, at 6.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-27-42 to 12-30-42; and that I last saw h[illegible] alive on 12-30-42

Immediate cause of death: Lobar Pneumonia — Duration 3 days

Due to: Urinary Extravasation

Due to: Urethral Stricture

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 11-27-42

Major findings of operation: Urinary Extravasation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Vogel, Jr., M. D.
Address Balto City Hosp. Date signed 12-30-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 99293 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 257 E Hamburg St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2463

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 257 E Hamburg St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Howard C. Frazier

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-2567

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rebecca
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12 1909

8. AGE: Years	Months	Days	If less than one day
33	2	17	hr. min.

9. Birthplace Dorchester Co Md (Town, county, and state)
10. Usual Occupation Mechinical Helper
11. Industry or business

FATHER
12. Name John W Frazier
13. Birthplace Md

MOTHER
14. Maiden Name Flossie E Warfield
15. Birthplace Md

16 (a) Informant Mrs Flossie E Frazier
(b) Address 257 E. Hamburg St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/42 (month) (day) (year)
(c) Cemetery or crematory Mausoleum & Cemetery
Location Cambridge Md

18 (a) Funeral director Williams & Marack
(b) Address 225 S. Gay St

19 (a) DEC 31 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1942, at 5:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-24 1942, to 12-24 1942, and that I last saw him alive on 12-24 1942.

Immediate cause of death Cyanosis — Duration 12/27/42
Due to
Due to Lobar Pneumonia — 12/24/42
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. T. Lamplough M. D.
Address 1644 HANOVER ST Date signed 12/29/42

VS 2

F 99294

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 99294 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 213 Argyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 Argyle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

17-2

3 (a) FULL NAME Mrs. Fanny Adams.

3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-16-3281

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 30, 1902

8. AGE: Years	Months	Days	If less than one day
40 39	10	28	hr. min.

9. Birthplace Weldon N C (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name George Adams
13. Birthplace N C

MOTHER
14. Maiden Name Irene
15. Birthplace N C

16 (a) Informant John Adams
(b) Address 1214 Etting St

17 (a) Burial (b) Date thereof 12-21-42 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore Md

18 (a) Funeral director Frank L. Brown
(b) Address 1624 W Montgomery

19 (a) DEC 31 1942 (Date received by Local Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1942 at 12P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-22 1942 to 12-28 1942 and that I last saw h. alive on 12-28 1942.

Immediate cause of death
(a) Lobar Pneumonia — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. J. Fletcher
Address 1225 Brown St Date signed 12/31/42

correct age is especially important. Physicians: please write in ink. Use no abbreviations. Be accurate and complete.

VS 3

F 99295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47c Registered No. F 99295

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 1607
(d) Length of stay in hospital or inst. (yrs., mos., or days): 42 da.
(e) Length of stay in Baltimore (yrs., mos., or days): 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 504 S. Oldham St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country:

3 (a) FULL NAME: Chris Pentakis 78036

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	sep.

6 (b) Name of husband or wife: Florence
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 15, 1892

8. AGE: Years	Months	Days	If less than one day
50	0	14	hr. min.

9. Birthplace: Greece (Town, county, and state)
10. Usual Occupation: laborer
11. Industry or business:

FATHER
12. Name: Gust Pentakis
13. Birthplace: Greece

MOTHER
14. Maiden Name: Mary ?
15. Birthplace: Greece

16. (a) Informant: Hospital records
(b) Address: 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cem
Location: Evergreen Oak

18 (a) Funeral director: Mendell & Stinpel
(b) Address: 312.5 N. Oldham St.

19 (a) (Signature of registrar) (b) Registrar

VS-142 12631 1942 Huntington

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 29 19 42, at 1:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17 1942 to Dec. 29 1942, and that I last saw him alive on Dec. 29 1942.

Immediate cause of death	Duration
Bronchogenic carcinoma	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Alvine S. Hartz M. D.
Address: Balto City Hosp. Date signed

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

F 99296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 99296 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Give full name of deceased, and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 913, Mc. allen. Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lauren Dennis Driscoll (Birth F 4981)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24. 1942

8. AGE: Years | Months: 7 | Days: 5 | If less than one day ____ hr. ____ min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Charles. R. Driscoll

13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Julia. Johnson

15. Birthplace Baltimore Md.

16 (a) Informant Charles. R. Driscoll

(b) Address 853. Mc allen. Ct.

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Crendall Lloyd

(b) Address 912. S. Highland Ave

19 (a) DEC 31 1942 (b) Harting for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1942, at 7 20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 29 1942, to Dec. 29 1942, and that I last saw him alive on Dec. 29 1942.

Immediate cause of death: (a) Lobar Pneumonia — Duration 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Keating M.D.

Address St. Joseph's Hosp. Date signed 12-29-42

F 99297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 99297 Registered No.

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Be sure to answer all questions correctly. Physicians: please write the causes of death clearly and legibly. Special attention is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Baltimore Md.
(b) Street address 1610 Riggs Ave
(c) Hospital or institution: 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City 3 town Balto Md (If outside city or town limits write RURAL and give town)
(d) Street No. 1610 Riggs ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Azel Thomas

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col.	W

6 (b) Name of husband or wife Wm. Thomas
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
56	—	—	____ hr. ____ min.

9. Birthplace Cumberland Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Richard Hitson
13. Birthplace Cumberland Va

MOTHER
14. Maiden Name Mattie Tolen
15. Birthplace Cumberland Va

16 (a) Informant Gladys Taylor
(b) Address 1507 Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location West Baltimore

18 (a) Funeral director Chas. H. Arbaugh
(b) Address 7 N. Mont St

19 (a) DEC 31 1942 (Filed by registrar) (b) Hunting Williams Mgr

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1942, at 1 46 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-8- 1942 to 12-29- 1942, and that I last saw h[illegible] alive on 12-29 1942.

Immediate cause of death Cardiac Dilatation — Duration

Due to Myocarditis

Due to Senile Senility & Chronic Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jas R Boykin M. D.
Address 1135 Fulmer Date signed 12/30/42

VS 8

F 99298

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V 93 D

F 99298 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 408 N. Bruce St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES ANDERSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Henry Anderson
13. Birthplace Va.

MOTHER 14. Maiden Name unknown
15. Birthplace N. C.

16 (a) Informant Alice Gordon
(b) Address 406 N. Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location West Pratt Balto Md

18 (a) Funeral director Chas. S. Alexander
(b) Address 27 W. Mulberry St

19 (a) (Date rec'd by registrar) (b) Registrar

DEC 31 1942

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1942 at 12:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h... death on the day stated above.

Immediate cause of death	Duration
Arteriosclerosis	
Cardiovascular	
Due to Disease	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: no
of autopsy: ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. J. Wollenweber M.D.
Medical Examiner.
Date signed 1-2-43

correct age is especially important. Physicians: please write the cause of death plainly, using

F 99239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83N

F 99239
Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Use no abbreviations. Give full names and addresses. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in items 1 to 22 is complete and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 902 Ramsey St.
(c) Hospital or institution:

2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 902 Ramsey (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael M. Flatley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9. 1871

8. AGE: Years	Months	Days	If less than one day
71	2	20	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business B & O. R.R.

FATHER
12. Name Patrick Flatley
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Ireland.

16 (a) Informant Miss Margaret Flatley
(b) Address 902 Ramsey

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John Johnson & Son
(b) Address 901 Hollins St.

19 (a) DEC 31 1942 (Date rec'd by Registrar) Hunting for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29th 1942, at 10 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1942, to Dec 29 1942 and that I last saw him alive on Dec 29 1942

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day.
Due to Arterio Sclerosis	1 yr.
Due to Hemiplegia	1 day.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature C. M. Hunting M. D.
Address 1779 Mulberry Date signed 12/31/42

F 99300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

F 99300 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3515 EDMONDSON AVE.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
Street No. 3515 EDMONDSON AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN J. MOONEY

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife MARY K.
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) JUNE 14, 1860

8. AGE: Years	Months	Days	If less than one day
82	6	16	hr. min.

9. Birthplace ROCHESTER, N.Y. (Town, county, and state)
10. Usual Occupation RETIRED
11. Industry or business —

FATHER
12. Name JOHN MOONEY
13. Birthplace IRELAND

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace IRELAND

16 (a) Informant MRS. MARY K. MOONEY
(b) Address 3515 EDMONDSON AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location OLD FREDERICK RD.

18 (a) Funeral director John J. Coogan & Son
(b) Address 1600 Eutaw Place & Pennsylvania Ave.

19 (a) DEC 31 1942 (Date rec'd by registrar) (b) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 19 42 at 9 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-vascular	
Due to —	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Williams M.D. Medical Examiner.
Date signed 12-31-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and fully.

F 99301 F 99301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83B

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2136 Hollins St.
(c) Hospital or institution:
2024
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2136 Hollins (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis C. Uhl

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Mary E. Uhl
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) March 9, 1868

8. AGE: Years	Months	Days	If less than one day
74	9	20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business Retired

FATHER
12. Name John Uhl
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Germany

16 (a) Informant Mrs. Mary E. Uhl
(b) Address 2136 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2, 1942 (month) (day) (year)
(c) Cemetery or crematory Good Shepherd
Location Rockdale, Howard County

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W. Lombard St.

19 (a) (Signature of local registrar) (b)
DEC 31 1942
Hunting for Millers, Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29, 1942 at 11:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1 1942 to 12/29 1942 and that I last saw him alive on 12/29 1942.

Immediate cause of death	Duration
Cerebral thrombosis	3 days
Due to arteriosclerosis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M.D.
Address 203 Wilkens ave. Date signed 12/30/42 M. D.

F 99302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 99302
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2007 Wilkens ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2007 Wilkens ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Melvin Parker (Birth F 66346)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1942

8. AGE: Years	Months	Days	If less than one day
—	—	—	5 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Everett E. Parker
13. Birthplace Prince Georges Co. Md

MOTHER
14. Maiden Name Melvina Brantley
15. Birthplace Baltimore Md

16 (a) Informant Mr. Everett E. Parker
(b) Address 2007 Wilkens ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-42 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W. Lombard St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

VS DEC 31 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 28 1942, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1942 to Dec 28 1942, and that I last saw him alive on Dec 28 1942.

Immediate cause of death (32 wks. pregnancy) Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence Dec 28 at 2 P.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lowal Rondeau M.D.
Address 2212 Clifton Ave. Date signed 12-30-42 M. D.

I certify that I attended the deceased from Dec 28 1942 to Dec 28 1942, that I last saw him alive on Dec 28 1942, and that death occurred on the date stated above, at 2:30 P.M.

Cause of death: (32 wks. pregnancy) Prematurity

Contributory (secondary but not related to cause given):

Signed Lowal Rondeau M.D. Date signed 12-30-42

Corrected and amended 1-2-43

Lowal Rondeau M.D.

Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically. Be sure that the age is correctly stated. Please answer all questions.

F 99303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 99303 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere
(c) Hospital or institution:
Hebrew Home for the Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 years
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2217 Greenspring & Belvedere (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minda Shealoff (SHALOW)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	WIDOW

6 (b) Name of husband or wife Harry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1852

8. AGE: Years	Months	Days	If less than one day
89	-		hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Poland

MOTHER
14. Maiden Name Not Known
15. Birthplace Poland

16 (a) Informant Hebr. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Old Rd & Hamilton Ave

18 (a) Funeral director Jos. Levin Inc.
(b) Address 1439 E. Balt St

19 (a) DEC 31 1942 (Date rec'd by registrar) Hunting & Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-31- 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-28- 1938 to 12-31-1942 and that I last saw her alive on 12-30-1942

Immediate cause of death Hypertension Arteriosclerosis — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund Levin M. D.
Address Levindale Date signed 12/31/42

VS 8

F 99304

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

6 ✓ F 99304 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 15-7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2513 N Ellamont (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Madeline Hiberman ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 24, 1940

8. AGE: Years	Months	Days	If less than one day
2	1	7	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Harry Hieberman
13. Birthplace Russia

MOTHER
14. Maiden Name Lelly Herman
15. Birthplace New York

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Pulaski Hy & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1739 E. Balto St

19 (a) DEC 31 1942 (b) (Date rec'd by registrar) Huntingtown Williamsport Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1942 at 4.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-31- 1942, to 12-31 1942, and that I last saw her alive on 12-31- 1942.

Immediate cause of death: meningococcemia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert D. Solomon M. D.
Address Johns Hopkins Hosp. Date signed 12/31/42

F 99305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83N

F 99305 Registered No.

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Please correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2533 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2533 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lena E. Henaler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Henry Henaler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9, 1877

8. AGE: Years	Months	Days	If less than one day
65	1	19	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name Frank A. Stewart
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Emma Burns
15. Birthplace Baltimore Md.

16 (a) Informant Sterling Henaler
(b) Address 2533 Edmondson Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 12/31/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Baltimore Md.

18 (a) Funeral director Martin Fisher & Sons
(b) Address 1827 W. North Ave.

DEC 31 (Date received by registrar) Keating for Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1942 at 8:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1942 to Dec 28 1942 and that I last saw h[illegible] alive on Dec 26 1942

Immediate cause of death Cerebral hemorrhage — Duration 12-23-42

Due to generalized arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jack J. Sunjer
Address 506 E. North Ave Date signed 12/31/42 M. D.

F 99306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99306 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33RD and Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 2 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 576 W. UNIVERSITY PKWAY
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss MAMIE ELIZA DERR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MARCH 11, 1866

8. AGE: Years	Months	Days	If less than one day
76	9	19	hr. min.

9. Birthplace Frederick, MARYLAND (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business NONE

FATHER
12. Name MR WILLIAM DERR
13. Birthplace MARYLAND

MOTHER
14. Maiden Name JULIA HEDGES
15. Birthplace MARYLAND (Frederick)

16 (a) Informant Dr. John E. Swallow
(b) Address 576 W. University Pkwy.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. FICKNER & SONS
(b) Address Balto., Md.

DEC 31 1942 (Date rec'd by Registrar)

(b) Thurston for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-30 1942 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29 1942 to 12-30 1942 and that I last saw h[illegible] alive on 12-30 1942.

Immediate cause of death	Duration
CARDIO RESPIRATORY FAILURE	
Due to PNEUMONIA - LOBAR	? 6 DAY
Due to	
Other Conditions ARTERIO SCLEROTIC HEART DISEASE (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

(f) Signature E. Leslie M. D.
Address Union Memorial Hosp. Date signed 12/30/42

PLEASE WRITE PLAINLY, with unfading ink. Be sure to give correct age in years, months, days, or hours. Physicians: please write the causes of death clearly and legibly. Underlining the correct age is especially important.

VS 150

F 99307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83N

F 99307 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Jenkins Mem.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 E. Eager St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Ella Jerome

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife: Capt. John Copper Jerome
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 8, 1876

8. AGE: Years	Months	Days	If less than one day
66	4	22	hr. min.

9. Birthplace: Balto., Md. (Town, county, and state)
10. Usual Occupation: none
11. Industry or business

FATHER
12. Name: Henry Flenzberg
13. Birthplace: Germany

MOTHER
14. Maiden Name: Julia Starn
15. Birthplace: Germany

16 (a) Informant: Miss Margaret Jerome
(b) Address: 19 E. Eager St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/42 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cem.
Location: Woodlawn, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) Dec 31 1942 (Date received by Registrar) (b) Hunting for Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 1942, at 11:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1942, to Dec 30 1942, and that I last saw h[illegible] alive on Dec. 30 1942.

Immediate cause of death: Hypostatic Pneumonia — Duration
Due to: Cerebral Hemorrhage
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: C. Arthur Rosenberg, M.D.
Address: St. Agnes Hosp. Date signed 12/31/42

F 99308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99308 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Sts
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4511 Groveland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

28-1

3 (a) FULL NAME George Washington Felter

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ wife Catherine Ball Felter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22, 1865

8. AGE: Years	Months	Days	If less than one day
77	10	8	hr. min.

9. Birthplace Baltimore Co., Maryland (Town, county, and state)
10. Usual Occupation Retired Mail Clerk
11. Industry or business U. S. Post office

FATHER
12. Name George Felter, Md.
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Horr
15. Birthplace Germany

16 (a) Informant Mrs. Catherine Felter
(b) Address 4511 Groveland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/1/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 DEC 31 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1942 at 3 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h alive on 19

Immediate cause of death	Duration
Cardio-respiratory collapse	
Due to Cerebral accident	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John H. Clasgens M. D.
Address Union Memorial Hos Date signed

F 99309 ✓ X F 99309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or Town Sparrows Point (If outside city or town limits, write RURAL and give town)
(d) Street No. 907 Fort (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Evans

3 (b) If veteran, name war —

3 (c) Social Security Account No. by Mrs

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Ethel Evans

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/15/[illegible] 1877

8. AGE: Years	Months	Days	If less than one day
65	10	14	hr. min.

9. Birthplace Damestownville, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Evans
13. Birthplace Md

MOTHER
14. Maiden Name Annie Johnson
15. Birthplace Md

16 (a) Informant Ethel Evans
(b) Address 907 Fort - Sparrows Pt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 2 - 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Balto. Md.

18 (a) Funeral director Saml. W. Edmondson
(b) Address 638 N. Eutaw St.

19 (a) Dec 31 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29-1942, at 10:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-26-1942 to 12-29-1942 and that I last saw him alive on 12-29-1942.

Immediate cause of death	Duration
pulmonary edema	2 Hrs
Due to circulatory failure	48 Hrs
Due to cerebral hemorrhage	4 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James De Carr M. D.
Address 515 Maher St Date signed 12-29-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 89310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83N F 89310 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 307 N. Pinkett
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto. City (If outside city or town limits, write RURAL and give town)
(d) Street No. 307 Pinkett Ave. N. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race B | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/4/1889

8. AGE: Years 53 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace Norfolk Va (Town, county, and state)

10. Usual Occupation House work

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Mrs Lizzie Simpson

(b) Address 307 Pinkett Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2-42 (month) (day) (year)

(c) Cemetery or crematory Mt Zion Cem

Location

18 (a) Funeral director Mr Estate R Williams

(b) Address 322 N Schroeder St Huntingtown Williams, Md.

19 DEC 31 1941 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/28/41 1941 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/24/41 19 to 12/28/41 19 and that I last saw her alive on 12/27/41

Immediate cause of death Pneumonia Duration 3 days

Due to Chronic Arterio Sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22 If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. C. Ellen M. D.

Address 307 N Pinkett Ave Date signed 12/29/41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 99311

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99311 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town) Baltimore
(d) Street No. 542 Paca St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James B. Robbins

3 (b) If veteran, name war
3 (c) Social Security Account No. 213-09-3768

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Rosa Robbins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 18, 1903

8. AGE: Years	Months	Days	If less than one day
39	-	8	hr. min.

9. Birthplace Merryhill N.C. (Town, county, and state)
10. Usual Occupation Paint Mixer
11. Industry or business

FATHER
12. Name Alfred Robbins
13. Birthplace Merryhill N.C.

MOTHER
14. Maiden Name Emma Coltfield
15. Birthplace Merryhill N.C.

16 (a) Informant Rosa Robbins
(b) Address 542 Paca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) DEC 31 1942 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1942; at 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Lobar pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Eastman M.D. Medical Examiner.
Date signed Dec 27 1942.

VS 6

Correct age is especially important

F 93312
AB-78487

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

55 EF 9931 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 24 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 N. Amity St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jesse Jones

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Daisy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1-1894

8. AGE: Years	Months	Days	If less than one day
48	11	26 27	hr. min.

9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Guy Jones
13. Birthplace S.C.

MOTHER
14. Maiden Name Emma Greene
15. Birthplace S.C.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 31-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St.

19 (a) DEC 31 1942 (Date rec'd by Reg.) (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28 1942 at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-8 1942 to 12-28 1942, and that I last saw him alive on 12-28 1942.

Immediate cause of death Bronchopneumonia — Duration 4 days

Due to Abdominal carcinomatosis

Due to primary undetermined

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12-15-42

Major findings of operation: Carcinoma

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Henry Haas M. D.
Address Baltimore City Hosp. Date signed 12-29-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W F 99313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 W F 99313 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Oliver and Caroline Sts.

(c) Hospital or institution: St. Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1626 W. Lafayette St. (If rural give location)

(e) Citizen of foreign country? U.S. (Yes or No)

If yes, name country

3 (a) FULL NAME Robert Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-3100

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	colored	Widow

6 (b) Name of husband or wife Annie Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 6, 1891

8. AGE: Years	Months	Days	If less than one day
51 ?	7	21	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Benjamin Johnson

13. Birthplace Va

MOTHER 14. Maiden Name Sarah

15. Birthplace Va

16 (a) Informant Hester Thomas

(b) Address 1637 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs. Katie R. Wolfkiner

(b) Address 322 N. Schroeder St.

19 (a) (Place where body is disposed) (b) Huntingtown Williamsport, Md.

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1942 at 8:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 21 1942 to Dec 27 1942 and that I last saw h / m alive on Dec. 27, 1942.

Immediate cause of death	Duration
Respiratory failure	
Due to Malnutrition &	
Due to dehydration	
Other Conditions Arteriosclerotic heart disease.	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Earl A. Dillinger M.D.

Address St. Joseph's Hospital Date Dec 27th 1942

Baltimore Md.

AGCo. 5-41 2000

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99314

CERTIFICATE OF DEATH

131 W

F 99314

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 N. EDEN St., — Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Glasgow 9-9

(a) Residence: No. 1414 N. Eden St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	A A	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Glasgow

6. DATE OF BIRTH (month, day, year) April 29 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	57	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Geo. Roy

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah Corbin

16. BIRTHPLACE (city or town) (State or country) Caroline Co Va.

17. INFORMANT Mary Arrington
(Address) 1414 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Washington DC Date 1-3 1943

19. UNDERTAKER William A Jackson
(Address) 916 Pennsylvania Ave

20. FILED DEC 31 1942 Hunting for Williams M.P. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1942 to Dec 31, 1942

I last saw her alive on Dec 31 1942 Death is said to have occurred on the date stated above, at 12 30 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	Dec 29 1942
Other contributory causes of importance: Hypertensive cardio-renal disease Arteriosclerosis	1940

Name of operation none Date of

What test confirmed diagnosis? Clinical Were an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. O. Thacher M. D.

(Address) 1422 E. Eager St

F 99315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 99315 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 165
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo/16ds
(e) Length of stay in Baltimore (yrs., mos., or days) ~~17~~ life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2406 Harlem Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma A. Hopper

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Horace M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/5/1865

8. AGE: Years	Months	Days	If less than one day
87	1	14	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Edward O Tim
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Guy Hopper
(b) Address 2406 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director F Wiseman Kuhn
(b) Address 230 Edmondson Ave

DEC 31 1942 (Date received by Local Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/29/42 19 , at 5:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/13/42 19 , to 12/29/42 19 , and that I last saw him alive on 12/29/42 19 .

Immediate cause of death Arterio Sclerotic Heart Disease — Duration

Due to

Due to

Other Conditions Generalized Arterio-Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis F. Goodman M. D.
Address Franklin Sq Date signed 12-29

VS 3

Please write in ink. Answer all questions; if age is unknown, state approximate age. Physicians: please write the causes of death clearly and legibly.

F 99316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. F 99316

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County BALTO.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 S. Madeira (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Anna Boose

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: JOHN BOOSS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1855

8. AGE: Years 87 yrs | Months 8 | Days 21 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business AT HOME

FATHER
12. Name August Kleiner
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Mitchker
15. Birthplace Germany

16 (a) Informant Hospital Records
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 2/43 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD.

18 (a) Funeral director Lillyman Geiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) (Person who received body) (b) Huntingtown, Williamsville, Md.

DEC 31 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1942, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/28 1942 to 12/30 1942, and that I last saw her alive on 12/30 1942

Immediate cause of death: Bronchopneumonia — Duration: 1 day

Due to:

Due to:

Other Conditions: Arteriosclerotic H.D. — I

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at PM
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Geiler M.D.
Address Church Home & Infirmary Date signed 12/30/42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 99317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X V 159

F 99317 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital 204
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day (a Live)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Linthicum Hghts RD Rural - Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Wagner Howard Wagner (first name)
3 (b) If veteran, name war: None
3 (c) Social Security Account No. None
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single (infant)
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 12 - 30 - 42
8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 12 hr. min.
9. Birthplace Gayland, Linthicum Hghts RD (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Howard Mc D. Wagner
13. Birthplace Bound Brook N.J.

MOTHER
14. Maiden Name Ethel E. Barling
15. Birthplace Arlington, Balto Co. Md.

16 (a) Informant Howard Mc D. Wagner
(b) Address Gayland (Linthicum Hghts, Md P.O.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 31 42 (month) (day) (year)
(c) Cemetery or crematory Westcyn
Location Baltimore, Md.
18 (a) Funeral director Thomas A. Singleton
(b) Address Glen Burnie, Md.
19 (a) DEC 31 1942 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 30 19 42 at 1:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29-42 to 12-30-1942, to 1:20 PM 19 42, and that I last saw h[illegible] M alive on 12-30 - 1 PM 19 42.

Immediate cause of death: Congenital Atelectasis — Duration: 12 hrs.
Due to:
Due to:
Other Conditions: Prematurity (Two Pregnancy)
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Edward L. Krieger M.D.
Address Bon Secours Hosp Date signed 12/31/42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 ✓

F 99318 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 501 E. Randall St.
(c) Hospital or institution:

24-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 E. Randall (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Lucinda Ferguson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Married

6 (b) Name of husband or wife John Ferguson
6 (c) If alive, give age 75 years
7. Birth date of deceased (mo., day, yr.) Feb. 16, 1850

8. AGE: Years	Months	Days	If less than one day
92	10	13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John William Moon
13. Birthplace South Carolina

MOTHER
14. Maiden Name Sarah Jane Holland
15. Birthplace South Carolina

16 (a) Informant Mrs. John Ferguson Husband
(b) Address 501 E. Randall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2 1943 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Anne Arundel Co.

18 (a) Funeral director A. Howard Evans
(b) Address 1400 E. Pleasant St.

19 (a) DEC 31 (Date rec'd by registrar) (b) Huntington Wills Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29, 1942 at 9.50 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1942 to Dec. 29 1942 and that I last saw her alive on Dec. 29 1942.

Immediate cause of death	Duration
Exhaustion	2 days
Due to Arteriosclerosis (Indefinite)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Campbell
Address 1644 Hanover St. Date signed 12/30/42 M.D.

F 99319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

✓ F 99319 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1404 W. Camden St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE A. LAUBER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name George Lauber
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Hawkins
(b) Address Westminster Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/31/42 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Taylor Ave Balto Co.

18 (a) Funeral director Leo Cook
(b) Address Patterson Park & Lanvale St

19 (a) DEC 31 1942 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1942 at 10 45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Accident
(a) Accident, suicide, or homicide
(b) Date of occurrence: Dec 19, 1942 at 6 P. M.
(c) Where did injury occur? Light St. 20 ft N of (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian struck by auto

23. Signature H. L. Wollenmeyer M.D.
Asst Medical Examiner.
Date signed 12-19-42

VS 6

F 99320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 D

F 99320

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2004 Gough Street

(c) Hospital or institution:

2 / 1

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2004 Gough Street (If rural give location)

(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE LIGNOWSKI LINDMAN

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-0877

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business

FATHER

12. Name Thomas Lignowski

13. Birthplace Grudziadz, Poland

MOTHER

14. Maiden Name Anna Borkowska

15. Birthplace Grudziadz, Poland

16 (a) Informant Mrs. Helen Hammer

(b) Address 2004 Gough Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2, 1942 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus

Location Mt. Carmel Road

18 (a) Funeral director M. F. Sadowski Sons

(b) Address 1808 Eastern Ave

19 (a) [illegible] Registrar

DEC 31 1942

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 1942 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1942 to Dec. 30 1942 and that I last saw h[illegible] alive on Dec. 30 1942

Immediate cause of death

Cerebro-Vascular Accident

Due to Chr. Myocarditis

Endocarditis

Duration 12 days ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M.D.

Address 208 E. Rath St. Date signed 12/31/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 99321 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2918 Clifton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2918 Clifton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY A. WHELTLE

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	female	white	married

6 (b) Name of husband or wife Wm. H. Wheltle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1872

8. AGE: Years	Months	Days	If less than one day
70	5	6	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name -- Calib
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary R. Day
15. Birthplace Md.

16 (a) Informant Mr. Wm. H. Wheltle, husband
(b) Address 2918 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. H. TICKNER & SONS
(b) Address Balto., Md.

DEC 31 1942 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29, 1942, at 10:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov-15 1942 to Dec 29 1942 and that I last saw her alive on Dec 29 1942

Immediate cause of death Congestive Heart failure
Hypertension & Arteriosclerosis
Due to Bronchopneumonia

Duration 3 days 1 day 8 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph H. Zeiler M. D.
Address 2648 Eutaw Place Date signed Dec 31/42

Huntington Williams Registrar

99322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 99322 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union memorial Hosp. 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 Parkwyth Ave, City (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME George Theodore Weis

3 (b) If veteran, name war: World

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Mrs. G. T. Weis
6 (c) If alive, give age? years

7. Birth date of deceased (mo., day, yr.) April 6, 1895

8. AGE: Years	Months	Days	If less than one day
47	8	30	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Medical Secretary
11. Industry or business

FATHER
12. Name Theodore P. Weis
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Langmann
15. Birthplace Maryland

16 (a) Informant Mrs. G. Theodore Weis
(b) Address 617 Parkwyth ave, city

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Baltimore Md

18 (a) Funeral director Wm. Huckner Son
(b) Address Madison & Pitt

19 (a) DEC 31 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1942 at 1.00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1942 to Dec 31 1942 and that I last saw him alive on Dec 31 1942

Immediate cause of death Cardio - respiratory failure — Duration

Due to Lobar pneumonia of ~~Lung~~ Lower lobes, rt + lt — 2 days

Due to

Other Conditions Saccular thoracic aneurysm — yrs.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Douglas Lockard M. D.
Address Union Memorial Hosp. Date signed 12/31/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

✓ F 99323 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1308 Appleby Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1308 Appleby Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Horace B. Chalk

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-18-4670

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Annie L. Chalk

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5-1868

8. AGE: Years	Months	Days	If less than one day
74	10	24	hr. min.

9. Birthplace Mt. Washington, Md (Town, county, and state)

10. Usual Occupation Carpenter
11. Industry or business Emerson Drug Co.

FATHER
12. Name Bennet Chalk
13. Birthplace Maryland

MOTHER
14. Maiden Name Eleanora McDaniel
15. Birthplace Maryland

16 (a) Informant Mrs Helen L. Starr
(b) Address 1308 Appleby Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 1-1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 DEC 31 1942 Huntington Williams M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1942, at 11 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an his (Autopsy or inquiry) thereon and from the evidence obtained by said his (Autopsy or inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec 30 1942

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. F 99324

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 509 Bloom St.
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 Bloom St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martha Celestine Stamer

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Reginald

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1903

8. AGE: Years 39 | Months 10 | Days 13 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Samuel Carroll
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary Hunt
15. Birthplace Washington D.C.

16 (a) Informant Reginald Stamer
(b) Address 2 Ferndale Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Mrs. Lee H. Holland
(b) Address 1617 Druid Hill Ave.

19 DEC 31 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28- 19 42 at 6 (W) P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-1- 19 42 to 12- 19 42 and that I last saw her alive on 12-28 19 42

Immediate cause of death: Cerebral Embolism.

Due to: Cerebral Thrombosis
Hypertension

Due to: Left Hemiplegia
Myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. D. Batts M.D.
Address 2138 Druid Hill Ave Date signed 12-31-42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Please correct age is especially important.

VS 3

99325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 99325

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 110 S. Castle St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 110 S. Castle St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Johanna Ritter

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	W. dowed

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 14 1859

8. AGE: Years	Months	Days	If less than one day
83	2	16	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER 12. Name Joseph Sessler

13. Birthplace Germany

MOTHER 14. Maiden Name Anna Mary Gutschalk

15. Birthplace Germany

16 (a) Informant Ida Ritter

(b) Address 110 S. Castle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2 '43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd.

18 (a) Funeral director M. V. E. Dyer & Sons

(b) Address Lexington and Eutaw Sts.

19 JAN 1 - 1943 (Date rec'd by registrar) (b) Huntington, Williamsport, Pa.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 1942 at 4 40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1942 to Dec 30 1942 and that I last saw her alive on Dec 30 1942

Immediate cause of death — Duration

Chr. Myocarditis — 1 yr

Due to

Due to Arteriosclerosis — 1937

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William Rogan M. D.

Address 501 N Eutaw St Date signed Jan 2 1943

E 89326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54 B ✓ Registered No. E 89326

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3529 HORTON AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3529 HORTON AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MILTON EUGENE ZELLER, SR.

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-14-6199

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	White.	WIDOWER.

6 (b) Name of husband or wife LILLIAN H. Zeller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11. 1887

8. AGE: Years	Months	Days	If less than one day: hr.	min.
55	6	18		

9. Birthplace BALTIMORE, MD (Town, county, and state)

10. Usual Occupation ROOFER

11. Industry or business BALTO. CITY

FATHER
12. Name JOHN G. ZELLER.
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name EMOLINE SHECKELS
15. Birthplace BALTIMORE MD.

16 (a) Informant PAUL L. ZELLER.
(b) Address 1404 CLARKSON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Jan 1-1943 (month) (day) (year)
(c) Cemetery or crematory CEDAR HILL
Location BROOKLYN, MD.

18 (a) Funeral director E. Howard Strong
(b) Address 3207 W. North Ave

19 JAN 1 - 1943 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29. 1942. at 5.00 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/28/1942 to 12/29 1942 and that I last saw him alive on 12/28 1942.

Immediate cause of death: Malignant tumor of the brain.
Due to
Due to
Other Conditions: Chronic myocarditis.
(Include pregnancy within 3 months of death)
Date of operation: none
Major findings of operation: - - - -
of autopsy: - - - - -

Duration
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deibel M. D.
Address 1226 Hanover St Date signed 12/31/1942

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 Registered No. F 99327

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate before it is filed. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1403 S. Charles St.
(c) Hospital or institution:
2362
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto., Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harriett a. Granger

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John W. Granger (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17. 1861

8. AGE: Years 81 | Months 2 | Days 13 | If less than one day hr. min.

9. Birthplace Balto., Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Jas. Purdy
13. Birthplace Balto., Md.

MOTHER 14. Maiden Name Mary Squires
15. Birthplace Balto. Md.

16 (a) Informant Mrs Lucy Stevens
(b) Address 114 W. Fort ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet
Location Balto., Md

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St

19 (a) (b) Registrar

JAN 1 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 1942 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 30 1942 to Dec. 30 1942 and that I last saw her alive on Dec. 30 1942

Immediate cause of death: Exhaustion — Duration: 2 days
Due to: Arteriosclerosis (Indefinite)
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature R. L. Campbell M. D.
Address 1644 Linden Ave Date signed 1/30/43

99328

HARDINGE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. F 99328

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2450 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2450 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harold Hardinge

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mary Hunt Hardinge

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct. 23, 1859

8. AGE: Years 83 | Months 2 | Days 7 | If less than one day hr. min.

9. Birthplace Missouri (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name John Packland Hardinge

13. Birthplace Maryland

MOTHER 14. Maiden Name Henrietta Kemp

15. Birthplace Maryland

16 (a) Informant Harold Hardinge

(b) Address 2450 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 1, 1943 (Month) (Day) (Year)

(c) Cemetery or crematory St. John's Cem. Location Ellicott City, Howard Co. Md.

18 (a) Funeral director Edward Lowe

(b) Address Ellicott City

19 JAN 1 - 1943 (Date rec'd by Registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 1942 at 1.20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1942, to Dec 30 1942, and that I last saw h alive on Dec 29 1942.

Immediate cause of death Myocardial failure

Due to arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration of each

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Lowe M. D.

Address 101 W. Read St. Date signed Dec. 31- 1942

YS 3

99329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49a

F 99329 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Be sure that every item is correct and is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Raynes
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Suburbs
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9 Walshire Ave.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Jenkins

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife: Fletcher S. Jenkins
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1/28/1867

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75	11	9		

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name E. A. Burchfield
13. Birthplace S.C.

MOTHER
14. Maiden Name Mary Harbin
15. Birthplace S.C.

16 (a) Informant Mrs Mary Hart
(b) Address 3103 White Ave
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/31/42 (month) (day) (year)
(c) Cemetery or Crematory Lakewood
Location Westminster S.C.
18 (a) Funeral director William Cook Inc
(b) Address 717 St Paul St
19 JAN 1 - 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1942, at 12 20 AM
21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1942 to 12/31 1942, and that I last saw her alive on 12/31 1942.

Immediate cause of death: Carcinoma of the Ovaries — Duration
Due to:
Due to:
Other Conditions: Metastatic Carcinoma
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Simon M. Checkett M.D.
Address WBGH Date signed 12/31/42

99330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99330
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0.04
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A.A. Co.,
(c) City or town Shadyside
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 67 Months Days If less than one day hr. min.

9. Birthplace Shadyside Md A.A Co
(Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business none

FATHER
12. Name William Matthews
13. Birthplace Shadyside Md A.A. Co.

MOTHER
14. Maiden Name Sally Carroll
15. Birthplace Anne Arundel Co Md

16 (a) Informant Carroll Hinton Coates
(b) Address 15 Lafayette Ave Annapolis Md

17 (a) Burial (b) Date thereof Jan 2, 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Bruce Hill Cemetery
Location West St Extended Annapolis Md

18 (a) Funeral director Ethel F. Hieb
(b) Address 45 Northwest St Annapolis Md

19 JAN 1 - 1943 (b) Huntington Williamsport Md
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1942, at 3 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Chronic myocardial degeneration	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
Means of injury

23. Signature Robert Lee Linthicum M.D.
Medical Examiner.
Date signed Dec. 30 1942

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

89331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 99331

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 876 N. Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 876 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary S. Shrader

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife Geo Shrader

6 (c) If alive, give age ~~65~~ years

7. Birth date of deceased (mo., day, yr.) Nov 12, 1900

8. AGE: Years	Months	Days	If less than one day
42	1	13	hr. min.

9. Birthplace Green Castle, Pa. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business at Home

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Kathleen Hill
(b) Address 876 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave.

18 (a) Funeral director John J. Cowgan & Son
(b) Address 941 Hollins St.

19 JAN 1 1943 Hunting & Williams U.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30th 1942 at 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1942 to Dec 30 1942 and that I last saw her alive on Dec 30 1942

Immediate cause of death	Duration
Bronchopneumonia	7 days
Due to	
Due to	
Other Conditions Pulmonary Edema (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Glassman M. D.
Address 753 N Fayette St Date signed Dec 30

99332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

F 99332
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate or use ditto marks. Be sure and answer every question. Where there is no entry, write "None" or "Unknown" so as to show that no question has been overlooked. Please see that the information is correct and complete. Physicians: please write the causes of death clearly and legibly. Please see that age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1916 Penrose Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1916 Penrose Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leo. F Blair

3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-05-4843

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nellie L Owens
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Jan 19, 1880

8. AGE: Years	Months	Days	If less than one day
62	11	11	___ hr. ___ min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Sailor
11. Industry or business

FATHER
12. Name John Blair
13. Birthplace Baltimore

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore

16 (a) Informant Mrs Nellie L Blair
(b) Address 1916 Penrose Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2, 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John F. Cowan & Son
(b) Address 901 Hollins St.

19 JAN 1 – 1943 (Date rec'd by Registrar) Signature for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30th 1942 at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1942 to Dec 30 1942, and that I last saw him alive on Dec 30 1942.

Immediate cause of death Carcinoma 4. Right Lung — Duration 3 mos

Due to

Due to Metastases to other organs. Liver & Lg.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. H. Phillips M. D.
Address 1939 Edmondson Date signed Dec 31 42

VS 3

99333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. F 99333

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 Chapel Gate Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 T
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4018 Roland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry L. Benson

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	widower

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) aug. 20. 1867

8. AGE: Years	Months	Days	If less than one day
74	4	9	hr. min.

9. Birthplace Balto. Co. Md (Town, county, and state)
10. Usual Occupation Motor Retired
11. Industry or business

FATHER
12. Name John Price Benson
13. Birthplace Md

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant R. L. Benson
(b) Address 4018 Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 1st 1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook, Inc
(b) Address 1217 St. Paul St, Balto Md

19 (a) Date received by Registrar JAN 1 1943 (b) Registration No. 1

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1942 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from August 29 1942 to Dec 29 1942 and that I last saw him alive on Dec 27 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 2 days
Due to Generalized arteriosclerosis — 12 yrs.
Due to
Other Conditions C.V.D. Insufficiency Senile Dementia — ?
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Earl Pass M. D.
Address 4001 W Belvedere Ave Date signed Dec 30-42

F 99334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. E 99334

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Old Spring Nursing Home 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 641 W. Fayette st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Woods

3 (b) If veteran, name war: N
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Harrigan
(b) Address 3104 Sumpter Ave

17 (a) Burial (b) Date thereof 12/4/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location Baltimore Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St

19 JAN 1 - 1943 (Date rec'd by Registrar) Acting for Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30th 1942 at 6.6 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 9 1942 to Dec. 30 1942, and that I last saw h[illegible] alive on Dec 29 1942.

Immediate cause of death: Chronic Myocarditis

Due to

Due to

Other Conditions Bronchial asthma

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. H. Cullenman

Address 2324 Reisterstown Rd Date signed 1/31/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

78672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30W

Registered No. F 99335

F 99335

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 409 W. 24th. St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Rennie

3 (b) If veteran, name war W

3 (c) Social Security Account No. None

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1884

8. AGE: Years 58 | Months 11 | Days 28 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name Thomas Rennie
13. Birthplace Scotland

MOTHER
14. Maiden Name Mary Feenan
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2nd 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) JAN 1 1943 (b) Arrington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29 1942, at 5-15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-19 1942 to 12-29 1942, and that I last saw h~ alive on 12-29 1942

Immediate cause of death: Syphilis — Duration 3 mths ?
Due to: Tuberculosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. K. Rabbitt M. D.
Address Balto. City Hosp Date signed 1-29-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46

Registered No. F 99336

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1141 N. Milton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1141 N. Milton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME August Schmidt

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Augusta Schmidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26th 1878

8. AGE: Years	Months	Days	If less than one day
64	7	4	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Gardner
11. Industry or business

FATHER
12. Name Robert Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothea (Unknown)
15. Birthplace Germany

16 (a) Informant Robert Schmidt
(b) Address 1141 N. Milton Ave

17 (a) Burial (b) Date thereof 1/2/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 JAN 1 1943 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30th 1942, at 4.10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1942 to Dec 31 1942, and that I last saw him alive on Dec 30 1942

Immediate cause of death	Duration
Coronary Thrombosis	
Pulmonary involvement	
Rectal Colonic carcinoma	
Due to Obstruction — Colostomy	Oct 24th
Due to Festering Prostatic gland then bladder	Dec 16th 42
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Oct 24 1942
Major findings of operation: Carcinoma sig
Colostomy - later Prostatic
Section
~~of autopsy~~:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. V. Clift M. D.
Address 5070 Greenleaf Rd Date signed 12-31-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

F 99337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92a

Registered No. F 99337

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1525 Homestead St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 Homestead St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Benjamin Franklin Siegman

3 (b) If veteran, name war —
3 (c) Social Security Account No. 257-12-9322

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Matie Auld Siegman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 9th 1883

8. AGE: Years	Months	Days	If less than one day
59	1	19	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Edgewood Arsenal

FATHER
12. Name Henry Siegman
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Frank
15. Birthplace Germany

16 (a) Informant Mrs Matie Siegman
(b) Address 1525 Homestead St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Sakowarts
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

JAN 1 - 1943
(Date rec'd by registrar) Hunting for Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28th 1942 at 11:20 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 24 1942 to Dec 28 1942 and that I last saw h~~im~~ alive on Dec 28 1942

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to	
Due to Hypertension Cardio Renal Disease	2
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L W Meyer M.D.
Address 1500 E Oliver St Date signed 12/31/42

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

99338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 99338 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1924 N. Chester st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1924 N. Chester St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ann Jordan

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband ~~or wife~~: Thomas G. Jordan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 17th 1855

8. AGE: Years	Months	Days	If less than one day
87	10	13	hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: Cat Home
11. Industry or business: Self

FATHER
12. Name: Wesley Gray
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Hester A. Collins
15. Birthplace: Unknown

16 (a) Informant: John R. Jordan
(b) Address: 3439 Lyndale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 2nd 1943 (month) (day) (year)
(c) Cemetery or crematory: Mt Carmel
Location: Balto Md.

18 (a) Funeral director: Williams Cook Inc
(b) Address: 1217 St. Paul St

JAN 1 - 1943 (Date rec'd by registrar)
(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30th 1942 W-9 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/23 1942 to 12/30 1942, and that I last saw h. alive on 12/29 1942

Immediate cause of death: Arteriosclerotic Cardio-Renal Disease — Duration: 1 yr.

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Joseph S. Blum M.D.
Address: 1006 E. Preston St Date signed 12/31/42

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No. F 99339

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7.
(c) Hospital or institution: St. Joseph's Hospital 9 W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 727 E. 22nd St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Martenet, Mrs. Ella

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
N	None	F	W	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-13-74

8. AGE: Years	Months	Days	If less than one day
68	2	19	hr. min.

9. Birthplace Baltimore Co. Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John Miller
13. Birthplace Md

MOTHER
14. Maiden Name Frances (Unknown)
15. Birthplace Md.

16 (a) Informant F. R. Stutzka
(b) Address 727 E. 22nd St.

17 (a) Burial (b) Date thereof Jan 2nd 1943
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Monkton M. E. Church
Location " Md.

18 (a) Funeral director Williams Cook Inc
(b) Address 109 St. Paul St

19 JAN 1 - 1943 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-31 1942, at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29 1942, to 12-31 1942, and that I last saw her alive on 12-30 1942.

	Duration
Immediate cause of death Generalized peritonitis due to dynamic ileus	
Due to Ruptured appendix & Ruptured diverticula ?	2 wks.
Due to Sigmoid.	
Other Conditions Arteriosclerotic Heart disease & Auricular fibrillation	

(Include pregnancy within 3 months of death)

Date of operation 12-30-42
Major findings of operation: Generalized peritonitis & Ruptured diverticula Sigmoid
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Leopold M.D.
M. D.
Address St. Joseph's Hosp. Date signed 12-31-42

99340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

F 99340 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address 37 S. Carrollton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 37 S. Carrollton Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. 37 Balto (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hattie Redmond

3 (b) If veteran, name war W

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~or wife~~ William Redmond

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20th 1856

8. AGE: Years 86 | Months 9 | Days 11 | If less than one day hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business At Home

FATHER
12. Name [illegible] Davis
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name [illegible] Shipley
15. Birthplace Carroll Co. Md.

16 (a) Informant Hattie Sparrow
(b) Address 709 Calvercroft Rd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Jan 4th 1943 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 JAN 1 – 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31st 1942 at 1:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 29th 1942 to Dec. 31 1942, and that I last saw h[illegible] alive on Dec. 31 1942

Immediate cause of death: 1 Cerebral Hemorrhage — Duration 3 days.
Due to: A.S.H.D. — ?
Due to: Senility. — ?
Other Conditions: Cataract bilateral

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles Townsend M.D.
Address 910 W Lombard Date signed 1-7-43

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 99341

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 313 E. University Parkway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 313 E. University Parkway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jane Spence.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John B. Spence,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24. 1856

8. AGE: Years	Months	Days	If less than one day
86	1	6	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name John McCullough,
13. Birthplace Scotland

MOTHER
14. Maiden Name Isabelle Thompson,
15. Birthplace Ireland

16 (a) Informant Miss Mabel E. Spence,
(b) Address 313 E. University Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2. 1943 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore City

18 (a) Funeral director Robert S. Little,
(b) Address 2700 Edmondson Ave,

19 (a) JAN 1 – 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 30 1942 19 , at 9.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1919, to Dec 30 19 42
and that I last saw her alive on Dec 30 19 42

Immediate cause of death Chronic Nephritis — Duration 2 years
Due to Diabetes Mellitus — Duration 7 years
Due to Chr. Art Hypertension — Duration years
Other Conditions Gen. Arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Carroll Sockard M. D.
Address 2425 N. Charles St. Date signed Dec 31, 1942

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 99342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

Registered No. F 99342

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution: Church Home & Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3528 Elm Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr Charles Armiger

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 21-03-8602

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mrs Gillian Mary Armiger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8 1873.

8. AGE: Years	Months	Days	If less than one day
69 yrs.	8 mo	22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Textile Worker
11. Industry or business Textile Worker

FATHER
12. Name Franklin Walter Armiger
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Spence
15. Birthplace Maryland

16 (a) Informant Church Home & Hospital Admission
(b) Address Balt.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md.

18 (a) Funeral director Francis H. Leary
(b) Address 814 N Eutaw St (Signature or Address) Registrar

19 (a) JAN 4 1943 (Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1942, at 1.25 PM

21. I certify that death occurred on the date above stated, that I attended deceased from Dec 23 1942, to Dec 30 1942, and that I last saw h.. alive on Dec 30 1942.

Immediate cause of death	Duration
Post operative shock. following pneumonectomy.	2 days
Due to	
Due to	
Other Conditions Carcinoma of the rt. lung.	6 mos.

(Include pregnancy within 3 months of death)

Date of operation 12/24/42
Major findings of operation: Carcinoma of the right lung involving all lobes.
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr David Bachrach M. D.
Address Church Home & Hospital Date signed 1/4/43

PLEASE WRITE PLAINLY. Cause of death must be certified to by physician. Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Information as to correct age is especially important.

99343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 99343 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument st. + Rutland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3523 Virginia Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose Kanow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: PHILIP KANOW

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Herm Schwartz
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Morris Kanow
(b) Address 3523 Virginia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-1-43 (month) (day) (year)
(c) Cemetery or crematory CHEL YANKOV
Location Hebrew Herring Run

18 (a) Funeral director Isaac Levin Inc
(b) Address 2104 Eutaw Place

19 (a) JAN 1 1943 (b) Interment in Williamsburg Va. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1943 at 4:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20 1942 to Jan 1 1943, and that I last saw h[illegible] alive on Jan 1 1943.

Immediate cause of death Pulmonary Edema — Duration

Due to Arteriosclerotic CVD

Due to

Other Conditions Labor Pneumonia & Emphysema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur Katz M. D.
Address Sinai Hosp Date signed 1-1-43

VS 2

93d-93d-111c-3-1-1-0-3-0

Physicians: please write the causes of death clearly and legibly. Information must be complete and correct age is especially important.

99344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1/2 F 99344 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument St. & Rutland Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 Norfolk Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harris Friedman

3 (b) If veteran, name war	3 (c) Social Security Account No. 212-12-2334

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation clothing Examiner
11. Industry or business Retired

FATHER
12. Name Chaim Friedman
13. Birthplace Russia

MOTHER
14. Maiden Name Resharca —
15. Birthplace Russia

16 (a) Informant Norman Friedman
(b) Address 2900 Norfolk Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-1-43 (month) (day) (year)
(c) Cemetery or crematory Har Sinai Am. Orp.
Location Rosedale
18 (a) Funeral director Jack Levin Inc
(b) Address 2100 Eutaw Place
(Authorized to Williams Mort.)
19 (a) Date received (Registrar) Remarks

JAN 1 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1 1943, at 4:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10 1942 to 1-1 1943, and that I last saw him alive on 1-1 1943.

Immediate cause of death Bronchopneumonia, right. Possible coronary occlusion — Duration
Due to Chronic bronchitis
Arteriosclerotic heart disease (new)
Due to
Other Conditions Vesical calculi, malnutrition, prostatic hypertrophy
(Include pregnancy within 3 months of death)
Date of operation 12-15-42
Major findings of operation: Sixteen vesical calculi, enlarged prostate
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. R. Schwartz M. D.
Address Sinai Hospital Date signed 1-1-43

932-932-107-3-1-1-0-5-1

99345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 99345

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3600 ELDORADO AVE
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 yrs 1
(e) Length of stay in Baltimore (yrs., mos., or days) 2 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3600 ELDORADO AVE (If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country U S

3 (a) FULL NAME LOUIS OPPENHEIMER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	White	MARRIED

6 (b) Name of husband or wife FRIEDEL
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name SELIGMAN OPPENHEIMER
13. Birthplace GERMANY

MOTHER
14. Maiden Name SARAH ULLMANN
15. Birthplace GERMANY

16 (a) Informant ALFRED OPPENHEIMER- SON
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-1-43 (month) (day) (year)
(c) Cemetery or crematory ROSEDALE
Location Phila. Rd. & HAMILTON AVE

18 (a) Funeral director Jos. Levin Inc.
(b) Address 1439 E. Balto St.

19 DATE RECEIVED BY LOCAL REGISTRAR JAN 1 1943 Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-31-42 19 at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-30-1942 to 12-30-1942 and that I last saw him alive on 12-30-1942

Immediate cause of death Heart failure — Duration 12-31-42

Due to Coronary Occlusion — Duration 10

Due to A.C.V.D — Duration 12-30-42

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Weinberger M. D.
Address 912 Brooks Lane Date signed 12-31-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. E 99346

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1732 E. Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 57 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County -------
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1732 E. Lafayette Ave (If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Frank V. Batzer.

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-1469

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) ---------- 1887

8. AGE: Years	Months	Days	If less than one day
57	---	---	-- hr. -- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Rubber Dye Maker
11. Industry or business Dorman & Company

FATHER
12. Name Joseph A. Batzer
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Julianna Bokel
15. Birthplace Baltimore, Maryland

16 (a) Informant John Albert Batzer
(b) Address 1307 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director H. O. Mears and Son
(b) Address 805 N. Calvert Street

19 (Filed by Local Registrar) JAN 1 - 1943 (b) Signature for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/30 1942 at 10.30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. McNally M.D. Medical Examiner.
Date signed 12/30/42

VS 6

99347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. F 99347

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 910 St. Barnabas Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH BLACKWELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.) 1924

8. AGE: Years	Months	Days	If less than one day
18			___ hr. ___ min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Joseph Robinson
13. Birthplace Va.

MOTHER
14. Maiden Name Virginia Blackwell
15. Birthplace Md.

16 (a) Informant Virginia Blackwell
(b) Address 910 St. Barnabas Ct.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Maryland

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsylvania Ave Hunting & Pulaski Sts

JAN 1 1943 (Date rec'd by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1942 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of chest	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Dec 26, 1942 M
(c) Where did injury occur? 508 W. Biddle St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No (Specify type of place)
(e) Means of injury Firearms - wound of chest

23. Signature H. Z. Wallenmeyer M.D. and Medical Examiner.
Date signed Dec 26 1942

99348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

123

F 99348 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address (Albert & Saratoga Sts

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 6022 Sunburst Rd (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3 (a) FULL NAME THOMAS VINCENT TUMBLESON

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-4059

4. Sex MALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife ELIZABETH TUMBLESON

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17, 1895

8. AGE: Years 57 | Months 11 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Farm at present

11. Industry or business

FATHER 12. Name Andrew Tumbleson

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Sara Carpenter

15. Birthplace Balto. Md

16 (a) Informant Mrs. Elizabeth Tumbleson

(b) Address 212 Rhinedale Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4-42 (Month) (Day) (Year)

(c) Cemetery or crematory Mem Gdns

Location Old Frederick Rd

18 (a) Funeral director John A. Hogan

(b) Address 3110 E. Biddle St.

JAN 1 — 1943 Bur. rec'd by registrar Hunting for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC. 31 1942 at 7:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28 1942 to Dec. 31 1942; that I last saw h alive on Dec. 31 1942

Immediate cause of death

Acute Peritonitis

Gangrene & Perforation

Due to Mesenteric Thrombosis 2 days

Due to Coronary Thrombosis 2½ yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Dec. 31, 1942

Major findings of operation: Gangrene & Perforation

Date of autopsy: Gangrene & Perforation

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry L. Coffman

Address Mercy Hosp. Date signed 12/31/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

Type T Jan

VS 180

Correct age is important. Physicians, please write the name of death clearly and legibly.

F 99349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43D

Registered No. F 99349

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Infirmary 27-8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 707 Birmingham Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Stewart

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	W

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 3, 1876

8. AGE: Years	Months	Days	If less than one day
66	4	28	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Enoch Hughes
13. Birthplace Maryland

MOTHER
14. Maiden Name Anne ?
15. Birthplace Maryland

16. (a) Informant Hospital Records
(b) Address

17. (a) Burial (b) Date thereof Jan. 2-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Govd. Ave.
18 (a) Funeral director John A. Hudson
(b) Address 3000 E. Balto. St.
19 JAN 1 - 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1942, at 6:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/30 1942 to 12/31 1942, and that I last saw h alive on 12/31 1942.

Immediate cause of death Bronchopneumonia — Duration 10 days
Due to
Due to
Other Conditions Hypertension C-V Disease — 7
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature [illegible] M. D.
Address Church Home and Infirm. Date signed 12/31/42

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99350

406265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 777

I 99350

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 10 N. Streeper St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Howard Mc Farlane

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-7069

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Dorothy

6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) 7-6-99

8. AGE: Years	Months	Days	If less than one day
43	5	24	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER — 12. Name Howard Mc Farlane

13. Birthplace Delaware

MOTHER — 14. Maiden Name Agusta Hobbs

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2-43 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Ave & Rd

18 (a) Funeral director John A. Hyson

(b) Address 3rd & Balto St.

19 JAN 1 - 1943 (Date rec'd by registrar) Hunting for Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1942, at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 31 1942 to Dec. 30 1942, and that I last saw him alive on Dec. 30 1942

Immediate cause of death Arter. insufficiency Term. cerebral thrombosis — Duration

Due to Arter. stasis ulcers

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Erik Guy Arvid Fernandez M.D.

Address Johns Hopkins Hosp. Date signed 1-Jan-43

Health Insts.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99351
427354

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1860

F 99351
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County HARFORD
(c) City or town JARRETTSVILLE
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie Waters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	MARRIED

6 (b) Name of husband or wife Alex Y.
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) 10-15-75

8. AGE: Years	Months	Days	If less than one day
67	2	16	hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm Wisnom
13. Birthplace Ireland

MOTHER
14. Maiden Name Temperance Clayton
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 3-43 (month) (day) (year)
(c) Cemetery or crematory Jarrettsville Cem
Location Jarrettsville Md

18 (a) Funeral director Martin E Kurtz
(b) Address Jarrettsville Md

JAN 1 - 1943
(Date rec'd by registrar) Hearing for Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1942 at 9.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1942 to Dec 31 1942 and that I last saw her alive on Dec 31 1942.

Immediate cause of death Acute cardiac failure — Duration 8 days

Due to Generalized arterio-sclerosis, Hypertension, and — Duration Several years

Due to auricular fibrillation

Other Conditions Supra condylar fracture femur, left — Duration 8 days
(Include pregnancy within 3 months of death)

Date of operation 12/24/42

Major findings of operation Insertion Kirschener wire left femur

Results of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12/23/42 at about 1.30 P M
(c) Where did injury occur? Jarrettsville Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public walk While at work? No
(Specify type of place)
(e) Means of injury Fall

23. Signature John Lyford M.D.
Address Johns Hopkins Hospital Date signed 12/31/42

Approved: Robert A. Stanton M.D. Asst. Med. Examiner.

VS 250

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr Reuter Gunther Blvd + Windsor Ave 2-6-1970 27 278

99352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. E 99352

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2425 Mondawmin Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2425 Mondawmin Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Alexander Mc Clatchie

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-0606

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ or wife Grace Augusta Mc Clatchie

6 (c) If alive, give age ~~100 years~~

7. Birth date of deceased (mo., day, yr.) Oct 30 1884

8. AGE: Years	Months	Days	If less than one day
57	2	0	hr. min.

9. Birthplace Balto Md.
(Town, county, and State)
10. Usual Occupation Telephone Installer
11. Industry or business C & P Telephone Co

FATHER
12. Name Alexander Mc Clatchie
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Rebecca Newton
15. Birthplace Balto Md

16 (a) Informant Mrs Grace Augusta Mc Clatchie
(b) Address 2425 Mondawmin Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2nd 1943 (month) (day) (year)
(c) Cemetery or ~~crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Cook Inc
(b) Address 217 St. Paul St

JAN 1 - 1943 (Date rec'd by Registrar) (Hunting for Williamsburg MD)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1942 at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/6 1942 to 12/30 1942 and that I last saw him alive on 12/30 1942.

Immediate cause of death Coronary occlusion — Duration 3 mo.
Due to Myocardial insufficiency — 1 week
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Reuter, M. D.
Address 340 E Windsor Ave Date signed 1/3/1943

VS 150

Please write clearly, using ink. Do not use pencil. Be sure that your answer to each question is complete and correct as to fact. Physicians: please write the causes of death clearly and legibly. Items 20 to 23 especially important.

99353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 99353
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia Mc Cullough

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Barthelemew Keenan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Schomeden
15. Birthplace Ireland

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2, 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Winkfield
(b) Address 914 Greenmount Ave

JAN 1 – 1943 (Date received by registrar) Hunting for Williams, Registrar

VS 150

MEDICAL CERTIFICATION

8.45p.

20. DATE OF DEATH Dec 30 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1942 to Dec 30 1942, and that I last saw her alive on Dec 30 - 1942

Immediate cause of death	Duration
Edema of Lungs	2 days
Due to Chronic Myocarditis	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Bill Hall M. D.
Address 1631 E. North Ave Date signed Dec 31-42

99354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. E 99354

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1230 E North Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1230 E. North Ave (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME Irene G Lentz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: Lewis Lentz

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 68 | Months — | Days — | If less than one day: hr. ____ min. ____

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business - At Home

FATHER
12. Name [illegible] C. O. Conner
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Margaret A. Conner
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Helen Lentz
(b) Address 1230 E. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 2 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location —

18 (a) Funeral director Mary M Woodfield
(b) Address 501 E 32nd St Huntington Williams M.D.

JAN 1 - 1943 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1942 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1942 to Dec 29 1942, and that I last saw her alive on Dec 29 1942.

Immediate cause of death Bronchio - Pneumonia — Duration 9 days
Due to —
Due to —
Other Conditions Arteriosclerosis Paget's Disease
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Joseph L. Bloom M.D.
Address 1216 E. Preston St Date signed 1/1/43

99355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. E 99355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given, if any cannot be obtained, supply correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2900 Winchester St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 T
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 Winchester St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Ellen Patts

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	W.	widow

6 (b) Name of husband or wife Late August Patts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1858

8. AGE: Years	Months	Days	If less than one day
84	10	12	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name John Kavanaugh
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Martin
15. Birthplace Ireland

16 (a) Informant Miss Bertha Patts
(b) Address 2900 Winchester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director Harry H. Mitchell
(b) Address 4101 E. Lombard Ave
(c) Huntington Williams Mort.

JAN 1 - 1943
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/30/42. 19 at 3:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to Dec 30 1942. and that I last saw him alive on Dec 29 1942.

Immediate cause of death Hypostatic Pneumonia.
Due to Arteriosclerotic type heart dis.
Due to Generalized arteriosclerosis
Other Conditions Chronic nephritis. Fracture neck of left humerus
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: Did not contribute to Immediate cause of death

Duration: 1 week; 1 year.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-6-42 at 9 A. M.
(c) Where did injury occur? 2900 Winchester St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Fell down steps (Coming)

23. Signature H. Mitchell M. D.
Address 2401 Edmondson Ave Date signed Jan 1 1943

Howard J. Headen, M.D.

VS 150

99356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 319

F 99356
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. ELTON
(If outside city or town limits, write RURAL and give town)
(d) Street No. 904 Iceland Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth Young

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: yes Nada?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife: William P. Young
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.): March ? 1904

8. AGE: Years	Months	Days	If less than one day
38	9		hr. min.

9. Birthplace: Pittsburgh, Penna.
(Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business: own Home

FATHER
12. Name: ?
13. Birthplace: ?

MOTHER
14. Maiden Name: Ida Harris
15. Birthplace: ?

16 (a) Informant: Wm. P. Young, Husband
(b) Address: 904 Iceland Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 1 1 43 (month) (day) (year)
(c) Cemetery or crematory: Norfolk Va.
Location: Va.

18 (a) Funeral director: Walter B. Jones
(b) Address: 139 W. Hamilton St.

19 (a) JAN 1 1943 (Date received by Registrar) Hunting & Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1942, at 9:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from December 30 1942, to December 30 1942, and that I last saw her alive on December 30 1942.

Immediate cause of death: Uraemia with cerebral edema

Due to: Urethral obstruction by lymphogranuloma of vagina

Due to:

Other Conditions: Secondary anaemia, Syphilis, Acidosis.
(Include pregnancy within 3 months of death)

Date of operation: November 6, 1942

Major findings of operation: Lymphogranuloma of vagina with urethral involvement.

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: E. Roderick Shipley M. D.
Address: University Hospital Date signed 12-30-42.

99357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓61

F 99357 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 532 E. Fort ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 532 E. Fort ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Mrs. Teresa D'Alfonzo

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles D'Alfonzo deceased
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1883

8. AGE: Years	Months	Days	If less than one day
59	—	2	hr. min.

9. Birthplace Chiaramonte, Sicily, Italy (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business —

FATHER
12. Name John D'Vincenzo
13. Birthplace Italy

MOTHER
14. Maiden Name Vincenzina ?
15. Birthplace Italy

16 (a) Informant Mr. John D'Alfonzo (Son)
(b) Address 111 Meadow Rd., Govans, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4, 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director C. Howard Evans
(b) Address 1400 E. Chase St.

19 (a) JAN 1 — 1943 [illegible] Wilkens Ave

MEDICAL CERTIFICATION 12:01

20. DATE OF DEATH Dec. 31, 1942, at 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to Dec 31 1942 and that I last saw h[illegible] alive on 12/30 1942

Immediate cause of death Pulmonary oedema — Duration 2 hours
Due to Cardiac failure — 3 hours
Due to Chronic myocarditis — 1 yr.
Other Conditions Diabetes — 5 yrs
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac Muller M. D.
Address 1225 E. Chase St. Date signed 12/31/42

VS 150

Please answer all questions. Physicians: please write the causes of death clearly and legibly.

E 99358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 D

Registered No. E 99358

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 800 N. Carey St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 800 N. Carey St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Tighlman Jackson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widowed

6 (b) Name of husband Madeline Jackson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5, 1913

8. AGE: Years	Months	Days	If less than one day
29	3	24	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Isaac Jackson
13. Birthplace Balto Md

MOTHER
14. Maiden Name Lucy Queen
15. Birthplace Balto Md

16 (a) Informant Madeline Jackson
(b) Address 800 Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 1, 1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Lottie R. Williams
(b) Address 322 N Schroeder St

19 (a) JAN 1 1943 (Date rec'd by registrar) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/29/1942, at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/8/1942 to 12/29/1942 and that I last saw h[illegible] alive on 12/26/1942.

Immediate cause of death

	Duration
Pulmonary T-B	2 years
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 458 W Biddle St Date signed Jan 1 1943

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. F 99359

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1011 N. Mulberry St
(c) Hospital or institution: 9

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 N. Mulberry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GRIFFIN Jane Fisher

3 (b) If veteran, name war A | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband ~~or wife~~ Edward Fisher
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) - - 1889

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Edward Fisher
(b) Address 1011 N. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 1, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 JAN 1 - 1943 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/29/42 7:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to Dec 29 19 42
and that I last saw her alive on Dec 26 19 42.

Immediate cause of death: Pneumonia

Duration 3 Days

Due to Asthma & Colon Cancer

Due to

Other Conditions Very Obese

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Cecil Shaw M.D.
Address 92 W. Madison Ave. Date signed 12/29/42

VS 3

Form No. 1-31 2500

99360 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 99350

CERTIFICATE OF DEATH

132

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 658 W Franklin St. 17-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 4 mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bettie Neal Collins

(a) Residence: No. 658 Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm Collins

6. DATE OF BIRTH (month, day, year)

7. AGE 58 Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Thomas Jones

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Stamps

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Mrs. Mary Richardson
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rocky Mount, N. C. Date 1/2/43 19...

19. UNDERTAKER Mrs. Katie R. Wilson
(Address) 322 N. Schroeder St.

20. JAN 1 - 1943 19... Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1942 to Dec 30, 1942
I last saw her alive on Dec 29, 1942 death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

Nephritis (1 year)

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) H. Stewart M. D.
(Address) 628 W Franklin St

99361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 99361
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 min.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3411 Lyndale Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miss Emma Volmerhausen

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-0130

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17. 1894

8. AGE: Years	Months	Days	If less than one day
48	11	13	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Cook.
11. Industry or business Proctor Gamble Co.

FATHER
12. Name Robert Volmerhausen
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Schaefer
15. Birthplace Balto. Md.

16 (a) Informant Mrs. E. Kiel
(b) Address 1373 Hull St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director J. Howard Strong
(b) Address 3707 W. North Ave.

19 JAN 2 - 1943 Wilmington Williams Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1942, at 4 25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 30 1942, to Dec. 30 1942, and that I last saw h alive on Dec. 30 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	?
Due to Hypertensive - Arteriosclerotic Heart	?
Due to disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos F A Stevens
Address 2918 Stanford Date signed 1-30-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

Registered No. E 99362

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1824 Bank St.
(c) Hospital or institution: 2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1824 Bank St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME NICHOLAS BISHOP

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	none	male	white	widowed

6 (b) Name of husband or wife Catherine Seeberger
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Dec. 7. 1856

8. AGE: Years	Months	Days	If less than one day
86	0	23	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laborer-retired 30 yrs
11. Industry or business

FATHER
12. Name George Bishop
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Mrs. Anna M. Dell (daughter
(b) Address 1824 Bank St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2. 1943 (month) (day) (year)
(c) Cemetery or crematory Most Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 JAN 2- 1943 (Date rec'd by Registrar) Registrar for Wilmington

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30. 1942 at 3.15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1942 to Dec 30 1942 and that I last saw h[illegible] alive on Dec 29 1942.

Immediate cause of death Carcinoma of Pancreas — Duration 6-16-42
Myocardial Failure — 12-2-42
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Eli Schimmel M. D.
Address 842 S Eastern Date signed 12-31-42

VS 3

99363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122B

F 99363 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cator and Wilkins Ave
(c) Hospital or institution: St Agnes Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Halethorpe
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4711 Washington Blvd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs (Edna) William Dawkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: William R.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23, 1919

8. AGE: Years 23 | Months 9 | Days 8 | If less than one day hr. min.

9. Birthplace West, Va.
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name John Baker
13. Birthplace West, Va

MOTHER
14. Maiden Name Edna Tompson
15. Birthplace West Va.

16 (a) Informant Mrs. Wm R. Dawkins
(b) Address 4711 Washington Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/42 (month) (day) (year)
(c) Cemetery or crematory Arlington
Location Parkersburg. W. Va.

18 (a) Funeral director W. J. Tichnor & Sons
(b) Address North & Penna. Ave

JAN 2 – 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31, 1942, at 3:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/22 1942 to 12/31 1942, and that I last saw her alive on 12/31 1942.

Immediate cause of death	Duration
Intestinal obstruction	9 days
Due to Regional Enteritis	6 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 12/21/42

Major findings of operation: obstruction - Regional enteritis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. R. Dawson M.D.

Address St Agnes Hosp Date signed 12/31/42 M. D.

F 99364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99364

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)
(d) Street No. 7013 Dunmanway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Carmen Morris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife Walter N. Morris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1906

8. AGE: Years 36 | Months 9 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Illinois (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Collier
13. Birthplace Ohio

MOTHER
14. Maiden Name Edith M Barker
15. Birthplace Ohio

16 (a) Informant Norfolk Penna
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/2/43 (month) (day) (year)
(c) Cemetery or crematory Oakland Cem
Location Baltimore Md

18 (a) Funeral director
(b) Address

19 JAN 2 - (Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1 1943, at 2:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1942 to Jan 1 1943, and that I last saw her alive on Jan 1 1943.

Immediate cause of death Cerebral hemorrhage — Duration 2

Due to

Due to

Other Conditions Rheumatic Heart Disease Mitral Stenosis — Duration ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Some

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Church Home and Infirm. Date signed 1/1/43 M. D.

107-93c-107-3-0-3-0-3-0.

V8 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 99365

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5400 Harford Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas R. Malone

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret C
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Sept 16 1892

8. AGE: Years	Months	Days	If less than one day
50	3	14	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Dentist
11. Industry or business

FATHER
12. Name Daniel Malone
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Margt Ryan
15. Birthplace Meath Ireland

16 (a) Informant Margaret Malone
(b) Address 3536 York Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Maryland

18 (a) Funeral director Albert W Feagley
(b) Address 4418 Belair Ave

19 (a) JAN 2 - 1943 (Date rec'd by registrar) (b) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 - 30 - 1942 at 11 50 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage into Pons a
A. B. Ventricle

Due to

Due to

Other Conditions Sub-dural & intracranial hemorrhage

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Williams M.D.
Medical Examiner.
Date signed 1-2-31-42

VS 6

93366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99366

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26d
(e) Length of stay in Baltimore (yrs., mos., or days) 18

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 131 S. Carrollton Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Walter Burke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Mar. 23-1886

8. AGE: Years 56 | Months 9 | Days 7 | If less than one day hr. min.

9. Birthplace Indiana (Town, county, and state)

10. Usual Occupation STOCK KEEPER

11. Industry or business

FATHER
12. Name ALBERT BURKE
13. Birthplace INDIANA

MOTHER
14. Maiden Name Annie Young
15. Birthplace Indiana

16 (a) Informant ANNA E. BURKE
(b) Address 2246 CEDLEY ST. WESTPORT

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/2/43 (month) (day) (year)

(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Evans & Son Inc
(b) Address 118 N. Mt. Royal Ave

19 (a) JAN 2 — 1943 (b) Filed by registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-30 1942 at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-28 1942 to 12-31 1942, and that I last saw him alive on 12-29 1942

Immediate cause of death: Lobar pneumonia — Duration 2 days

Due to

Due to

Other Conditions Arteriosclerosis + cardiac failure — 10 yrs.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Pearce Meacham M. D.
Address Univ. Hosp. Date signed 1-30-43

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 99367

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3304 Woodstock Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME "Baby Boy" Clark (Birth F 66344)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/1/43

8. AGE: Years | Months | Days | If less than one day: 2 hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James Clark
13. Birthplace

MOTHER 14. Maiden Name Mary Paglenghi
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeem
Location Belair Rd

18 (a) Funeral director John J Tonda
(b) Address 1624 Aliceanna St

19 (a) Filed JAN 3 1943 (b) Registrar Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1 1943 at 1 P. M. 30

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1 1943 to 1/1 1943.
and that I last saw him alive on 1/1 1943

Immediate cause of death: Respiratory failure — Duration: 2 hours
Due to: Prematurity
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert D. Solomon M. D.
Address Johns Hopkins Hosp Date signed 1/1/43

VS 150

159 - 158 - X - 1 - 01 - 0 - X - 2 - 0

PLEASE WRITE PLAINLY, with unfading ink. Every item of information should be given as correct as is especially important. Physicians: please write the causes of death clearly and legibly.

99368
AB-75868

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 149 B

F 99368
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 Hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 331 N. Strickar St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Battle

S 30901

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6-1912

8. AGE: Years 30 | Months 9 | Days 25 | If less than one day hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Maid

11. Industry or business St. Agnes Hospital

FATHER
12. Name Tom Black-(D)
13. Birthplace Va.

MOTHER
14. Maiden Name Pearly Grant-(D)
15. Birthplace Va.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (b) Date thereof 1-3-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Rod Hill
Location Rocky Mount N.C.

18 (a) Funeral director Frank W. Sullivan Jr.
(b) Address 117 N. Carrollton Ave

19 (a) JAN 2 1943 (b) Hunting & Williams M.T.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31st 1942 at 4.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 31st 1942 to Dec. 31st 1942, and that I last saw h[illegible] alive on Dec. 31st 1942.

Immediate cause of death Cardio-respiratory standstill — Duration

Due to Spinal anaesthetic using pontacaine

Due to

Other Conditions Pregnancy with cephalo-pelvic dystocia
(Include pregnancy within 3 months of death)

Date of operation 12/31/42

Major findings of operation Dead fetus

of autopsy:

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis C. Garcia M.D.
M. D.

Address Balto. City Hosp. Date signed 12-31-42

VS 180

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be entered. Please supply correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

F 99369 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. North Pt. & Millers Island Rd. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Wilhelmina Unglaub

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1858

8. AGE: Years	Months	Days	If less than one day
84	11	25	hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Adam Unglaub
13. Birthplace Germany

MOTHER
14. Maiden Name not known
15. Birthplace Germany.

16 (a) Informant Barbara Unglaub
(b) Address North Pt. & Millers Island Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) (Date received by Registrar) (b) JAN 2 1943 Hunting for Wilhelmina M.F.

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30, 1942 19 at 9:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 1942 to Dec 30 1942, and that I last saw h[illegible] alive on Dec. 29 1942.

Immediate cause of death Cardio-Renal Disease — Duration

Due to — Duration

Due to — Duration

Other Conditions Senility — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. N. Pretterman M.D.
Address 2324 Reisterstown Rd Date signed 1/1/43

F 99370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 937

F 99370

Registered No.

PRESS WRITE FIRMLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1003 Ashburton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 1 week

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A. Co.
(c) City or town Cleveland Road Shipley Hgts
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine F. Weikel

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: Henry C. Weikel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22. 1874

8. AGE: Years	Months	Days	If less than one day
68	1	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Louis Brackelein
13. Birthplace Germany.

MOTHER
14. Maiden Name Dorothy Scheller
15. Birthplace Germany.

16 (a) Informant Helen K. Ebelein
(b) Address 1003 Ashburton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Mc Guire John W. Teufel & Son
(b) Address 501 W. Lafayette St.

19 (a) (Date received) JAN 2 1943 Hunting E. Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1942, at 8 15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Patient found in bed Dec 30 to Dec 31 1942, at 8 35 p.m. and that I last saw h alive on 19

	Duration
Immediate cause of death Cerebral Embolism	
Due to Chronic Vascular Heart disease	15 years
Due to	
Other Conditions Chronic Arthritis Deformans.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph H Zierler M. D.
Address 231 E Eutaw Place Date signed

Received Jan 4 1943 from Joseph H. Zierler M.D. Funeral Expenses.

F 99371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42 B

F 99371 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2111 Sulgrave Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2102 South Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FERNAND MICHEL JEAN BAPTISTE FAUX ~~Fernand H. Faux~~ Fernand Michel Jean Baptiste Faux

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Celine (Catherine) Vanderheyden Faux (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/7 1875

8. AGE: Years 67 | Months Oct | Days 7 | If less than one day hr. min.

9. Birthplace ~~France~~ (~~Godelingsart Belgium~~ LODELINSART, PROVINCE DE HAINAUT, BELGIUM) (Town, county, and state)

10. Usual Occupation

11. Industry or business ~~Artist~~ Retired

FATHER
12. Name ~~Michael~~ MICHEL Faux
13. Birthplace

MOTHER
14. Maiden Name ELMA MARIE CULOT
15. Birthplace

16 (a) Informant Celine Faux
(b) Address 2102 South Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Sol Lennon Bros
(b) Address 1124-26 W Pratt St

19. (a) (b) Registrar

JAN 2 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1942 at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1942 to Dec 30 1942 and that I last saw h alive on Dec 30 1942.

Immediate cause of death ~~Acute Coronary Thrombosis~~ Duration 73 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph J Nuskin M. D.
Address 1707 Sulgrave Date signed 1/1/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99372 Wheeler

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 99372 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 909 N. Arlington ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 N. arlington ave (If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME Franklin Wheeler

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Col	Child

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7 1941

8. AGE: Years	Months	Days	If less than one day
1	4	24	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Harry Wheeler
13. Birthplace Baltimore

MOTHER 14. Maiden Name Sarah Savoy
15. Birthplace Baltimore

16 (a) Informant Sarah Wheeler
(b) Address 909 N. Arlington ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2-1943 (month) (day) (year)
(c) Cemetery or crematory Laurel
Location

18 (a) Funeral director James A Stayer
(b) Address 142 W Lexington St

19 (a) (Signature of local registrar) (b) Huntingtown Williamsport Md

JAN 2 1943

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-31- 1942 at 12 M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-30-1942 to 19 , and that I last saw him alive on 12-30-1942.

Immediate cause of death Bronchopneumonia

Due to Cold.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Maynard Lawrence M. D.
Address 1033 W. Lanvale St. Date signed 1/4/43

Robert Lee Fortune M.D.
Res. Med. Examiner

Correct age if apparently inaccurate. Please write the cause of death clearly and legibly.

99373

BALTIMORE CITY HEALTH DEPARTMENT X 164 E Registered No. E 99373

CERTIFICATE OF DEATH Permanent Residence N.Y.C.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town Baltimore New York
(If outside city or town limits, write RURAL and give town)
(d) Street No. City Jail
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margie Sommers

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1911

8. AGE: Years	Months	Days	If less than one day
31			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name

13. Birthplace

MOTHER
14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL DEC 29 1942
Commissioner of Health

18 (a) Funeral director

(b) Address

19 DEC 28 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-12- 1942, at 5.25 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy + Inquiry thereon and from the evidence obtained by said Autopsy + Inquiry and that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

Fractured Skull

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 12-12-42 at 4 P. M
(c) Where did injury occur? Balto. City Jail (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Jumped from 4th Tier to 1st Floor

23. Signature Howard J. Wallace M.D.
Medical Examiner.

Date signed 12-13-42

VS 6

9588

F 99374 427216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 119a

F 99374 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 28 S. Calhoun (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Clarence Zaccari (Birth F 66781) ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 MALE Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/9/42

8. AGE: Years | Months | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Stephen Zaccari

13. Birthplace Md

MOTHER 14. Maiden Name Irene Burman

15. Birthplace Md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory JOHN HOPKINS MEDICAL SCHOOL DEC 29 1942
Location

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) JAN 23 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

JAN 2 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1942, at 11:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1942, to Dec 26 1942, and that I last saw him alive on Dec 26 1942.

Immediate cause of death Septicaemia (staphlococcal) — Duration

Due to Skin lesions 2

Due to

Other Conditions Diarrhoea, dehydration & acidosis.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert D. Stetson M. D.
Address Johns Hopkins Hosp. Date signed 12/24/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9689

F 99375

AB-78816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43d F 99375 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
BALTIKORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1Day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 Etting St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Solomon Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Annie (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1860

8. AGE: Years	Months	Days	If less than one day
82 ?	-	-	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business

FATHER
12. Name Robert Brown
13. Birthplace ?

MOTHER
14. Maiden Name Frances ?
15. Birthplace ?

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs Geo. W. Stollard
(b) Address 1631 Mad Dill Ave

19 (a) (Date received by registrar) JAN 2 - 1943 (b) Registrar Hunting

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-29-42 19 , at 2.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-24 1942 to 12-29 1942 and that I last saw h[illegible] alive on 12-29 1942.

Immediate cause of death	Duration
Uremia	4 days
Due to Prostatic Hypertrophy	
Due to Arteriosclerotic Heart Disease	
Other Conditions (None)	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis Vogel Jr M. D.
Baltimore City Hosp. Date signed 12-29-42

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 99376

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1119 Pennsylvania Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 Pennsylvania Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie Hall 6157

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-4-42

8. AGE: Years	Months	Days	If less than one day
	1		hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Cooper
13. Birthplace Ga.

MOTHER
14. Maiden Name Minny Hall
15. Birthplace Md

16 (a) Informant Birth Cert F 6157
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 29 1942

18 (a) Funeral director Commissioner of Health
(b) Address
19 (a) (Address supplied by undertaker) (b) Huntington Williams, M.D. Registrar

DEC 29 1942
JAN 2 - 1943
9691

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 14 1942, at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Bronchial pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Graham M.D. Medical Examiner.
Date signed Dec. 15 1942

F 99377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 99377
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp. 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 252 Bruce St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frantolin Baynor (Birth F 6/1866)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/30/42

8. AGE: Years	Months	Days	If less than one day
	1	7	hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (Signature of local registrar)

DEC 29 1942
UNIVERSITY MEDICAL SCHOOL
Commissioner of Health

DEC 29 1942
Huntington Williams, M.D.
Registrar

JAN 2 1943

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1942, at 11 20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said autopsy find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Lobar pneumonia — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Dec. 8 1942

9692

99378

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 77

Registered No. F 99378

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Glendale (If outside city or town limits, write RURAL and give town)
(d) Street No. Harris Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ARCHIE SMRTGTE

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 29 1942
Commissioner of Health
18 (a) Funeral director Livingston Williams, M.D.
(b) Address DEC 28 1942
19 (a) (b) Registrar
JAN 2 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1942, at 2 25 M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Chronic alcoholism — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature N. Z. Wollenweber M.D.
Asst Medical Examiner.
Date signed

9690

F 99379

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99379 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hosp. 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Jessup (If outside city or town limits, write RURAL and give town)
(d) Street No. Waterloo Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William F Bramwell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/2/1873

8. AGE: Years 69 | Months 5 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Edward W. Bramwell
(b) Address 3229 Rosalie Rd. Lansdowne Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-43 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge Mem. Cem.
Location Dorsey Md

18 (a) Funeral director F. A. Kyambrother
(b) Address Elkridge Md

19 (a) JAN 6 1943 (Date Received by Registrar) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1 1943, at 5 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & an inquiry thereon and from the evidence obtained by said autopsy & inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death Bronchial pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Yeatman M.D. Medical Examiner
Date signed Jan 2 1943

VS 6

107-X-0-0-X-H-1-0

F 99380

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

✓ F 99380

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2034 Brookfield Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 60yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County 1 Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernhard Tiefenbrun.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Leontine Tiefenbrun

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15th, 1865

8. AGE: Years	Months	Days	If less than one day
77	4	17	hr. min.

9. Birthplace Germany.
(Town, county, and state)

10. Usual Occupation Furniture Store Prop.
11. Industry or business

FATHER
12. Name Morris Tiefenbrun
13. Birthplace Germany

MOTHER
14. Maiden Name Yetta
15. Birthplace Germany,

16 (a) Informant Mrs. L. Tiefenbrun,
(b) Address 2034 Brookfield Ave.,

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/5/43
(month) (day) (year)
(c) Cemetery or crematory Oheb Shalom cem.
Location Balto. Md.

18 (a) Funeral director Dorsey Hondlemire & Dex
(b) Address 1902 Eutaw Heating to Williams M.E.

19 (a) JAN 2 - 1943 Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany. 2nd. 1943, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938 to Jan 2 1943, and that I last saw h e alive on Jan 1 1943.

Immediate cause of death: myocardial insufficiency — Duration 2 yrs.
Due to: arteriosclerosis.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
Signature M. D.
Address 1720 Eutaw Pl Date signed

VS 8

97 - X - 0 - 1 - X - X - 2 - 0

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87c

F 99381 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2537 St. Paul St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2537 St Paul St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dora E. Clarke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife J. Spencer Clarke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 16 1868

8. AGE: Years	Months	Days	If less than one day
74	10	15	hr. min.

9. Birthplace Baltimore Md. (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name David J. Price
13. Birthplace Md.

MOTHER 14. Maiden Name Elizabeth Hudson
15. Birthplace Md

16 (a) Informant J. Spencer Clarke
(b) Address 2537 St. Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7. 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director H. Howard Strong
(b) Address 3207 W. North Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION 230

20. DATE OF DEATH Dec. 31 1942, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1942 to Dec 31 1942 and that I last saw h.e alive on Dec 30 1942

Immediate cause of death: Cerebral apoplexy — Duration 5 yrs
Due to: Progressive bulbar palsy — Duration 2 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature A. L. Jones M.D.
Address 2818 St Paul Date signed 1/11/43

Hunting for Baltimore MD

JAN 2 - 1943

F 99382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

F 99382 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 130 S. Dallas St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 130 S. Dallas St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Jacob (Diggs)
3 (b) If veteran, name war
3 (c) Social Security Account No. 219-03-7524

4. Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 30, 1915
8. AGE: Years 27 | Months 6 | Days 29 | If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Lord Nott Packing Co.

FATHER
12. Name William H. Jacobs
13. Birthplace Md.

MOTHER
14. Maiden Name Carrie Diggs
15. Birthplace Md.

16 (a) Informant Lucy Diggs
(b) Address 203 Dallas Court
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location
18 (a) Funeral director Robert L. Conway
(b) Address 804 W. Fairfield St.
19 (a) JAN 2 - 1943 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1942, at 2 A. M
21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15 1942 to Dec. 29 1942, and that I last saw h[illegible] alive on Dec. 29 1942.

Immediate cause of death
Acute Myocarditis
Due to Pneumonia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
1 day
2 weeks
4 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Wm. H. Berry M. D.
Address 1-206 E. Chase Date signed 12-31-42

VS 3

99383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860 Registered No. F 99383

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 823 Bevans St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JACKSON HARRIS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 59 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL DEC 29 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) Filed (Date) JAN 2 1943 (b) Registrar

JAN 2 - 1943

9693

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 17 1942, at 2:40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Intracerebral Hemorrhage

Due to: Coronary Sclerosis

Due to: Fracture of left tibia compounded

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation: No

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 12-17-42 at M
(c) Where did injury occur? Baltimore City Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Institution While at work? No (Specify type of place)
(e) Means of injury Fall Struck on sidewalk

23. Signature P. L. Wallenmaier M.D. Medical Examiner.

Date signed Dec 18, 1942

9384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓ F 99384 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 730 Ajax Alley
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 730 Ajax Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Elicksen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL DEC 29 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 DEC 29 1942 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

JAN 2- 1943 9694

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/15 1942 at 10.45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to Natural death on the day stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 12/16/42

Wallenstein ✓

99385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 457

F 99385
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3153 Keswick Road.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3153 Keswick Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie M. Smith

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow.

6 (b) Name of husband or wife Edward E. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 13, 1889

8. AGE: Years	Months	Days	If less than one day
53	10	18	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name John Hurline.
FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Bridget O'Donovan
MOTHER 15. Birthplace Ireland.

16 (a) Informant Mrs. Agnes
(b) Address 3153 Keswick Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2, 1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director Edmondson & Donovan
(b) Address 3615-17 Eastern Ave

19 (a) JAN 2 1943 (b) Huntingtor Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31, 1942, at 4:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1942 to Dec 31 1942 and that I last saw he alive on Dec 31 1942

Immediate cause of death	Duration
Basal cell Carcinoma of face & jaw	
Due to Metastasis	
Due to Lungs	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature Leroy Wallenstein M. D.
Address 8 W Saratoga St Date signed 1/2/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 99386
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 33RD and CALVERT
(b) Street address ~~Mrs Alice Louise Wink~~
(c) Hospital or institution:
UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3614 CLIPPER ROAD
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME MRS ALICE LOUISE WINK.

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-0619

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	DIVORCED

6 (b) Name of husband or wife JOHN WINK.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB 26 1897

8. AGE: Years	Months	Days	If less than one day
45	10	24	hr. min.

9. Birthplace MARYLAND
(Town, county, and state)

10. Usual Occupation

11. Industry or business HOOPER'S MILL

FATHER
12. Name MR ROBERT WELLS
13. Birthplace MARYLAND

MOTHER
14. Maiden Name MARY GALLAGHER
15. Birthplace MARYLAND

16 (a) Informant Charles B. Wells.
(b) Address 3608 Clipper Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2/43 (month) (day) (year)
(c) Cemetery or crematory Pine Ridge
Location Pikesville

18 (a) Funeral director Thanhauser & Donovan
(b) Address 3615-17 Eastern Ave.

19 JAN 2 1943 (b) Hunting for Williams, M.D.
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-30 1942 at 10:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29 1942 to 12-30 1942 and that I last saw h~~e~~r alive on 12-30 1942

Immediate cause of death	Duration
CARDIORESPIRATORY FAILURE	
Due to CARDIAC DECOMPENSATION	6 MO
Due to HYPERTENSIVE CARDIOVASCULAR DISEASE	
Other Conditions DIABETES MELLITUS	± 10 YRS.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James Douglas Leonard M. D.
Address Union Memorial Hosp. Date signed 12/30/42

VS 250

99387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 99387

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 33rd St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3920 Elm Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE OREGON WATTS

3 (b) If veteran, name war MEX SAW

3 (c) Social Security Account No. 220-26-7277

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Flossie Lee Foster
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) April 17, 1868

8. AGE: Years	Months	Days	If less than one day
74	8	14	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation House Painter

11. Industry or business

FATHER
12. Name Oliver H. Watts
13. Birthplace Maryland

MOTHER
14. Maiden Name Sophia Weller
15. Birthplace Maryland

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 1/5/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave.

18 (a) Funeral director Lehmann Eth & Downes
(b) Address 2615-17 Liberty Ave.

19 (a) JAN 2 1943 (b) Hunting for Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1, 1943, at 6:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1, 1943 to Jan. 1, 1943 and that I last saw h. im alive on Jan. 1, 1943

Immediate cause of death	Duration
Myocardial infarction	Unk
Due to Coronary arterial thrombosis	Unk.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. M. Andrew, M.D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 1/4/43

94a - X - 1-1- X - X - 1 - 0

F 99388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

✓ F 99388 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4419 Wrenwoodave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 4419 Wrenwoodave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah L. Blakeley
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Wm. T. Blakeley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21 - 1865

8. AGE: Years	Months	Days	If less than one day
77 75	11	10	hr. min.

9. Birthplace Fincastle Va. (Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31st 1942 at 6.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20 1942 to Dec. 31 1942
and that I last saw h[illegible] alive on Dec. 31 1942

Immediate cause of death Chronic myocarditis — Duration 5 yrs.
Due to Arteriosclerotic cardio-
Due to vascular renal disease — 10 yrs?
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature S. A. Alessi M. D.
Address 621 Hanford Rd Date signed 1-2-43

BORNE FATHER

12. Name James Smith
13. Birthplace England
14. Maiden Name Margaret E. Kittenger
15. Birthplace Bristle Tennessee

16 (a) Informant Mrs. Florence Kirby
(b) Address 3210 Rosalie Ave. Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4 - 1943 (month) (day) (year)
(c) Cemetery or crematory Parkwood Mem.
Location Baltimore

18 (a) Funeral director Magnus Cook-Syfer
(b) Address 1600 W. North Ave
Filing for Williams, Mgr.

19 (a) (Date rec'd by Registrar) (b) Registrar

JAN 4 1943

F 99389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B

F 99389

Registered No.

Correct age is especially important. If unknown, please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Garrison, Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha Bailey

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Bl.	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Green Spring Valley, Md.
(Town, county, and state)
10. Usual Occupation Housemaid
11. Industry or business

FATHER
12. Name George Brown
13. Birthplace Md.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Md.

16 (a) Informant Mrs Lilly C. Jones
(b) Address Garrison, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-43 (month) (day) (year)
(c) Cemetery or crematory Asbury Cem.
Location Reisterstown, Md.

18 (a) Funeral director Mrs Frances A. Hemaley
(b) Address 578 W. Biddle St.

19 (a) (Date rec'd by registrar) (b)

JAN 2 - 1943

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1942, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from December 1942, to Dec. 30 1942, and that I last saw h.e alive on Dec. 30 1942.

Immediate cause of death Cerebral hemorrhage, Apoplexy — Duration 3 days

Due to Arteriosclerotic C.V.D.

Due to

Other Conditions Diabetes mellitus
Carcinoma of bladder
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. K. Palmer M. D.
Address University Hospital Date signed 1/31/43

F 99390 HEALTH DEPARTMENT—CITY OF BALTIMORE F 99390

CERTIFICATE OF DEATH

13 B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 706 Albert St St.,) Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Samuel Arnold

If U. S. Veteran specify WAR

(a) Residence: No. 706 Albert St St., 16 Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Arnold

6. DATE OF BIRTH (month, day, year) Aug 26, 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	4	7	6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Arnold

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mariah Moon

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary Arnold (Address) 706 Albert St

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 1-4 1943

19. UNDERTAKER George L. Nelson (Address) 1313 Forrestman St

20. FILED JAN 2 - 1943 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 2 1943

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20 - 1942 to January 2 - 1943

I last saw him alive on 12-27-42 1942 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	[illegible]
Other contributory causes of importance:	
—	
—	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Chester Riland M. D.

(Address) 2532 Edmondson Ave.

Date signed - - - 1-2-43.

V8 2

99391 JL - 76057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 C

F 99391 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo. 16da
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1433 Pennsylvania
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Latchette Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No. 221-03-5402

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Estelle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1887

8. AGE: Years	Months	Days	If less than one day
55	11	28	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Military Work
11. Industry or business Govt.

FATHER
12. Name Roland Matthews
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md.

18 (a) Funeral director Geo. U. Kelly
(b) Address 1303 Pennsylvania Ave

19 JAN 2 1942 (b) Interring for Williams Funeral Home

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2-42 1942 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-13 1941 to 12-29 1941, and that I last saw him alive on 12-29 1941

Immediate cause of death Carcinoma of stomach
Due to metastasis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 8-28-41
Major findings of operation Carcinoma
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry Moore M. D.
Address City Hosp. Date signed 1-2-42

VS 180

99392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. E 99392

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hospital 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 809 Scott St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louise Dyson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Clarence

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Feb. 19. 10

8. AGE: Years 37 | Months 10 | Days 14 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: At Home

11. Industry or business

FATHER
12. Name: Whitfield C. Baker
13. Birthplace: Carroll Co. Md.

MOTHER
14. Maiden Name: Ida Haines
15. Birthplace: Carroll Co. Md.

16 (a) Informant: Clarence E. Dyson
(b) Address: 809 Scott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-43 (month) (day) (year)
(c) Cemetery or crematory: St. Louis Ruth
Location: Arcadia Md.

18 (a) Funeral director: John C. Miller Inc.
(b) Address: 2435 E. Oliver St

19 JAN 2 1943 Lexington Miller, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1943, at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-19 1942 to 1-1 1943, and that I last saw her alive on 1-1 1943

Immediate cause of death: Lobar Pneumonia
Cardiac Decomp.
Duration: 2 wks

Due to: Rheumatic C.V.D.
Duration: 4-5 yr.

Due to: Mitral stenosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. Pearce Marechaux M. D.
Address: Univ. Hosp. Date signed 1-1-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

d. 108-92b-93c-5-5-2-1-3-0

Original.

99393

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

Registered No. F 99393

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 17
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 403 N. Greene ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick F. Klaus

3 (b) If veteran, name war W.W. #1

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-6-1893

8. AGE: Years	Months	Days	If less than one day
49	1	25	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name George Klaus

13. Birthplace Germany

MOTHER 14. Maiden Name Katherine Steig

15. Birthplace Germany

16 (a) Informant Marguerite Schertle

(b) Address 3716 Wilkens

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4-43 (month) (day) (year)

(c) Cemetery or crematory Balto Natl

Location

18 (a) Funeral director Leonard J. Rausch

(b) Address 5206 Baltimore Rd

19 (a) [illegible] (b) Hunting for Willis Davis M.D.

JAN 2 1943

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1942, at 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (autopsy or inquiry) thereon and from the evidence obtained by said (autopsy or inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death acute pulmonary edema — Duration

Due to arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Featherston M.D. Medical Examiner.

Date signed Jan. 1 1943

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99394

BALTIMORE CITY HEALTH DEPARTMENT X ✓ 108

CERTIFICATE OF DEATH

Registered No. F 99394

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Monument St
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Pottsville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JEAN THOMPSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
ns	ns

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6 - 1912

8. AGE: Years	Months	Days	If less than one day
30	8	25	hr. min.

9. Birthplace Pottsville Pa
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name John Artz
13. Birthplace Pottsville Pa

MOTHER
14. Maiden Name Elizabeth Frantz
15. Birthplace Pottsville Pa

16 (a) Informant David Rusch
(b) Address Pottsville Pa

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1-2-42 (month) (day) (year)
(c) Cemetery or crematory
Location Pottsville Pa

18 (a) Funeral director Robert G Brooks
(b) Address 1338 Hollins St

19 (a) JAN 2 1943 (Registrar's signature) (b) Huntingdon Williamsport Pa.
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/1 1943, at 9:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/29 1942 to 1/1 1943 and that I last saw h. ER alive on 1/1 1943.

Immediate cause of death	Duration
Circulatory Failure	
Due to Rheumatic Heart Disease	
Due to	
Other Conditions Lobar Pneumonia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Saul J. Farber
Address Sinai Hosp. Date signed 1/1/43

95b-95b-X-3-1-3-X-2-0

99395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

118 ✓

Registered No. E 99395

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give name of township)
(d) Street No. 2648 St. Benedict Pl
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward J Copper (Edgar J COPPER)

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 705-09-0525

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Nellie C Copper

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years 35 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation B & O Central Bldg

11. Industry or business Clerk

FATHER
12. Name Edgar J Copper
13. Birthplace Baltimore

MOTHER
14. Maiden Name [illegible] Foust
15. Birthplace Baltimore

16 (a) Informant Nellie C Copper
(b) Address 2648 St Benedict Pl

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Frederick Ave

18 (a) Funeral director Robert L Brooks
(b) Address 1338 Hollins Street

19 (a) [illegible] (b) [illegible]

JAN 2 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31st 1942, at 6 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1942 to Dec 31 1942 and that I last saw h[illegible] alive on Dec 31 1942

Immediate cause of death — Duration

Hemetemesis, unknown

Due to Ulcer

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard Carey M. D.
Address University Hosp Date signed 12-31

Type or write in ink. Physicians: please write the cause of death clearly and legibly.

Jesse Thomas Williams
F 99396

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937 36866 A
Registered No. F-99396

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 533 N. Howard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jesse Williams
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Lilly Bell
6 (c) If dead, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24, 1904

8. AGE: Years	Months	Days	If less than one day
38	1	5	hr. min.

9. Birthplace Greenwood S.C.
10. Usual Occupation Dishwasher
11. Industry or business Restaurant

FATHER
12. Name Nelson Williams
13. Birthplace Greenwood

MOTHER
14. Maiden Name Mattie Border
15. Birthplace Greenwood Co

16 (a) Interment Receive
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (Date) Jan 3, 1939
(c) Cemetery or crematory Greenmount
Location South
(a) [illegible] Mrs. Ida [illegible]
(b) Address 322 E. Lanvale St.

MEDICAL CERTIFICATION
20. DATE OF DEATH December 29, 1938 at 7 A.M.
21. I certify that death occurred on the date stated, and that I attended deceased from Dec. 27, 1938 to Dec. 29, 1938 and that I last saw him alive on Dec. 29 1938
Immediate cause of death Cardiac failure
Due to Hypertension and Arteriosclerosis
Due to
Other Conditions Hypertension
Operation
Date of operation
Major findings of operation

JAN 2 1939

427381

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution [illegible]
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. [illegible]
(a) State Md.
(b) City or county Baltimore
(c) [illegible]

3 (a) FULL NAME Hannah Anderson

3 (b) If veteran, name war

3 (c) Social Security Number

4. Sex Female

5. Color or race Black

6. (a) Married, never married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If widow, give age

7. Birth date of deceased (mo., day, yr.) 10-7-37

8. AGE: Years 5 Months - Days 5 If less than one day, hrs. or min.

9. Birthplace Md. (State, territory, or country)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James Anderson
13. Birthplace md.

MOTHER 14. Maiden Name Sedonia Wilson
15. Birthplace md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2, 1943

(c) Cemetery or crematory Western Star

(d) Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N Schroeder St. Baltimore Md.

19 Filed Jan 2nd 1943 by [illegible]

20. [illegible]

21. [illegible]

22. [illegible]

23. [illegible]

24. [illegible]

25. [illegible]

26. [illegible]

27. [illegible]

28. [illegible]

29. [illegible]

30. [illegible]

31. [illegible]

32. [illegible]

33. [illegible]

34. [illegible]

35. [illegible]

36. [illegible]

37. [illegible]

38. [illegible]

39. [illegible]

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99398 **CERTIFICATE OF DEATH** 93 F 99398

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3312 Maynard Avenue St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Henry Dennison

If U. S. Veteran specify WAR

(a) Residence: No. 3312 Maynard Avenue St. 27-17 Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sacramento (State or country) California

FATHER

13. NAME Daniel J. Dennison

14. BIRTHPLACE (city or town) New York (State or country) New York

MOTHER

15. MAIDEN NAME Bridget N. Broderick

16. BIRTHPLACE (city or town) Youghal (State or country) Ireland

17. INFORMANT Mr. Geo W. Mooney

(Address) 3312 Maynard Avenue

18. BURIAL, CREMATION, OR REMOVAL

3-1943 1546 Sacred Heart Date Jan 4, 1943

19. UNDERTAKER LORING BYERS

(Address) 3006 Park Heights Avenue

1-2-1943 Hunting & Williams Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1, 1943

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1942 to Jan 1, 1943

I last saw him alive on Dec 31, 1942 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Disease	1 Day
Myocarditis	3 Mo

Other contributory causes of importance:

Senility

no

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Charles J Wells M. D.

(Address) 5276 Park Heights ave

OCCUPATION is very important. See instructions on back of certificate.

F 99399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99399

Registered No. 10362

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens aves
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford Co.
(c) City or town Fallston
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert C. Hess

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Catherine Proctor
6 (c) If alive, give age 21 years

7. Birth date of deceased (mo., day, yr.) May 29 1921

8. AGE: Years	Months	Days	If less than one day
21	7	9 10	hr. min.

9. Birthplace Rutledge Md
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Eugene Hess
13. Birthplace Rutledge md

MOTHER
14. Maiden Name Anela Chenoweth
15. Birthplace Upper X Roads Harford

16 (a) Informant Eugene Hess
(b) Address Fallston Rd md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5-43 (month) (day) (year)
(c) Cemetery or crematory Good Will
Location Rutledge md

18 (a) Funeral director Martin & Kurtz
(b) Address Jarrettsville Md

19 (a) (b)
(Signature of local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1943 at 1:57 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 11 1942 to Jan 3 1943, and that I last saw h alive on Jan 3 1943.

Immediate cause of death Staph. Septicemia

Due to

Due to (or)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury?

23. Signature C. Arthur Lassahn

Address St. Agnes Hosp. Date signed 1/3/43

Filed JAN 5 1943

24a - 24a - X - 4 - 0 - 0 - X - 1 - 3

Correct ages especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99400 — 33a — Registered No. F 99400

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1613 N. Carey St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Corneliua Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-1623

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Col.	Widowed

6 (b) Name of husband or wife Nannie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 5, 1889

8. AGE: Years	Months	Days	If less than one day
53	3	26	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER — 12. Name ?
13. Birthplace Va

MOTHER — 14. Maiden Name Mary King
15. Birthplace Va.

16 (a) Informant Louise Hicks
(b) Address 1613 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. County Md.

18 (a) Funeral director Joseph B. Lockard
(b) Address 1364 N. Central Ave.

1-3-1943 (Registered number) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/31 1942 at 3.35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 1942 to Dec 31 1942, and that I last saw h[illegible] alive on Dec 31 1942

Immediate cause of death	Duration
Influenza	12 days
Due to [illegible] Bronchio Pneumonia	7 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations: —
of autopsy: no

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. N. Wright
Address 1209 Pratt Date signed Jan 7-43

VS 3

F 99401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. F 99401

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 N. Pulaski St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Samuel Hack

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-6587

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	MARRIED

6 (b) Name of husband or wife ADA

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY-12-1896

8. AGE: Years	Months	Days	If less than one day
46	7	19	hr. min.

9. Birthplace Phila. Pa.
(Town, county, and state)

10. Usual Occupation CLOTHING CUTTER

11. Industry or business

FATHER 12. Name LOUIS HACK

13. Birthplace RUSSIA

MOTHER 14. Maiden Name FANNIE

15. Birthplace RUSSIA

16 (a) Informant ADA HACK

(b) Address 1607 N. PULASKI ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-3-42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Mem'l Park

Location Woodlawn Mem'l Pk.

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Balt St.

JAN 3 1943 (Date rec'd by Registrar) Hunting for Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1942 at 6 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death, Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: N.D.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Yeatter M.D.
Medical Examiner.

Date signed Jan 1 1943.

F 99402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99402
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Druid Hill Ave & Rayner
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 524 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rebecca Goldberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/14/1873

8. AGE: Years	Months	Days	If less than one day
69	4	17	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Morris Shyzerman

13. Birthplace Poland

MOTHER 14. Maiden Name Molly

15. Birthplace

16 (a) Informant Hospt Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3. 1943 (month) (day) (year)

(c) Cemetery or crematory Wash. Blvd. Location Selma Spring Rd

(a) Undertaker or Funeral Director Jacob Stern Sons

(b) Address 1437 E. Baltimore St. (Funeral to be held from what address)

Date received (Registrar) Registrar

JAN 2 - 1943

JAN 3 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1 1943, at 10 55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/26 1942, to 1/1 1943, and that I last saw h[illegible] alive on 1/1 1943.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive Heart Disease

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Quenson M. Checketts

Address WBGH Date signed 1/1/43.

93d - 93d - 83a - 3 - 1 - 0 - 3 - 0

F 99403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53

F 99403 Registered No. 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1140 Washington Boulv
(c) Hospital or institution:
21
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1140 Washington Boulv
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bridget Rice

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15 1856

8. AGE: Years	Months	Days	If less than one day
86	7	16	hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Rice
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Brown
15. Birthplace Ireland

16 (a) Informant Mrs Mary McShane
(b) Address 1140 Washington Boulevard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4/1943 (month) (day) (year)
(c) Cemetery or crematory Catholic Cem
Location Rural

18 (a) Funeral director Welsh Funeral Home
(b) Address 2004-8 Orleans St

19 (a) [illegible] (b) Huntington Wilkins, M.D.

JAN 3 - 1943
JAN 3 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1942 at 9:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1941 to Dec 31 1942 and that I last saw h e alive on 12/31 1942

Immediate cause of death: Pneumonia Cell Epis
Duration: 1 yr

Due to: Retinoma of rt Testicle

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 30 Wilkens Date signed 1/4/43

avr

F 99104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99404 M

1170 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 430 N Linwood
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 738 N Linwood (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Garland Thomas Bowen

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-0263

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Clara Bowen
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Feb 3 1885

8. AGE: Years	Months	Days	If less than one day
57	10	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Book Keeper
11. Industry or business

FATHER 12. Name Enoch A Bowen
13. Birthplace Md

MOTHER 14. Maiden Name Margaret Hastings
15. Birthplace Md

16 (a) Informant Clara Bowen
(b) Address 738 N Linwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4/1943 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Rural

18 (a) Funeral director Ellicott Funeral Home
(b) Address 204 E Mulberry St

19 (a) JAN 2 1943 (b) Huntington Williams M.D.

JAN 3 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1942, at 11:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-26- 1942 to 12-31 1942 and that I last saw h wife alive on 12-26 1942.

Immediate cause of death Haemorrhage from gastric ulcer 2 recurring

Due to attack of gastric ulcer

Due to one period of 20 years

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Allen Beethem

Address 3131 E. Baltimore St Date signed 12-31-42

DR. Allen Beethem

F 99405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

134a F 9942 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address N. Broadway

(c) Hospital or institution: Church Home and Infirmary 11

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5

(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore City (If outside city or town limits, write GENERAL and give town)

(d) Street No. Park Courts Apartments (If rural give location) 1 Preston & N. Patterson Pl.

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs. Lillian Hamill Wayman (LILLIAN HAMILL WAYMAN)

3 (b) If veteran, name war: NONE

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife: Edwin Bowlen Wayman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1868

8. AGE: Years	Months	Days	If less than one day
64 65 74	7 9	8	hr. min.

9. Birthplace Chicago, Illinois (Town, county, and state)

10. Usual Occupation None

11. Industry or business NONE

FATHER 12. Name Samuel Hamill

13. Birthplace ?

MOTHER 14. Maiden Name Margaret Young

15. Birthplace England

16 (a) Informant Hospital Records

(b) Address

17 (a) Entombment (Burial, cremation, or removal) (b) Date thereof 1-4-43 (month) (day) (year)

(c) Cemetery or Crematory Green Mount

Location Green Mount at Oliver

(d) Funeral director Stewart & Morden Funeral Home

(b) Address 18-20 North Gay - Balto. Md.

JAN 2 - 1943 (b) Kuhn & Williams Md.

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2, 1943, at 4:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/29 1942 to 1/2 1943, and that I last saw her alive on 1/2 1943

Immediate cause of death: Uremia — Duration: 3 days

Due to Chronic Pyelonephritis — 5

Due to Nephrolithiasis — 5

Due to

Other Conditions Arteriosclerosis H. D. with subsequent C.V.A. & partial paralysis — 7

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible]

Address Church Home & Infirmary Date signed 1/2/43 M. D.

VS 3

134a-92b-93d-1-1-3-3-5-0

F 99406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99406 Registered No. 64

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2800 St Paul St
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2800 St Paul St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Dr. Walter Walton White Jr.

3 (b) If veteran, name war: No

3 (c) Social Security Account No. No

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hilda L. White

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Feby 21-1875

8. AGE: Years 67 | Months 10 | Days 12 | If less than one day: hr. min.

9. Birthplace Baltimore (town, county, and state)

10. Usual Occupation Physician

11. Industry or business Medicine

FATHER
12. Name Walter M. White
13. Birthplace England

MOTHER
14. Maiden Name Grace Ewens
15. Birthplace England

16 (a) Informant Mrs H. L. White (wife)
(b) Address 2800 St Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-4-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Sullivan Mortuary Co.
(b) Address 108 W Monument Ave.

19 JAN 2 - 1943 Registered by [illegible] Registrar

JAN 3 - 1943

N 35

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2nd 1943, at 3.40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1941 to Jan 2 1943, and that I last saw him alive on Jan 2 1943

Immediate cause of death: General Metastasis — Duration 1 Yr 9 Mos

Due to: Carcinoma Prostate — 2 Yrs.

Due to: Carcinoma of Prostate

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: March 2 1941

Major findings of operation: Carcinoma Prostate

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Hagley, M.D.

Address Catonsville Md Date signed 1/2/43

51 b - X - 1 - 1 - X - X - 1 - 0

F 99407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99407 / 46D

Registered No. 5

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3516 Fourth St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 d

(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto Md

(If outside city or town limits, write RURAL, and give town)

(d) Street No. 3516 Fourth St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Charles J. Newman

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 215-09-7129

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Virginia Tyree

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) May 17. 1909

8. AGE: Years 33 | Months 7 | Days 15 | If less than one day: hr. min.

9. Birthplace Gloucester, Va.

(Town, county, and state)

10. Usual Occupation Iron worker

11. Industry or business Md. Dry Dock

FATHER 12. Name Michael Newman

13. Birthplace Germany

MOTHER 14. Maiden Name Matilda Bark

15. Birthplace Germany

16 (a) Informant Nurse Mary Burke

(b) Address 1705 Jackson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5 /43 (Month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Brooklyn P.O. Md

18 Jan 1943 Funeral director Maurice J. Flynn

(b) Address 1422 Light St.

19 Jan 2 1943 Registrar Lindsay for Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2 1943 at 12.20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22 1942 to Jan 2. 1943, and that I last saw h alive on Jan 1 1943.

Immediate cause of death: Malignancy of Rectum (Adeno-Carcinoma) — Duration: 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Nov 13/42 - Gynn

Major findings of operation: Malignancy Removed with Metastases to Liver

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Dr S. H. Barnes M. D.

Address 431 E Fort Ave Date signed 1/2/43

VS 150

46d - X - 0 - 0 - X - X - 1 - 0

Cause signed especially important. Physicians: please write the causes of death clearly and legibly.

F 99408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 99408

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 523 Clement ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 523 Clement St. (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Dorsey E Lewis

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Emma O Lewis
6 (c) If alive, give age: 75 years
7. Birth date of deceased (mo., day, yr.): May 23, 1861
8. AGE: Years 81 | Months 7 | Days 7 | If less than one day: hr. ..... min. .....
9. Birthplace: Va (Town, county, and state)
10. Usual Occupation: Farmer & Carpenter
11. Industry or business: retired

FATHER
12. Name: John L Lewis
13. Birthplace: Union Mills Va

MOTHER
14. Maiden Name: Susan Winstead
15. Birthplace: Va

16 (a) Informant: E Claude Lewis
(b) Address: 523 Clement St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 4 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Baltimore Md

18 (a) Funeral director: A. Howard Evans
Address: 1400 Lombard
(b) Thanksgiving Tom Williams

JAN 2 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1 1943, at 8:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an in quest (Autopsy or Inquiry) thereon and from the evidence obtained by said in quest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: arteriosclerotic cardio vascular disease — Duration: .....
Due to: .....
Due to: .....
Other Conditions: .....
(Include pregnancy within 3 months of death)
Date of operation: .....
Major findings of operation: .....
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature: Robert Lee Graham M.D. Medical Examiner.
Date signed: June 2 1943

JAN 3 1943

930-X-0-0-8 X-1-0

F 99469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99469 Registered No. 61

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 238 N Hilton St
(c) Hospital or institution: 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) nw
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 238 N Hilton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Henry Frisch
3 (b) If veteran, name war nw
3 (c) Social Security Account No. nw 213-05-2967

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Matilda J. Frisch
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Aug 18 - 1875

8. AGE: Years	Months	Days	If less than one day
67	4	13	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Toy Brush Maker

FATHER
12. Name Henry Frisch
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Elizabeth Korn
15. Birthplace Baltimore Md

16 (a) Informant Matilda Frisch
(b) Address 238 N Hilton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4 1943 (month) (day) (year)
(c) Cemetery or crematory Greenlawn Park
Location

18 (a) Funeral director Charles F Tyrrell
(b) Address 2427 Edmondson Ave

19 (Filed by registrar) JAN 2 - 1943 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1942, at 6:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1942, to Dec 31 1942, and that I last saw h nw alive on Dec 31 1942

Immediate cause of death	Duration
Respiratory failure	12 hrs
Due to Cardiovascular renal disease	3 years
Due to	
Other Conditions Diabetes mellitus	3 years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard Yaffe M.D.
Address 3101 W Baltimore St Date signed 1/1/43 M. D.

VS 3

F 99410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99410
Registered No.

419682 133B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) ~~City or town~~ St. No. 1800 N. Carolina St. (If outside city or town limits, write RURAL and give town)
(d) ~~Street No.~~ City Baltimore (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marilyn Foster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-22-39

8. AGE: Years 3 | Months - | Days 10 | If less than one day hr. min.

9. Birthplace Kentucky (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ray Foster
13. Birthplace Kentucky

MOTHER
14. Maiden Name Emma Collier
15. Birthplace Kentucky

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2, 1943 (month) (day) (year)
(c) Cemetery or crematory
Location Burgrisle, Ky

18 (a) Funeral director Howe D. Whitehead
(b) Address 1900 Eutaw Place

19 (a) Registrar (b) Hunting Ton, W. Va.

VS 146

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1943 at 9 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1942 to January 2 1943 and that I last saw her alive on Jan. 2 1943

Immediate cause of death Cardiac failure

Due to Nephrosis & Pericarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Solomon M. D.
Address Johns Hopkins Hospital Date signed 1/2/43

133b-124-X-6-6-6-X-2-0

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Physicians, funeral directors, and informants should be carefully supplied with information.

F 99411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99411 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 804 St. Paul st
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 9 wk.

2. USUAL RESIDENCE OF DECEASED:
(a) State Va., (b) County Rappahannock County
(c) City or town Flint Hill (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Linnia Katherine Sothoron

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife George Mortimer Sothoron

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 31 1863

8. AGE: Years 79 Months 7 Days 2 If less than one day — hr. — min.

9. Birthplace Flint Hill, Virginia (Town, county, and state)

10. Usual Occupation Home maker

11. Industry or business Farming

FATHER
12. Name Clifton Haddox
13. Birthplace Flint Hill, Va.

MOTHER
14. Maiden Name Dorothy Smith
15. Birthplace Fauquier, Va.

16 (a) Informant Lt (jg) Horace Haddox
(b) Address 1028 Poplar Grove St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-2-42 (month) (day) (year)
(c) Cemetery or crematory Front Royal, Va.
Location ~~4025 Edmondson Ave~~

18 (a) Funeral director Henry H. Witzke
(b) Address 4401 Edmondson Ave

19 (a) (b) by registrar Huntington Williams M.D.

1-2-1942

1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1942, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1-1942 to 1-2-1942 and that I last saw her alive on 12-2-1942.

Immediate cause of death Coronary Thrombosis — Duration

Due to Chr. Heart Disease

Due to Cardiac Insufficiency

Other Conditions Bronchitis (Bronchio-Pneumonia)
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lyle D. Miller M. D.
Address 518 Cathedral St Date signed 1-2-42

94a-94a-107-1-5-1-3-3-0

F 99412

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99412 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hosp. 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 Washington Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Ennis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Geo. W. Ennis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18-1879

8. AGE: Years 63 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Miller

13. Birthplace Germany

MOTHER 14. Maiden Name Barbara Adler

15. Birthplace Pa

16 (a) Informant Mr George W. Ennis

(b) Address 1106 Wash Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4-43 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore

JAN 3 1943

18 (a) Funeral director George L. Schwartz

Address 2101 Frederick Ave. (Assisting for Baltimore, Md.)

JAN 3 1943 (b) (Date rec'd by Registrar) Registrar

JAN 5 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1943, at 6 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Subarachnoid hemorrhage

Duration

Fracture of pelvis

Due to accident

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 20 - V

(a) Accident, suicide, or homicide accident

(b) Date of occurrence Jan. 1 1943 at 3 17 P M

(c) Where did injury occur? Wilkens Ave & Millington (City or town) (County) Md (State)

(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? No

(e) Means of injury Pedestrian struck by auto

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed Jan 2 1943

VS 6

170C-83a-X-1-1-0-X-2-0

F 99413

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 53

F 99413 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 36 da.
(e) Length of stay in Baltimore (yrs., mos., or days): Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 2743 Huntingdon Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: CHARLES S. ANZMANN

3 (b) If veteran, name war	3 (c) Social Security Account No.
SAW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorded

6 (b) Name of husband or wife: Marie Wendorf
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 3, 1874

8. AGE: Years	Months	Days	If less than one day
68	3	28	hr. min.

9. Birthplace: Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation: Newspaper-Linotype operator
11. Industry or business:

FATHER
12. Name: Anthony Anzmann
13. Birthplace: Baltimore, Maryland.

MOTHER
14. Maiden Name: Harriet Seamore
15. Birthplace: Baltimore, Maryland.

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5/43 (month) (day) (year)
(c) Cemetery or crematory: Our Catholic
Location: Baltimore Md.

18 (a) Funeral director: George L. Schmidt
(b) Address: 2101 Frederick Ave.

19 (a) [illegible] (b) Huntington Wits. Md.

JAN 3 1943

JAN 3 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 1, 1943, at 12:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 24, 1942 to Jan. 1, 1943, and that I last saw him alive on Jan. 1, 1943.

Immediate cause of death	Duration
Melanoma	4 yrs.
Metastatic to liver	3 mo.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: J. C. Dutton
Address: US Marine Hospital, Baltimore, Maryland. Date signed 1/1/43

53-X-0-0-X-X-1-0

Original F 99414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a F 99414 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp. 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 578 Patapsco Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Cooman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Martin

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Mar. 9 1883

8. AGE: Years	Months	Days	If less than one day
59	10	22	hr. min.

9. Birthplace Brooklyn Md
(Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Philip Apfel
13. Birthplace Germany

MOTHER
14. Maiden Name Gertrude Alt
15. Birthplace Germany

16 (a) Informant Mr. Martin Cooman
(b) Address 578 Patapsco Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Mareak
(b) Address 715 Light St

JAN 3 - 1943

(By registrar) Virginia Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1942, at 11-0 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Yeatman M.D.
Medical Examiner.
Date signed Jan 1 1943

VS 6

F 99415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

F 99415 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 406 Broadway St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 406 Broadway St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LENA MURPHY

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: female. 5. Color or race: white. 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Colored.

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Aug 13 1892.

8. AGE: Years 50 52. Months 4 Days 16. If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Dante Bonie

13. Birthplace Italy

MOTHER 14. Maiden Name Unknown

15. Birthplace Italy

16 (a) Informant Edward Murphy

(b) Address 406 Broadway Apt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4. 1943 (month) (day) (year)

(c) Cemetery or crematory Maryland Park

Location Taylor ave Wendell Hyattsville

18 (a) Funeral director Wendell Hyattsville

(b) Address 3312-3 Hartford Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams Asst Registrar

JAN 8 1943

JAN 9 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31, 1942 at 8:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec-15 1941, to Dec 31 1942, and that I last saw h[illegible] alive on Dec-20 1942.

Immediate cause of death: cardiac Hypertrophy & decompensation

Due to: General carcinomatosis

Due to: cancer of Sigmoid

Other Conditions: Operation at Univ. Hosp.

(Include pregnancy within 3 months of death)

Major findings: Of operation: carcinoma of sigmoid

Of autopsy: none

Duration
3 mo.
4 mo.
2 hr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S. D. Murphy M. D.

Address Medical Arts Bldg Date signed

F 99416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 1a

F 99416 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2412 Edmondson Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Emma Margaret Scheer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widow Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 17, 1874

8. AGE: Years 68 | Months 3 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Scheer
13. Birthplace Germany

MOTHER
14. Maiden Name Marie
15. Birthplace Germany

16 (a) Informant Mrs. H. L. Scheer
(b) Address 2901 Forrest Park Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave & Longwood St.

(a) Funeral director Henry H. Wittke
(b) Address 4101 Edmondson Ave.

19 JAN 3 1943 Remington-Williamsport

JAN 2 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2 1943 at 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/31 1942 to 1/2 1943 and that I last saw her alive on 1/2 1943

Immediate cause of death: Uremia — Duration 3 days

Due to: Hypertension Cardio renal disease — 1 yr

Due to: Chronic nephritis — 1 yr

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. R. Duggan M.D.
Address St Agnes Hosp Date signed 1/2/43

13 1a - 93d - X - 2 - 2 - 1 - X - 2 - 0

F 99417

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99417 Registered No. 130

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 924 Bonaparte Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME James Aron Mills

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	MARRIED

6 (b) Name of husband or wife Mrs. James Aron Mills
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-17-1886

8. AGE: Years	Months	Days	If less than one day
56	1	16	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Steel Worker
11. Industry or business

FATHER
12. Name Samuel J. Mills
13. Birthplace Maryland

MOTHER
14. Maiden Name Alice Cooley
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/43 (month) (day) (year)
(c) Cemetery or crematory, Forest Lake
Location Gaithersburg Md.

18 (a) Funeral director William J. Richmond Sons
(b) Address Main & Ox Aves

JAN 8 1943

19 (a) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1943, at 7:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943, to Jan 8 1943, and that I last saw him alive on Jan 3 1943.

Immediate cause of death	Duration
Uremia and Pulmonary Edema	
Due to Cardiovascular Disease (Hypertensive) & Pneumonia.	
Due to	
Other Conditions (none)	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B. Phillips M.D.
Address Union Memorial Hosp. Date signed 1-8-43 M. D.

93d-107-132-1-1-4-0-4-1

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

99418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13L

Registered No. F 99418

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 2 (If outside city or town limits, write RURAL and give town)
(d) Street No. 629 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Henderson 78718

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 31, 1883

8. AGE: Years	Months	Days	If less than one day
59	11	1	hr. min.

9. Birthplace N.J. (Town, county, and state)

10. Usual Occupation XXXXXXXXXXXXXXX

11. Industry or business Printer

FATHER
12. Name James Henderson
13. Birthplace Conn.

MOTHER
14. Maiden Name Helen ? Sill
15. Birthplace N.Y.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 3 43 (month) (day) (year)
(c) Cemetery or crematory Hackensack
Location Hackensack New Jersey

18 (a) Funeral director A. Reiley S. Slade
(b) Address 4907 York Road

19 (a) JAN 4 1943 (Date received by Registrar) (b) Signature for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2 1943, at 11:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 22 1942 to Jan. 2 1943, and that I last saw him alive on Jan. 2 1943

Immediate cause of death

Pulmonary tuberculosis — Duration 3 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A.J. Hartz
Address Balto City Hosp. Date signed 1/7/43

VS 180

13L - X - 0 - 0 - X - X - 1 - 0

99419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

F 99419

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 Dunkeland & Raynes
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2525 Reisterstown Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elmer S. Ewell

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-8238

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years 52 | Months | Days | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Drill Hand

11. Industry or business Crown Cork & Seal Co.

FATHER 12. Name Walter Ewell

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 1943 (month) (day) (year)

(c) Cemetery or crematory Westminster

Location Hallward Va

18 (a) Funeral director J. D. Johnson Inc.

(b) Address Parkville Md.

19 (a) JAN 4 1943 (Date received by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/3 1943 at 9:35 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from 12/21 1942 to 1/3 1943, and that I last saw h alive on 1/3 1943.

Immediate cause of death Generalized Peritonitis

Due to Acute Gangrenous Appendicitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12/21/42

Major findings of operation: Acute Gangrenous Appendicitis

of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benson M. Checket M.D.

Address WBGH Date signed 1/3/43

VS 3

121-129-X-1-1-0-X-2-0

99420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99420

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo. 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo. 23 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Wash. D.C. County
(b) City or town Wash. D.C.
(If outside city or town limits, write RURAL and give town)
(c) Street No. 2201 7th St. N.E.
(If rural give location)
(d) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Osborne Preston

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 18 | Months 10 | Days 17 | If less than one day — hr. — min.

9. Birthplace Wash. D.C.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER
12. Name Geo. W. Preston
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Dorothy Krieg
15. Birthplace New York

16 (a) Informant Geo. Preston
(b) Address Wash. D.C.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/4/43 (month) (day) (year)
(c) Cemetery or crematory Location Washington, D.C.

18 (a) Funeral director Wm. J. Pickney & Sons.
(b) Address North & Pennsylvania Ave.

19 (a) JAN 4 1943 (Registrar) (b) Hunting for Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/3/43 1943, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 9 1942 to Jan 3 1943 and that I last saw h alive on 1/3 1942

Immediate cause of death Bronchopneumonia — Duration 1 day

Due to Sarcoma, naso pharynx Penetration thru base of skull — Duration 2 yrs.

Due to Metastasis to Lungs — Duration 1 mo.

Other Conditions Extreme Emaciation & Wasting.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Surgical biopsy, Nasal Pharynx

If autopsy: Sarcoma of Naso Pharynx

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Grady Wallace
Address 1/3/43 Date signed 1/3/43

VS 150 Note - Physician's report 45f-107-X-1-9-0-X-2-0

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 ✓ Registered No. D 99421

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 317 N. Robinson st. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby girl Stout (Birth F 67569)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-2-43.

8. AGE: Years — | Months — | Days — | If less than one day 2 hrs. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Wade G. Stout

13. Birthplace Randolph Co. N.C.

MOTHER 14. Maiden Name Magella B. Cramer

15. Birthplace Ashboro Co. N.C.

16 (a) Informant Mrs. M. B. Stout

(b) Address 317 N. Robinson st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-43. (month) (day) (year)

(c) Cemetery or crematory Randolph Co., N.C.
Location

18 (a) Funeral director Wendell E. Humphreys

(b) Address [illegible] Burlington, N.C.

JAN 4 - 1943 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2- 1943, at [illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1943 to 1-2 1943 and that I last saw h[illegible] alive on 1-2 1943.

Immediate cause of death Prematurity - 26 wks. — Duration

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Speaut M. D.

Address St Joseph's Hosp Date signed

VS 3 Vital = Mother = Randolph Co - N.C. 159-X-0-0-X-X-0 1-2-43

99423 174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 A Registered No. E 99422

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 174 Dolphin St.
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 174 Dolphin St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Bond

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	W

6 (b) Name of husband or wife Ben
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Tom Baker
13. Birthplace Va.

MOTHER
14. Maiden Name Lucy ?
15. Birthplace Va.

16 (a) Informant Minnie Baker
(b) Address 174 Dolphin St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 2 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Hartsfield
(b) Address 918 Druid Hill Ave.

19 (a) 1/2/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1942 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1942 to Dec 26 1942 and that I last saw h[illegible] alive on Dec 26 1942

Immediate cause of death Cerebral Hemorrhage — Duration Few Days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Garland Admiller M. D.
Address 1534 Druid Hill Ave Date signed Jan. 2, 1943

VS 250

99423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99423 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 512 St. Mary
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 St. Mary (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dora Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife James Coleman

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) — — 1894

8. AGE: Years 48 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Keysville Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name ?

13. Birthplace

MOTHER 14. Maiden Name ?

15. Birthplace

16 (a) Informant James Coleman

(b) Address 512 St. Mary

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof Jan 5-1943 (Month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director A. Halstead

(b) Address 9 E. Lexington

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1942 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 29 1942 to Dec 31 1942 and that I last saw h— alive on Dec 31 1942

Immediate cause of death Generalized Tuberculosis — Duration 3 days

Due to Tuberculosis of Liver (Portal) — 6 mos.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. L. Berry M. D.

Address 1420 E. Chase Date signed 1-1-43

VS 3

99424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 E

F 99424 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga Sts
(c) Hospital or institution:
Mercy Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(or City) Town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 732 Agar Alley
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jane Bishops

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Unknown Wid.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
78 Years			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (b) Date thereof Jan. 4, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 848 Druid Hill Ave.

JAN 4 1943

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1942, at 1:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from December 0 1942 to December 21 1942 and that I last saw her alive on December 21 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertensive Cardio-Vascular disease	
Due to	
Other Conditions Lues	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James G. Heyman M. D.
Address Mercy Hospital Date signed December 24 1942

VS 150

F 99425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. F 99425

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 337 W. Biddle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 337 W. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Benjamin Goltman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Baltimore Md (town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Druid Pleasure Club
(b) Address 816 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) JAN 4 - 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1942, at 7 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & an examination (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry & an examination (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular - renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
Was autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Eastman, M.D. Medical Examiner.
Date signed Dec 30 1942

VS 6

99426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940 Registered No. E 99426

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 335 E 28th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 335 E 28th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna M Umberg

3 (b) If veteran, name war —
3 (c) Social Security Account No. None
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Married
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 23 1877
8. AGE: Years 11 Months 9 Days 8 If less than one day hr. min.
9. Birthplace Lorch Rhine, Lorch, Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Roth
13. Birthplace Germany

MOTHER
14. Maiden Name Carlina Antonnon
15. Birthplace Germany

16 (a) Informant Helen E Umberg
(b) Address 335 E 28th St
17. (a) Burial Luna (b) Date thereof 1/5/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore Md
18 (a) Funeral director Fulton Funeral Home
(b) Address 1317 E Fort Ave
19. (a) 1/4/43 (b)
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1943, at 12 M
21. I certify that death occurred on the date above stated; that I attended deceased from 12/30 1942 to 1/2 1943, and that I last saw her alive on 1/2 1943.
Immediate cause of death Coronary thrombosis. — Duration 3 days.
Due to —
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation None.
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J. Wilder Guyton M. D.
Address 3963 Greenmount Ave. Date signed 1/2/43

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 180

94a-X-0-0-X-X-1-0

99427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. F 99427

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison + Linden
(c) Hospital or institution:
Maryland General Hospital W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 68 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 913 Ridgely ST.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Francis Breslaw

3 (b) If veteran, name war: no
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William Breslaw
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 25-1868

8. AGE: Years	Months	Days	If less than one day
74	1	7	hr. min.

9. Birthplace Annapolis Md (town, county, and State)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Andrew Schultz
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Elizabeth Carey
15. Birthplace Baltimore Md

16 (a) Informant Irene A. Breslaw
(b) Address 913 Ridgely St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director William Cook Inc
(b) Address 1317 W Pratt St

19 (a) JAN 4-1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/2 1943 at 4:20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1 1942 to 1/2 1942, and that I last saw her alive on 1/2 1942.

Immediate cause of death Heart Failure

Due to Secondary Anemia.

Due to Metastic Carcinoma of G.I. Tract

Other Conditions (a)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Loy M. Zimmerman
Address Md. Gen. Hosp. Date signed 1/2/43 M. D.

VS 8

46e-73d-X-2-2-1+2-1

99428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. F 99428

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 426 Calvin Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 426 Calvin Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Burnham

3 (b) If veteran, name war W

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband Martin S. Burnham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22nd 1859

8. AGE: Years 83 | Months 2 | Days 10 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Robert Gardiner
13. Birthplace Ireland

MOTHER
14. Maiden Name Eliza M. Dawson
15. Birthplace Va.

16 (a) Informant Ruth G. Ludwig
(b) Address 426 Calvin Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/43 (month) (day) (year)

(c) Cemetery or crematory Balto. Md.
Location

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St

19 (a) JAN 4 - 1943 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2nd 1943, at VA M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1940 to Jan 1 1943, and that I last saw h. alive on Jan 1 1943.

Immediate cause of death Cardiac arrhythmia

Duration 4 weeks

Due to Cardio Renal disease 4 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Thornton M. D.
Address 3126 Sandford Rd Date signed 1/3/43

131a-X-1-1-X-X-1-D

F 99429

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3b

Registered No. F 99429

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8-S
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 832 N. Bethel (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Mertz

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna Marie Mertz
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Sept 28-1890

8. AGE: Years	Months	Days	If less than one day
52	3	5	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Pressman
11. Industry or business Printing

FATHER
12. Name Mertz
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs Anna M. Mertz
(b) Address 832 N. Bethel 1/5/43

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Pending (month) (day) (year)
(c) Cemetery or crematory Patterson Cem.
Location Taylor Ave Balto Md

18 (a) Funeral director George J. Ruth Inc
(b) Address 1245 Hanover Ave Balto

19 (a) JAN 4 1943 (Date rec'd by registrar) Howard W. Williamson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2- 1943, at 11:45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence obtained by said Autopsy - Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic Pulmonary Tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 1-3-43

VS 6

13b-X-0-0-R-X-1-0

99430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

901

Registered No. F 99430

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1405 S. Lamvale Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4301 Sheldon ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter B. Buschmann

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-09-8955

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Lucille (Bogner)

6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) 7-3-1912

8. AGE: Years 30 | Months 4 5 | Days 30 29 | If less than one day — hr. — min.

9. Birthplace Ocean City, N. J.
(Town, county, and state)

10. Usual Occupation Painting Dept. Mgr.

11. Industry or business Food Fair, Co.

FATHER
12. Name George Buschmann
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary Fox
15. Birthplace Penna

16 (a) Informant Wife Lucille Buschmann
(b) Address 4301 - Sheldon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-43 (month) (day) (year)
(c) Cemetery or crematory Maryland Park Cem
Location Taylor Ave Balto Md

18 (a) Funeral director George J. Fuith Inc
(b) Address 1645 Harlem Ave

19 (a) JAN 4 - 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2-1943, at 3:37 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

	Duration
Immediate cause of death: Hemopericardium	
Due to: Ruptured Pulmonary Artery	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 1-3-43

VS 6

1142 - 1142 - X - 0 - 1 - 1 - X - 2 - 0

99431 F 99431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93N

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2911 Gibbons Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2911 Gibbons Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Joseph Veara

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1861

8. AGE: Years	Months	Days	If less than one day
81	2	12	######## min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Gardener (Retired)
11. Industry or business

FATHER
12. Name Francis F. Veara
13. Birthplace Island of Mederia

MOTHER
14. Maiden Name Sophia High
15. Birthplace Baltimore Md.

16 (a) Informant Miss. Rosa Susanna Veara
(b) Address 2911 Gibbons Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4, 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Harford Rd. Balto. Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Ave

19 (a) JAN 4 - 1943 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1942, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1941 to Dec 31 1942 and that I last saw h[illegible] alive on Dec 20 1942.

Immediate cause of death: Acute Cardiac Dilatation — Duration: Dec 31/42
Due to
Due to
Other Conditions: Chronic Myocarditis (arteriosclerosis) — a number of years
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morris A. Green M. D.
Address 3009 Eastpoint Ave Baltimore Maryland Date signed 1/3/43

99432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47 F 99432 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Every item of information should be carefully supplied. Every correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 10 B W. Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County)
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 W. Fayette (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Butler Ford

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	D Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1899

8. AGE: Years	Months	Days	If less than one day
43	5	-	hr. min.

9. Birthplace Winnsboro S. C. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Butler Ford
13. Birthplace S. C.

MOTHER
14. Maiden Name Ella Davis
15. Birthplace S. C.

16 (a) Informant Ella L. Ford
(b) Address 1013 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/43 (month) (day) (year)
(c) Cemetery or crematory
Location Winnsboro, S. C.

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley Ave

19 (a) JAN 4 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1, 1943 at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/2 1942 to 1/1 1943 and that I last saw h— alive on 12/31 1942

Immediate cause of death	Duration
Primary Metastatical	5 mo
Due to Carcinoma	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations: Johns Hopkins Diagnosis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed [illegible]

VS 180

47f-X-0-0-X-K-1-0

PLEASE WRITE PLAINLY with pen and ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

83133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 h

Registered No. F 99433

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 372 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
9-5
(d) Street No. 622 N. Bethel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cora Banks 70754

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: black

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1922

8. AGE: Years 20 | Months 7 | Days 22 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Banks
13. Birthplace Md.

MOTHER
14. Maiden Name Marie Johnson
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Edward W Lee
(b) Address 1000 E Brant Lane

19 (a) JAN 4 1943 (Date rec'd by Registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2 1943 at 5:25A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26 1941 to Jan. 2 1943, and that I last saw her alive on Jan. 2 1943

Immediate cause of death: Pulmonary tuberculosis — Duration: .

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A S Harter
Address Balto City Hosp Date signed 1/5/43 M.D.

13 h - X - 0 - 0 - X - X - 1 - 0

99434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91N

Registered No. F 99434

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

10-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 702 Sterling St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Madison

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Estelle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1904

8. AGE: Years: 38 | Months: 3 | Days: 16 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name: Edward Madison
13. Birthplace: Ancenmette Parish

MOTHER
14. Maiden Name: Josephine Ringgold
15. Birthplace: Port Deposit Md

16 (a) Informant: Estelle Madison
(b) Address: 702 Sterling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/43 (month) (day) (year)
(c) Cemetery or crematory
Location: Mt. Calvary

18 (a) Funeral director: Elroy Wilson
(b) Address: 1000 Pennsylvania Ave

19 (a) JAN 4- 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1943, at 1 1/2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-16-1942 to 1-2-1943 and that I last saw him alive on 1-1-1943

Immediate cause of death: Acute cerebral thrombosis — Duration: 11 days
Due to:
Due to:
Other Conditions: embolism, left
Diabetes mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J. R. Carr M. D.
Address: 615 Madison Ave Date signed 1-7-43

VS 3

91a-99-X-5-5-3-X-2-0

99435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 b

Registered No. F 99435

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave. 16
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 204 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 923 N. Calhoun St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosie Burley 74527

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	sep.

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1914

8. AGE: Years	Months	Days	If less than one day
28	8 6	14	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation housework
11. Industry or business

FATHER
12. Name Tobbie Custist
13. Birthplace Baltimore

MOTHER
14. Maiden Name Matilda Ames
15. Birthplace Baltimore

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 1/4/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1600 Bentley Ave

JAN 4 - 1943
(Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 29 1942, at 8:05P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1942 to Dec. 29 1942, and that I last saw her alive on Dec. 29 1942.

Immediate cause of death Pulmonary tuberculosis — Duration 3½ yrs?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Weyer V. A. Hosp M.D.
Address Balto City Hosp Date signed 12/31/42

VS 150

Please write plainly, with unfading ink. Physicians: please write the causes of death clearly and legibly. Information is especially important.

F 99436

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 63c

F 99436 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1129 Greenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 19-1 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Quinn

3 (b) If veteran, name war — no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Francis M. Quinn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26, 1874

8. AGE: Years	Months	Days	If less than one day
68	3	5	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Smith
13. Birthplace England

MOTHER
14. Maiden Name Ann McCauliff
15. Birthplace England

16 (a) Informant Mrs. Johnston Quinn
(b) Address 1129 Greenmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4, 1943 (month) (day) (year)
(c) Cemetery or crematory Mary Cathedral Cem.
Location 4300 Old Frederick Rd

18 (a) Funeral director Edward W. Conklin & Son
(b) Address 924 E. Eager St.

19 (a) (Date rec'd by registrar) JAN 4 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1st 1943, at 1p M

21. I certify that death occurred on the date above stated; that I attended deceased from 1900 to Jan 1 1943 and that I last saw h.. alive on Jan 1 1943.

Immediate cause of death: Angina pectoris — Duration 4 hrs
Due to: Arterial sclerosis, Cardiac renal
Due to:
Other Conditions: Age, Varicose ulcers, Myxedema,
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature E. E. Hayward M. D.
Address 115 S Eager St Date signed Jan. 2, 43

VS 94a-94a-162b-3-1-1-3-3-0

F 99437

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99437 Registered No. 10

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 McKean Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura Lee Herr

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-09-2692

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Frank A. Herr

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12 - 1912

8. AGE: Years 30 | Months 2 | Days 19 | If less than one day hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)

10. Usual Occupation Mail order dept.

11. Industry or business Montgomery - Ward Co.

FATHER 12. Name Carroll Kamber

13. Birthplace Maryland

MOTHER 14. Maiden Name Rachael Anne Becraft

15. Birthplace Maryland

16 (a) Informant Mrs. Rachael A. Kamber

(b) Address Columbia Pike, Ellicott City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4-1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Moriah (Hampden)

Location Baltimore, Md.

18 (a) Funeral director Horace F. Burgee

(b) Address 3949 Falls Road

19 (a) JAN 3 1943 (Date rec'd by registrar) (b) Hunting Ter Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1 1943, at 2:15 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Rupture of liver — Duration

Due to accident

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following Cath. Ent.
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan. 1 1943 at 1:30 A.M
(c) Where did injury occur? Dundalk Ave & Broening (City or town) Hwy (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No (Specify type of place)
(e) Means of injury Auto collided & skunk car

23. Signature Robert Lee Gratton M.D. Medical Examiner.
Date signed Jan 1 1943.

VS 6

1701 - X - 1 - 1 - X - X - 1 - 0

Same F 99438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 b

F 99438 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2.0.4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 McKean Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frank A. Herr

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
—	215-10-4157	M	W	Married

6 (b) Name of husband or wife Laura L. Herr
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 19-1910

8. AGE: Years	Months	Days	If less than one day: hr.	min.
32	4	12		

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Western Electric Co.
11. Industry or business

MOTHER / FATHER
12. Name Frank A. Herr
13. Birthplace Baltimore Md
14. Maiden Name Mary Katherine Kreb
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Mary K. Herr
(b) Address 3632 Buena Vista Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4-1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 JAN 5 1943 (Date rec'd by registrar) (b) Hunting F. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1 1943, at 2.15 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said partial autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Subarachnoid hemorrhage & brain	
Due to trauma	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: partial

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident Baltimore
(b) Date of occurrence Jan. 1 1943 at 1.30 A.M.
(c) Where did injury occur? Dundalk Ave & Broening Hwy (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No (Specify type of place)
(e) Means of injury Auto collided with street car

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Jan 1 1943.

VS 6

170 b - 83a - X - 4 - 4 - 0 - X - 2 - 0

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99439 **CERTIFICATE OF DEATH** F 99439

1. PLACE OF DEATH Liebing's Private Home 93N Registered No.

CITY OF BALTIMORE: (No. 600 S. Chapelgate Ave. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. — mos. — da. How long in U.S. if of foreign birth? yrs. mos. da.

2. FULL NAME Elmer Fisher 13-7 If U. S. Veteran specify WAR

(a) Residence: No. 3620 Keswick Road St., Ward (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Jennie Fisher

6. DATE OF BIRTH (month, day, year) March 25-1864

7. AGE: Years 78 | Months 9 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 9 years

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Pennsylvania

FATHER

13. NAME John Fisher

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Emma Rogers

(Address) 3646 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Jan. 4- 1943

19. UNDERTAKER Horace E Burger

(Address) 3631 Falls Road

4-1943

20. FILED JAN 3 1943 Registrar.

JAN 4- 1943 Hunting for Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 1, 1943

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1942 to January 1, 1943

I last saw him alive on January 1, 1943 Death is said to have occurred on the date stated above, at 12 00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Degeneration Chronic	1935
Arteriosclerotic Heart Disease	1940 ?
Auricular Fibrillation	1940
Other contributory causes of importance:	
Cardiac Decompensation Final	11-42

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl Pass M. D.

(Address) 400 Wilkens Ave

OCCUPATION is very important. See instructions on back of certificate.

F 99440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 99440 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2108 Brookfield Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2108 Brookfield Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MINNIE L. DAVIS

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 30, 1860

8. AGE: Years	Months	Days	If less than one day
82	2	1	hr. min.

9. Birthplace Carroll Co., Md. (Town, county, and state)
10. Usual Occupation teacher
11. Industry or business State Teachers College Towson

FATHER
12. Name George H. Davis
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Margaret E. Waters
15. Birthplace Carroll Co., Md.

16 (a) Informant Mrs. Wm. B. Beaumont
(b) Address 2108 Brookfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/43 (month) (day) (year)
(c) Cemetery or crematory Pine Grove Cem.
Location Mt. Airy, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (c) JAN 4 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1, 1943, at 1.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 4, 1939 to Jan. 1, 1943 and that I last saw her alive on Jan. 1, 1943

Immediate cause of death: Cardiac Insufficiency — Duration: 3 weeks
Due to: Generalized Arteriosclerosis
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George H. Kemp M.D.
Address 3030 Edmondson Ave Date signed 1/2/43

Certificate is apparently imperfect. Physician: please write the causes of death clearly and legibly.

VS 250

97-X-4-1-X-X-2-3

F 99441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 99441 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2433 Barclay St.
(c) Hospital or institution:

17-103

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 2433 Barclay St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME IDA MARY SMITH

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 213-10-8393

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife ~~Calvert Co., Md.~~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1867

8. AGE: Years	Months	Days	If less than one day
75	6	29	hr. min.

9. Birthplace Calvert Co., Md. (Town, county, and state)
10. Usual Occupation finisher
11. Industry or business Harcum Inc.

FATHER
12. Name Sterling C. Smith
13. Birthplace Calvert Co., Md.

MOTHER
14. Maiden Name Eliza H. Kelton
15. Birthplace Calvert Co., Md.

16 (a) Informant Mrs. Grace Ostrander
(b) Address 2433 Barclay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/43 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) [illegible] Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/2/43 19 at 3:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/4 1942 to 1/2 19 43 and that I last saw h[illegible] alive on 1/2 19 43

Immediate cause of death

Due to Chronic Intestinal Nephritis — Duration 2yrs

Due to

Other Conditions Myocardial Degeneration — 4days

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury None

23. Signature Dorothy Miller M.D.
Address 1500 N Baltimore Date signed 1/2/43

131a-93d-X-0-0-3-X-2-0

F 99442

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99442 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4008 Fernhill Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4008 Fernhill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY CATHERINE SIBLEY

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	female	white	widow

6 (b) Name of husband or wife Franklin L. Sibley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1864

8. AGE: Years	Months	Days	If less than one day
78	3	0	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John L. O'Neal
13. Birthplace Alexandria, Va.

MOTHER
14. Maiden Name Dorcas A. Harmontree
15. Birthplace Md.

16 (a) Informant Mrs. C. Howard Lambdin
(b) Address 4008 Fernhill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 4 - 1943 (Date received by registrar) Hunting & Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1, 1943 at 8:05A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1 1943 to 1/1 1943 and that I last saw h[illegible] alive on 1/1 1943.

Immediate cause of death	Duration
Double Lobar Pneumonia	1 Day
Due to	
Due to c CO age	78 Y
Other Conditions Mitral Heart	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. C. Hearn M.D.
Address 4907 Fairmount Ave. Date signed 1/4/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

162b-162b-X-0-2-2-X-2-0

F 99443

F 99443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131W

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2725 W. Fairmount Ave.
(c) Hospital or institution:

2607

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2725 W. Fairmount Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE EDWARD KUHL, Sr.

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	220-07-8148

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Della W. Kuhl
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26, 1866

8. AGE: Years	Months	Days	If less than one day
76	3	5	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation machinist
11. Industry or business Md. Biscuit Co.

FATHER
12. Name George E. Kuhl
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Margaret J. Kenikely
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Ella E. Williamson
(b) Address 1913 Griffiss Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Huntington & Williamson Ave.

19 (a) JAN 4 - 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1, 1943, at 8:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28 1942 to JAN. 1, 1943, and that I last saw him alive on JAN. 1, 1943.

Immediate cause of death	Duration
UREMIA –	4 days –
Due to ARTERIOLAR NEPHRO-SCLEROSIS	? years
Due to HEART FAILURE	5 days –
Other Conditions ARTERIO SCLEROSIS –	? years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elsie E. Miller, M.D.
Address 2673 Wash. Blvd. Date signed 1/4/43

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 250

131a-X-1-1-X-X-1-0

F 99444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163M

F 99444 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp. 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4146 Roland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Lee Mattingly, Jr.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	none	M	W	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1924

8. AGE: Years	Months	Days	If less than one day
18	0	14	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation none - student
11. Industry or business

FATHER
12. Name George L. Mattingly
13. Birthplace St. Mary's Co., Md.

MOTHER
14. Maiden Name Maud Wiegand
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Mattingly
(b) Address 4146 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) [illegible] (Signature of registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2 1943, at 9.45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Asphyxiation due to carbon monoxide	
Due to exhaust from automobile	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) ~~Accident~~ suicide ~~homicide~~ Found in auto parked in garage at home
(b) Date of occurrence Jan. 2 1943 at 9.45 A M
(c) Where did injury occur? 4146 Roland Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Garage at home (Specify type of place) While at work? No
(e) Means of injury Inhaled fumes from automobile
23. Signature Robert Lee Grahame M.D. Medical Examiner.
Date signed Jan 2 1943.

VS 6

163M-X-0-0 X-X-1-0

F 99445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 99445 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Raynor
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2203 Belair Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Barbara Lee White (Birth F-66066)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/26/42

8. AGE: Years | Months | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Gorman Tarlton White

13. Birthplace Chance, Md.

MOTHER 14. Maiden Name Iris Pauline Roberts

15. Birthplace Clara, Md.

16 (a) Informant Gorman White

(b) Address Baltimore Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4, 1943 (month) (day) (year)

(c) Cemetery or crematory Chance M.E. Location Chance, Md.

18 (a) Funeral director Dale Dashiell

(b) Address Princess Anne Md.

19 (a) JAN 4 - 1943 (Date rec'd by registrar) Washington Williams, M.E.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/1/1943, at 11 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/26 1942, to 1/1 1943, and that I last saw her alive on 1/1 1943.

Immediate cause of death Premature Birth — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gorman M. Chesley M.D.

Address WBGH Date signed 1/6/43.

VS 8

159 - X - 0 - 0 - X - X - 1 - 0

Physicians: please write the causes of death clearly and legibly. Accuracy important.

99446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 944a

F 99446 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1405 Park Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 31 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1405 Park Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MAURICE LAPP

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife: Florence Cullen
6 (c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Oct 15.1855

8. AGE: Years	Months	Days	If less than one day
87	2	18	hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Milliner
11. Industry or business: Millenary

FATHER
12. Name: ?
13. Birthplace: ?

MOTHER
14. Maiden Name: ?
15. Birthplace: ?

16 (a) Informant: Florence C. Lapp
(b) Address: 1405 Park Ave.

17 (a) cremation (Burial, cremation, or removal) (b) Date thereof Jany 4.1943 (month) (day) (year)
(c) Cemetery or crematory: LOUDON PARK
Location: 3801 Frederick Ave.

18 (a) Funeral director: John O. Mitchell & Sons Inc
(b) Address: 1900 Eutaw Place

19 (a) Jan 4 1943 (Date filed by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 2.1943 19 . at 9h M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1942 to Jan 2 1943 and that I last saw him alive on Jan 2h 1943.

Immediate cause of death: Sudden Coronary occlusion

Duration: Sudden

Due to: Bilateral athero-sclerosis resulting in amputat. of rt leg —

Duration: Years

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: Amputation of Rt leg 2/38

Major findings of operation:

of autopsy: Arteriosclerosis with occlusion of artery (femoral)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Fred Lubsker M. D.
Address: 12 E. Eager St. Date signed

VS 280

97-11-X-04-21-X-2-0

99447

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

Registered No. E 99447

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2546 Quantico Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 32yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 43
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2546 Quantico Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** David Zemlin

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
55	—	—	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Steel Foundry Plant

11. Industry or business

FATHER
12. Name unknown
13. Birthplace Russia

MOTHER
14. Maiden Name unknown
15. Birthplace Russia

16 (a) Informant Anna Zemlin
(b) Address 2546 Quantico Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Oldale Rd + Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1454 E. Balto St.

JAN 4-1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3- 1943 at 2:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26 1942 to 1-3 1943, and that I last saw h live on 1-3-43 1943.

Immediate cause of death	Duration
Acute coronary thrombosis	1 day
Due to	
Due to	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature
Address 2104 Rush Rd Date signed 1-4-43

VS 250

94a-102-X-0-0-3-X-2-0

99448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 99448
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Baltimore Md.
(b) Street address 723. N. Mount st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 723. N. Mount st. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hyacenthe Holmes.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 71 | Months - | Days - | If less than one day hr. min.

9. Birthplace Gloster Co. Va. (Town, county, and state)

10. Usual Occupation Houses Wife

11. Industry or business

FATHER
12. Name Wm. Henry Hundy
13. Birthplace Gloster Co. Va.

MOTHER
14. Maiden Name unknown
15. Birthplace Gloster Co Va.

16 (a) Informant Henry W. Holmes
(b) Address 808 Brunes st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary.
Location A. & A. Co. Md.

18 (a) Funeral director Chas. B. Alexander
(b) Address 927 N. Mount st.

19 JAN 4 - 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1943. at 12:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1942 to Jan 2 1943. and that I last saw h[illegible] alive on Jan 1 1943.

Immediate cause of death: Chronic Pneumonia — Duration 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence Jan. 2, 1943 at 12:20 A M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter S. Layfield
Address 1522 Stark Ave Date signed 1/3/43

VS 250

108-X-0-0-X-X-1-0

99449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1926 F 99449 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 405 E. North Ave.
(c) Hospital or institution: 12

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State — (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adelaide Elester McLaughlin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles J. McLaughlin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1863

8. AGE: Years	Months	Days	If less than one day
79	1	21	hr. min.

9. Birthplace Frederick, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Edwin Bishop
13. Birthplace England

MOTHER
14. Maiden Name Josephine Didier
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Adelaide C. Bolton
(b) Address 2114 Barclay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5, 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Frederick Rd. Baltimore.

18 (a) Funeral director H. W. Measston
(b) Address 805 N. Calvert St.

19 (a) JAN 4 - 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1 1943, at 6.15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to Jan 1 1943 and that I last saw her alive on Jan 1 1943.

Immediate cause of death: Coronar heart lesion — Duration: 4 yrs
Due to: Arterio sclerosis
Due to: Old Age
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Reginald T. Tonry M.D.
Address 414 E North Ave Date signed Jan 2

VS 250

1626-97-1626-0-2-1-2-3 1-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10 2 F 99450 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wilkins Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 542 N Payson (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Margaret H Dinke

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Chas Dinke

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14-1893

8. AGE: Years	Months	Days	If less than one day
49	5	10 19	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Robt Van Skiver
13. Birthplace md

MOTHER
14. Maiden Name Alberta Hissey
15. Birthplace Md

16 (a) Informant Mrs Rose Van Skiver
(b) Address 542 N Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Baltimore

18 (a) Funeral director Res. of Deceased
(b) Address 542 N Fayette Ave

19 (a) Registrar

Date Received JAN 4 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1943, at 1 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1942 to Jan 3 1943, and that I last saw her alive on Jan 3 1943.

Immediate cause of death	Duration
Malignant Hypertension	
Due to	
Due to (w/)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Catherine Rossborough M. D.
Address St. Agnes Hosp. Date signed 1/5/43

Certified to Wilmington 10 2 X-0-0-X-X-1-5

gne F 99451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99451

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1823 E. Eager St.
(c) Hospital or institution: 1-0 H

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 E. Eager St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Milton N Walls.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Divorced

6 (b) Name of husband or wife Anna Walls
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
? 70			hr. min.

9. Birthplace Delaware (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Anna Walls
(b) Address 2816 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/43 (month) (day) (year)
(c) Cemetery or crematory Jerusalem
Location Baltimore, Md.

18 (a) Funeral director Philip Harry Lee
(b) Address 1027 Aliceanna St.

19 (a) JAN 4 1943 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1942, at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said inquest (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death	Coronary occlusion	Duration
Due to		
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Graham M.D. Medical Examiner.
Date signed Dec. 27 1942.

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99452 [illegible] F 99452

CERTIFICATE OF DEATH

13 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3224 Barclay St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie B. Cary 17

If U. S. Veteran specify WAR .....

(a) Residence: No. 3224 Barclay St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Cary

6. DATE OF BIRTH (month, day, year) April 8, 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Virginia (State or country)

FATHER

13. NAME Stephe Wright

14. BIRTHPLACE (city or town) Va. (State or country)

MOTHER

15. MAIDEN NAME Louise Harris

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Essie Ford

(Address) 3224 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place Lee Hall Va. Date Jan 4 1943

19. UNDERTAKER Mrs Robert A. Elliott Sr

(Address) 1129 N. Caroline St.

20. FILED JAN 4 - 1943 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1, 1943

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1942 to Jan 1, 1943

I last saw her alive on Jan 1, 1943 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct 1942
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify? .....

(Signed) Jno A. Johnson M. D.

(Address) 2329 Broadway

OCCUPATION is very important. See instructions on back of certificate.

VS 2

JL- 78830 F 99453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 99453 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

8-04

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 N. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

✓

3 (a) FULL NAME Daniel Gault

3 (b) If veteran, name war

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Bessie (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 14, 1888

8. AGE: Years	Months	Days	If less than one day
54	11	20	hr. min.

9. Birthplace S. C. (Town, county, and state)
10. Usual Occupation Shoemaker
11. Industry or business

FATHER
12. Name Jericho Gault
13. Birthplace S. C.

MOTHER
14. Maiden Name Katie Reynolds
15. Birthplace S. C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. A. County Md

18 (a) Funeral director Mrs. Robert A. Elliott & Dgr
(b) Address 1129 N. Carolina St

19 (a) (b)
(Date rec'd by registrar) Registrar

JAN 4 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3 1943, at 6 34 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29 1942 to 1-3 1943, and that I last saw h[illegible] alive on 1-3 1943.

Immediate cause of death	Duration
Lobar pneumonia	7
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathkum M. D.
Address Balt. City Hosp. Date signed 1-3-43

108-X-0-0-X-X-1-0

Correct age is especially important; if unknown, please write the causes of death clearly and legibly.

F 99454

E.S. (78849)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131N F 99454 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
5907 K
(d) Street No. 1004 Hillan St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Norman Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-8310

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Julia Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1883

8. AGE: Years	Months	Days	If less than one day
60 ?	?	?	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Beth. Steel

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6, 1943 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location

18 (a) Funeral director Mrs Esther R. Williams
(b) Address 3221 N Schroeder St

19 (a) JAN 4 1943 (Date received by Registrar) (b) Registrar's No.

Hunting for Alabama

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-1 1943, at 10 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29 1942 to 1-1 1943, and that I last saw h[illegible] alive on 1-1 1943.

Immediate cause of death	Duration
Uremia	?
Due to Catarrhal nephritis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Pattison M. D.
Address Balto. City Hosp Date signed 1-4-43

13 1a - X - 1 - 1 - X - X - 1 - 0

correct age is especially important. If unknown, please write the causes of death clearly and legibly.

M. D. B. 1208-0

F 99455

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99455

CERTIFICATE OF DEATH 1938

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1636 W Lanvale St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henry A Keyes 16

(a) Residence: No. 1636 W Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Bessie Keyes

6. DATE OF BIRTH (month, day, year): March 26 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Westmoreland Co Va

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): U

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): U

17. INFORMANT (Address): Etta Whittington 1636 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL. Place: Baltimore Cemetery Date: Jan 4, 1938

19. UNDERTAKER (Address): Mrs Rotie R Williams 322 N Schroeder St

20. FILED JAN 4 - 1938 Mrs Rotie R Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 1938 to Dec 30, 1938

I last saw him alive on Dec 30, 1938. Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance: Pulmonary Edema

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Rozelle M. D.

(Address) 1631 W Lanvale St

F 99456

F 99456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

330 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1034 W. Franklin St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1034 W. Franklin St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Louise Miller.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Married

6 (b) Name of husband or wife James Miller
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Oct, 1894.

8. AGE: Years	Months	Days	If less than one day
48	2		hr. min.

9. Birthplace Brandywine, Md.
(Town, county, and state)
10. Usual Occupation House Wife.
11. Industry or business Domestic.

FATHER
12. Name George Caldwell.
13. Birthplace Md.

MOTHER
14. Maiden Name Lida Murray.
15. Birthplace Md.

16 (a) Informant James Miller
(b) Address 1034 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Thos Kater & Wellington
(b) Address 322 E. Schroeder St.

19 (a) JAN 4 - 1943 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31st 1942 at 1250 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 25 1942 to Dec 31, 1942 and that I last saw her alive on Dec 31st 1942.

Immediate cause of death Cerebral Hemmorrhage — Duration 3 days
Due to Bronchial Pneumonia — Duration 1 week
Due to acute emphysema.
Due to
Other Conditions.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jos. E. Gleason M.D.
Address 527 N. Arlington Ave Date signed 1/5/43

F 99457

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99457 Registered No. 1221

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Entire

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 N Carey St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Edward Green

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4) Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lillian Green

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1912

8. AGE: Years 30 | Months 7 | Days 5 | If less than one day: hr. min.

9. Birthplace New Haven Conn.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name William Green

13. Birthplace N. C.

MOTHER 14. Maiden Name Annie Levi

15. Birthplace Md

16 (a) Informant Lillian Green

(b) Address 1124 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director George T. Nelson

(b) Address 1303 Presstman St

19 (a) [illegible] 1943 Registrar [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1 1943, at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-31-1942, to 1-1-1943, and that I last saw h[illegible] alive on 1-1-1943.

Immediate cause of death Pneumonia

Due to Shock

Due to

Other Conditions Shock

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pneumonia

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. L. Jackson M. D.

Address 660 N Carlton Ave Date signed 1-2-43

F 99458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99458 Registered No.

Please answer all questions as completely as possible. Type or print plainly in black ink. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1534 JACKSON ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24-0H
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County ✓
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
Street No. 1534 JACKSON ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SALVATORE FERTITTA

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife FRANCES
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 1, 1878

8. AGE: Years	Months	Days	If less than one day
64	3	-	hr. min.

9. Birthplace ITALY (Town, county, and state)
10. Usual Occupation SHOEMAKER
11. Industry or business Self

FATHER
12. Name VALENTINE FERTITTA
13. Birthplace ITALY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace ITALY

16 (a) Informant FRANCES FERTITTA (WIFE)
(b) Address 1534 JACKSON ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road

18 (a) Funeral director J. A. Tyrone & Son
(b) Address 1216 S. Charles St.

19 (a) JAN 4 19[illegible] Hunting & Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-1-1943, at 7 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-3-1942, to 1-1-1943, and that I last saw h[illegible] alive on 12-30-1942

Immediate cause of death Hemorrhage — Duration 24h

Due to Peptic ulcer — Duration 1 yr.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: two weak & perforated

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. D'Amario M.D.
Address Medical Arts Bldg. Date signed

F 99459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 830

F 99459

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1401 Mendeson Ave
(c) Hospital or institution: 1401

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Born.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1401 Mendeson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Dailey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 57 | Months | Days | If less than one day hr. min.

9. Birthplace Essex Co. Va
(Town, county and State)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Charles Roane
13. Birthplace Va.

MOTHER
14. Maiden Name Frances Banks
15. Birthplace Va.

16 (a) Informant Shirley Roane
(b) Address 1920 Division St.

17 (a) Burial (b) Date thereof Jan 4, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Geo. A. Wallace
(b) Address 1631 Druid Hill Ave

19 (a) Filed (b) Registrar

JAN 4 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/1/1943 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27/1942 to 1/1/1943 and that I last saw him alive on 1/1/1943

Immediate cause of death — Duration

Apoplexy — 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means

23. Signature Jos. Hart Cummings M.D.

Address 450 W. Biddle St Date signed 1/2/43

Physicians: please write the causes of death clearly and legibly. The age is supremely important. Physicians are requested to supply the information called for in every case where it is obtainable.

F 99460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99460 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1113 Division Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 Division Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Walker

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1942

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name
13. Birthplace ?

MOTHER
14. Maiden Name
15. Birthplace ?

16 (a) Informant ?
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 4 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
18 (a) Funeral director A Halstead
(b) Address 9 E Preston St
19 (a) JAN 4 1943 (Accepted by Registrar) (b) Physician Thos. J. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-30- 1942 at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas J. Williams M.D.
Medical Examiner.
Date signed 12-31-42

VS 6

Physicians: please write the causes of death clearly and legibly. The [illegible] important.

F 99461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99461

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Richmond & Green Sts
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town La Vale (If outside city or town limits, write RURAL and give town)
(d) Street No. Braddock Farms (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Helen Brant

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Eugene Brant

6 (c) If alien, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years 39 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Cumberland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Earnest Montzfeldt
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Rashkey
15. Birthplace Germany

16 (a) Informant University Hospital
(b) Address Balto. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/43 (month) (day) (year)
(c) Cemetery or crematory Hillcrest Cem.
Location

18 (a) Funeral director John J. Hafer
(b) Address Cumberland, Md

19 (a) (b)

JAN 4 1943

VE 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3 1943, at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20 1942, to Jan. 3 1943, and that I last saw her alive on Jan. 3 1943.

Immediate cause of death Uremia — Duration 5 d.

Due to Osteomyelitis of spine & anat. renal abscess — Duration 2 yr.

Due to

Other Conditions (none)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Seigman

Address Univ. Hosp. Date signed 1/3/43 M. D.

Correct age is especially important—physicians, please write the cause of death clearly and legibly.

F 99462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1951

F 99462

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days) Just Came

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Montgomery
(c) City or town Mt. Airy.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marjorie Elvise Frizzell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1 4 1941

8. AGE: Years	Months	Days	If less than one day
1	11	28	hr. min.

9. Birthplace Mt. Airy. Montgomery Co. Md. (Town, county, and state)
10. Usual Occupation Child.
11. Industry or business

FATHER
12. Name Horace Frizzell
13. Birthplace Maryland

MOTHER
14. Maiden Name Violet L. King
15. Birthplace Maryland

16 (a) Informant H. M. Frizzell
(b) Address Mt. Airy Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 6 1943 (month) (day) (year)
(c) Cemetery or crematory Taylorsville
Location Taylorsville Md.

18 (a) Funeral director W. L. Burdette
(b) Address Hyattstown Md.

19 (a) [illegible] 1943 Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1943, at 3:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-17 1942 to 1-2 1943 and that I last saw h.c.y. alive on 1-2 1943.

Immediate cause of death Pulmonary Edema & Pneumonia

Due to Laryngeal obstruction & Tracheotomy

Due to Obstruction from aspirated Foreign Body

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Reported. Emergency Office
Major findings of operation
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence December 9 1942 2 M
(c) Where did injury occur? Mt. Airy Montgomery
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? At home While at work? no
(Specify type of place)
(e) Means of injury Aspiration of foreign body

23. Signature Patrick C. Phillips M.D.
Address Mercy Hospital Date signed 1-2-43

Approved: Robert Lee Slaughter M.D. Coroner & Examiner

VS 180

correct age is especially important; if unknown, please write the estimated age

F 99463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99463
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1124 N. Fulton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County Washington
(c) City or town Meadow View
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME NANCY MARIE BUCK

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7, 1941

8. AGE: Years	Months	Days	If less than one day
1	0	25	hr. min.

9. Birthplace Meadow View, Va.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Paul Denton Buck
13. Birthplace Missouri

MOTHER
14. Maiden Name Ruby Pearl Parris
15. Birthplace Wash. Co., Va.

16 (a) Informant Mrs. Buck, mother
(b) Address Meadow View, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Balto., Md.

19 (a) JAN 4 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/31 1942 to 1/2 1943, and that I last saw her alive on 1/2 1943.

Immediate cause of death Bilateral Bronchopneumonia — Duration 6 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Norman R. Kenna, M. D.
Address 1101 N. FULTON Date signed 1/4/43

VS 3

93464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 99464

also - U.S. Soldiers' Home Wash. D.C.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4202
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) [illegible] (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 W. Fayette Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Everette E. Madison

3 (b) If veteran, name war: 1st. World War.

3 (c) Social Security Account No. 578-26-9655

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Husband or wife: E.A. Madison

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1886

8. AGE: Years 56 | Months 4 | Days 6 | If less than one day hr. min.

9. Birthplace Albermarle Va. (Town, county, and state)

10. Usual Occupation Millman

11. Industry or business Industry

FATHER
12. Name Benjaman T. Madison
13. Birthplace Albermarle Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. V.M. Madison
(b) Address Fort Jay New York.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5, 1943 (month) (day) (year)
(c) Cemetery or crematory National Cemetery.
Location Baltimore Md.

18 (a) Funeral director Leo G. Cook.
(b) Address 1701 Patterson Pk. Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-30-1942, at 7:30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy, Dec. 31 1942 thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured Skull — Duration

Due to:

Due to:

Other Conditions Pneumonia, abscess of lung. — Duration —

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4/1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12-30-42 at 7:17 P.M
(c) Where did injury occur? Market Place & Pratt St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? Yes
(e) Means of injury Pedestrian struck by auto-Truck

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 12-31-42

VS 6

F 99465

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99465 Registered No. 92

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline and Oliver Streets
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6911 Linden Ave., Overlea, Md. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Annie M C Stamm

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced. ?

6 (b) Name of husband ~~of wife~~ Conrad T
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28 - 1867

8. AGE: Years 75 | Months 5 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Jacob J.
13. Birthplace Md

MOTHER
14. Maiden Name Agatha Buschard
15. Birthplace Md

16 (a) Informant Hospital Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard F Roth
(b) Address 5306 Harford Rd

JAN 4 1943 (Date rec'd by registrar) (b) Registrar

VB 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2nd 1943, at 7.05 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2, 1943. to Jan. 2 1943.
and that I last saw her alive on Jan. 2 1943.

Immediate cause of death Cardiac - respiratory failure.
Due to Myocarditis
Due to Endocarditis
Other Conditions Arteriosclerotic Heart disease.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl A. Dellinger, M. D.
Address St. Joseph's Hosp Baltimore, Md. Date signed Jan. 2, 1943.

427433

99466

F 99466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92L

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3
(c) Hospital or institution: Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 909 E. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Pitts Ivory

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-6-18

8. AGE: Years	Months	Days	If less than one day
24	8	25	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Pitts
13. Birthplace ?

MOTHER
14. Maiden Name Rose Tennyson
15. Birthplace Va.

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Co Md.

18 (a) Funeral director Bryant Manis Knight
(b) Address 722 Edgewood St

JAN 4 1943 (Date rec'd by Registrar) (b) Hunting Park Ave Registrar

VS 759

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1942 at 9:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1942 to Dec 31 1942 and that I last saw her alive on Dec 31 1942

Immediate cause of death Pulmonary edema

Due to Lobar pneumonia, [illegible]

Due to Rheumatic H.D. dis and congenital Heart disease

Other Conditions Very poor - marked dyspnea

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Chronic Pneumonia grade Rheumatic mitral disease

Duration 20 hrs. in hosp. Heart disease 8 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Austrian

Address The Johns Hopkins Hosp. Date signed M. 12 D. 31/42

99467

F 99467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 654

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5900 Pimlico Road
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 5900 Pimlico Road (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Welsh

3 (b) If veteran, name war: No
3 (c) Social Security Account No. NONE

4. Sex: FEMALE
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Thos. A. Welsh
6 (c) If alive, give age 77 years
7. Birth date of deceased (mo., day, yr.) Oct 13 - 1873
8. AGE: Years 69 | Months 2 | Days 18 | If less than one day: hr. min.
9. Birthplace BALTIMORE (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Darby Mullen
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Burns
15. Birthplace Ireland

16 (a) Informant Thomas A. Welsh
(b) Address 5900 Pimlico Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN. 5/43 (month) (day) (year)
(c) Cemetery or crematory Holy Sepulchre
Location
18 (a) Funeral director Chas. J. Evans - Son Inc
(b) Address 118 N. Mt. [illegible]
19 (a) JAN 4 - 1943 (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1943, at — M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1942 to Dec 31 1943 and that I last saw h[illegible] alive on Dec 31 1942.

Immediate cause of death	Duration
Virus Pneumonia	5 days
Carcinoma of st. Ley	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
Signature [illegible]
Address 3321 Frederick Ave Date signed 1-2-43 M.D.

VS 3

99468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93C

Registered No. E 99468

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1819 N. Montford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 N. Montford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WENCESLAUS (James) Hejl

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-0524

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Amelia Hejl
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1895

8. AGE: Years	Months	Days	If less than one day
47	4	2720	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business Steam pressing machine

FATHER
12. Name Joseph Hejl
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Josephine Mejsa
15. Birthplace Czechoslavakia

16 (a) Informant Amelia Hejl
(b) Address 1819 N. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto., Md.

18 (a) Funeral director Frank Brady & Son
(b) Address 900 N. Chester Street

JAN 4 - 1943 (Date rec'd by registrar) (b) Huntingtown, Md. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2 1943, at 8.29 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to natural death on the day stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Rheumatic Cardiovascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 1-2-43.

VS 6

F 99469

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99469

CERTIFICATE OF DEATH

15-07/92

1. PLACE OF DEATH — Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1806 Laurens St., _____ Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Ellis Jackson — If U. S. Veteran specify WAR _____

(a) Residence: No. 1806 Laurens St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male — 4. Color or Race: Colored — 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: married

6. DATE OF BIRTH (month, day, year): 1889

7. AGE: Years: 53 — Months — Days — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Georgia

FATHER
13. NAME: William Jackson
14. BIRTHPLACE (city or town) (State or country): Ga.

MOTHER
15. MAIDEN NAME: Reese
16. BIRTHPLACE (city or town) (State or country): Ga.

17. INFORMANT: Fannie Jackson
(Address): 1806 Laurens St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Date: 1/4 19 43

19. UNDERTAKER: Geo. H. Kelson
(Address): 1303 Pennsylvania Ave

20. FILED: JAN 4 - 1943 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/31, 19 42

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 19 42 to Dec 31, 19 42

I last saw him alive on Dec 31, 19 42. Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	
Other contributory causes of importance: (none)	

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 ____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) T. E. Caughey M. D.

(Address) 801 Fountain Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 99470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1160a F 99470 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 405 E 31st St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Lewis (Birth F 65069)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12 22 42

8. AGE: Years | Months | Days: 13 | If less than one day: hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Wm E. Lewis

13. Birthplace Va

MOTHER 14. Maiden name Helen Hall

15. Birthplace Va.

16 (a) Informant Wm E. Lewis

(b) Address 405 E 31st. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/43 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Ave Rd

18 (a) Funeral director John J Connelly

(b) Address 419 Eastern Ave.

JAN 4 - 1943 (Date rec'd by Registrar) (b) Huntington Williams (Signature of Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3, 1943, at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/22/1942 to 1/3/1943, and that I last saw her alive on 1/3/1943.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 1/4/43

Keep this important record clean; please write the causes of death clearly and legibly.

F 99471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

F 99471 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.,
(c) Hospital or institution: Edgewood Nursing Home,
(d) Length of stay in hospital or inst. (yrs., mos. ~~or days~~) 9 mos 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town ~~XXXXXXXX~~ Catonsville, (If outside city or town limits, write RURAL and give town)
(d) Street No. 6311 Frederick Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Elsie McLauren Logan,

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Harry A. Logan
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) May 26, 1862

8. AGE: Years	Months	Days	If less than one day
80	7	5	____ hr. ____ min.

9. Birthplace Penna. (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Samuel MacLaurin
13. Birthplace Penna,

MOTHER
14. Maiden Name Mary E. Rich.
15. Birthplace Penna,

16 (a) Informant Mr Donald A. Logan.
(b) Address 2915 Boarman Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/1943 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location York Rd. Towson Md.

18 (a) Funeral director John A. Moran.
(b) Address 4201 Greenmount Ave. Baltimore Md.

19 (a) JAN 4 1943 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/1/43 19 ... at 9 A M

21. I certify that death occurred on the date above stated, that I attended deceased from April 8 1942 to 1/1/43 19 ..., and that I last saw H Ex alive on 1/1/43 19 ...

Immediate cause of death Chronic Volvular Heart Disease — Duration 10 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
Signature H. W. Wheeler M. D.
Address 420 E York Rd Date signed 1/4/43

F 99472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. F 99472

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTO.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3409 O'Donnell St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert H. Becker

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 186-10-2881

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife AGNES M. BECKER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 17 1910

8. AGE: Years 32 | Months 3 | Days 15 14 | If less than one day hr. min.

9. Birthplace ILLONIS
(Town, county, and state)

10. Usual Occupation ELECTRICIAN

11. Industry or business BETHLEHEM STEEL CO.

FATHER
12. Name HERMAN BECKER
13. Birthplace ILL.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace ILL.

16 (a) Informant AGNES M. BECKER (WIFE)
(b) Address 3409 ODONNELL ST.

17 (a) BURIAL (Burial, cremation, or removal) **(b) Date thereof** JAN. 5/43 (month) (day) (year)

(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Quiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) JAN 4 1943 (Date received by Registrar) **(b)** Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1 1943 at 10.4 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & no autopsy thereon and from the evidence obtained by said inquiry & no autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death Sub-dural Hematoma & brain
Due to fall
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec. 30 1942 at 10.4 M
(c) Where did injury occur? Sparrows Pt. Bethlehem Steel
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? his dentist While at work? yes
(Specify type of place)
(e) Means of injury Fell [redacted] 18 feet

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Jan 1 1943

VS 6

F 99473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943 DF 99473 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 705 S. LINWOOD AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

1-01

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 S. LINWOOD AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY E. SCHISLER

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: PHILIP P. SCHISLER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): SEPT. 13 1894

8. AGE: Years: 48 | Months: 3 | Days: 20 | If less than one day: hr. min.

9. Birthplace: BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: JOHN H. KALBFLEISCH
13. Birthplace: BALTO. MD.

MOTHER
14. Maiden Name: THERESA GREASER
15. Birthplace: BALTO. MD.

16 (a) Informant: PHILIP P. SCHISLER (HUS.)
(b) Address: 703 S. LINWOOD AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 7/43 (month) (day) (year)
(c) Cemetery or crematory: SACRED HEART
Location: GERMAN HILL ROAD

18 (a) Funeral director: Lillyard Zeiler INC.
(b) Address: 403 S. WOLFE ST.

19 (a) JAN 4 1943 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH JAN. 3 1943 at 8/30M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1942 to Jan 3 1943. and that I last saw h[illegible] alive on Jan 2 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 10-5-42
Due to: Hypertension C.V. Disease — 1939
Due to:
Other Conditions: None.
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
None.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Eastburn Mundé M. D.
Address 842 E. Fort Ave. Date signed 1-3-43

F 99474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33a

F 99474 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 S Smallwood St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md County
(b) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 506 S Smallwood St
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Charles W. Schaffner

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-16-5755

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary E. Hayes

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 9/6/1880

8. AGE: Years 62 | Months 3 | Days 26 | If less than one day — hr. — min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Sheet Metal Worker

11. Industry or business Boiler - Smith

FATHER 12. Name John W. Schaffner

13. Birthplace Maryland

MOTHER 14. Maiden Name Elizabeth Atkinson

15. Birthplace Maryland

16 (a) Informant Mary E. Schaffner

(b) Address 506 S. Smallwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN. 5 43 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore. Md.

18 (a) Funeral director F. B. WIPPERT. SON

(b) Address 1300 Eutaw Place

19 (Date rec'd by registrar) JAN 4 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1st, 1943 at 1 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1942 to Jan 2 — 1943, and that I last saw him alive on June 5 1942.

Immediate cause of death Endocarditis Duration

Influenza & Bronchial Pneumonia

Arteriosclerosis

Due to

Due to

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert O Peters M. D.

Address 1111 N. Eutaw Date signed Jan 4 43

VS 3

F 99475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1469

F 99475 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edwood & Greene
(c) Hospital or institution: University Hospital 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 101 Baltimore St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 E. Baltimore
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julius A. Thiele, Sr.

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widower

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 23, 1861

8. AGE: Years	Months	Days	If less than one day
81	10	10	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation retired Harness Maker
11. Industry or business

FATHER
12. Name Frederick J. Thiele
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Eliza. Ochs
15. Birthplace Germany

16 (a) Informant Mrs. Frank J. Siegel
(b) Address 5150 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/43 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK CEM.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 4 - 1943 (Date received by Registrar) Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1943 at 4 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 31 1942 to Jan 3 1943, and that I last saw h[illegible] alive on Jan 2 1943.

Immediate cause of death	Duration
Advanced Carcinoma of Pancreas.	
Due to	
Due to	
Other Conditions Senility, Arteriosclerosis, Hydrothorax, Malnutrition	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry Beall M. D.
Address Immanuel Hospt. Date signed 1-3-43

VS 150

F 99476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943 F 99476 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts. (1)
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 702 St. Georges Road City
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Yates Penniman

3 (b) If veteran, name war NONE

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Irene Wiegand Penniman

(c) If alive, give age 57 Years

7. Birth date of deceased (mo., day, yr.) July 21, 1882

8. AGE: Years	Months	Days	If less than one day
60	5	12	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Insurance Examiner

11. Industry or business Insurance.

FATHER
12. Name Edward J. Penniman
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Naomi Donnell
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Irene Penniman
(b) Address 702 St. Georges Rd.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 1/6/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 4 - 1943 (Date rec'd by registrar)

Hunting for Hospital Records

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1943, at 2.4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 1942, to Jan 3 1943, and that I last saw him alive on Jan 3 1943.

Immediate cause of death Circulatory-respiratory failure — **Duration**

Due to Coronary thrombosis

Due to Arteriosclerotic heart disease.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence / at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John N. Gasser
Address 33rd & Calvert Sts **Date signed** 1/5/43 M.D.

F 99477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1317

F 99477 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5218 N. Charles ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5218 N. Charles ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward McKinnon (EDWARD VANCE MacKINNON

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-2707

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Rosa L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1901

8. AGE: Years 41 | Months 7 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Bakker Operator

11. Industry or business Balto. Transit Co.

FATHER
12. Name Duncan MacKennon
13. Birthplace Scotland

MOTHER
14. Maiden Name Alice W. Manson
15. Birthplace Scotland

16 (a) Informant Mrs. Rosa L. MacKinnon
(b) Address 5218 St. Charles Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/43 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 4 - 1943 (Date rec'd by registrar) (b) Huntingtown, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3-1943, at 7:25 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection & Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Chronic Pulmonary Tuberculosis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malden M.D. Medical Examiner.
Date signed 1-3-43

VS 6

F 99478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99478

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mt. Clare Station
(c) Hospital or institution:
16-0
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3307 Grayson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick J. Beardsley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Helen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19, 1887

8. AGE: Years	Months	Days	If less than one day
55	8	10	hr. min.

9. Birthplace [redacted] HERMAN, MINN.
(Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business B. & O. R.R.

FATHER
12. Name Edward Beardsley
13. Birthplace [redacted] Wis.

MOTHER
14. Maiden Name [redacted] Corabelle Smith
15. Birthplace [redacted] Wis.

16 (a) Informant Mrs. Helen Beardsley
(b) Address 3307 Grayson Street

17 (a) Burial (b) Date thereof 1-5-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director Jerry J. Tucker & Sons
(b) Address [redacted] Pennsylvania Ave, Baltimore, Md.

19 (a) JAN 4 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2 1943 at 12 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 1-4-43

VS 6

F 99479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99479

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hebrew Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard.
(c) City or town Howard PK.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Albert Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Denny Lochstampfor (Birth F 6 2866)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife [illegible]

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15-1942

8. AGE: Years	Months	Days	If less than one day
	1	19	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Kenneth Lochstampfor
13. Birthplace Balto Md

MOTHER
14. Maiden Name Elsie Crough
15. Birthplace Balto Md.

16 (a) Informant Mrs. Elsie Lochstampfor
(b) Address Harwood Md.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1-6-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry A. Fitzke
Edmondson Ave.

JAN 5 1943

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1943, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1942 to Jan 3 1943.
and that I last saw him alive on Jan 3 1943.

Immediate cause of death	Duration
Congenital Malformation Heart	Since birth
Due to —	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: Malformation heart Enlarged Hypertrophy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? / While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Larson, M. D.
Address Halethorpe Md. Date signed 1/4/43

VS 3

99480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99480

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mahis + Hound
(c) Hospital or Institution: Maryland Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Pasadena, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. Long Point Road (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Della Deibel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Joseph A. Deibel 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1902

8. AGE: Years 40 | Months 2 | Days 0 | If less than one day hr. min.

9. Birthplace North Dakota (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own Home

FATHER
12. Name John St Clare
13. Birthplace Unknown

MOTHER
14. Maiden Name Hilda- Unknown
15. Birthplace Germany

16 (a) Informant Mr Jos. A. Deibel
(b) Address Long Point Pasadena Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Mountain Rd. A. A. Co. Md.

18 (a) Funeral director Thomas W. Livingston
(b) Address Glen Burnie, Md.

19 (c) Filed JAN 5 - 1943 (Date rec'd by registrar) by Wilhelmina Wright

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4 1943, at 2:40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 4 1942 to Jan. 4 1943, and that I last saw h. alive on Jan. 4 1943

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. T. McHugh M. D.
Address Md. Gen. Hosp. Date signed 1/5/43

VS 3

FORNAS

99481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 99431

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6602 Marne Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6602 Marne Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Abel Fornas.

3 (b) If veteran, name war no

3 (c) Social Security Account No. 214-16-8205

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
About 67	—	—	hr. min.

9. Birthplace Norway (town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business Trap Rock Concrete Block Co.

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Stephen Brown
(b) Address 6602 Marne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director William Cook Jr.
(b) Address 1217 St Paul St.

JAN 5 1943 (c) Signature of Registrar for Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1943, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1942 to Jan 2 1943, and that I last saw h. im alive on Dec 31st 1942.

Immediate cause of death Lobar Pneumonia — Duration

Due to Exposure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Adam a Tod

Address 1126 Dundalk Ave Date signed 1/3/43 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 99482 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1828 W. Lanvale St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1828 W. Lanvale St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Weber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of husband: Conrad T. Weber
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Feb 8th 1857
8. AGE: Years 85 | Months 10 | Days 24 | If less than one day hr. min.
9. Birthplace: Balto Md.
(Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business:

FATHER
12. Name: William R. Rukland
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth Gutner
15. Birthplace: Germany

16 (a) Informant: Louise K. Hartman
(b) Address: 311 W. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~: London Park
Location: Balto. Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 1217 St. Paul St

JAN 5 1943 (Date rec'd by Registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 2nd 1943 7th P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1/42 19 Jan 2/43 19, and that I last saw alive on Jan 2/43 19.

Immediate cause of death: Cerebral Hemorrhage

Due to: Hypertension

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

Duration: 4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: Henry B. Hoffman

Address: 1 W. Lafayette Date signed Jan 6 43

8

93485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 93485

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 406 N. Patterson Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John P. Carrigan

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-5892

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ wife Grace Carrigan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2nd 1885

8. AGE: Years	Months	Days	If less than one day
57	6	0	hr. min.

9. Birthplace Harford Co. Md.
(Town, county, and state)
10. Usual Occupation Produce Handler
11. Industry or business Smith Bros.

FATHER
12. Name George Carrigan
13. Birthplace Unknown

MOTHER
14. Maiden Name Elizabeth Theiler
15. Birthplace "

16 (a) Informant Mrs Grace Carrigan
(b) Address 406 N. Patterson Park Ave
17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof Jan 5-1943 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oak Lawn
Location Eastern Ave Extended
18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St. Paul St

JAN 5 1943 (b)
(Date rec'd by Local Registrar) Registrar
Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1943, at 9.15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28 1942 to Jan. 2 1943, and that I last saw him alive on Jan. 2 1943.

Immediate cause of death	Duration
Paralytic Ileus	3 days
Due to Peritonitis	?
Due to	
Other Conditions Bronchopneumonia, Chronic Alcoholism	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuehrer, M.D.
Address St. Joseph's Hosp. Date signed 1-5-43

99484 F

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99484

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Woodbourne Ave Ward 5 27 5 2 8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Benjamin Peter Hansen Jr

(a) Residence: No. 700 Woodbourne ave St., Ward S.S. No. 212-01-4009

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Ethel Haven Hansen

6. DATE OF BIRTH (month, day, year) Sept 16, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	1918	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Paper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Paper Co

10. Date deceased last worked at this occupation (month and year) September

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Chesapeake City Maryland

FATHER

13. NAME Benjamin P Hansen

14. BIRTHPLACE (city or town) (State or country) Middletown Delaware

MOTHER

15. MAIDEN NAME Clara Augusta Biddle

16. BIRTHPLACE (city or town) (State or country) Chesapeake City Maryland

17. INFORMANT Miss C Augusta Hansen

(Address) 2918 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Fairview Cemetery Date Jan 6 19 43

19. UNDERTAKER William Cook Jr

(Address) 1217 St. Paul st

20. FILED JAN 5 - 1943 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 4, 1943

22. I HEREBY CERTIFY, That I attended deceased from November, 1942 to January 4, 1943

I last saw him alive on January 3, 1943 Death is said to have occurred on the date stated above, at 12:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Carcinoma of Bladder	Dec 42

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation — cystoscopic Date of

What test confirmed diagnosis Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Frances W. Gluck M. D.

(Address) 715 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

F 99485

BALTIMORE CITY HEALTH DEPARTMENT ✓ 9404 Registered No. F 99485

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 775 N McKewen Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 775 N McKewen Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: WILLIAM HUTH

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-3244

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of ~~husband~~ wife Edith Huth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11th 1882

8. AGE: Years	Months	Days	If less than one day
60	8	23	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Stereotyper
11. Industry or business Balto Sun Paper

FATHER
12. Name Ferdinand W. Huth
13. Birthplace Germany

MOTHER
14. Maiden Name Albertine Schroeder
15. Birthplace Germany

16 (a) Informant Mrs Edith Huth
(b) Address 775 McKewin Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 129 St. Paul st

19 JAN 5 1943 (b) Signature for Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1943 at 12 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions hm	

(Include pregnancy within 3 months of death)
Date of operation ho
Major findings of operation:
of autopsy: ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 1-4-43

VS 6

99486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 Registered No. F 99486

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1726 Gorsuch Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 Gorsuch Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Nollmeyer

3 (b) If veteran, name war —

3 (c) Social Security Account No. 249-05-4870

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Anna S. Nollmeyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24th 1877

8. AGE: Years	Months	Days	If less than one day
65	8	8	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Buyer

11. Industry or business Ford

FATHER
12. Name John Nollmeyer
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Susie (Unknown)
15. Birthplace Md

16 (a) Informant Anna S. Nollmeyer
(b) Address 1726 Gorsuch Ave

17 (a) Burial (b) Date thereof 1/6/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul st

JAN 5 1943 (b) Huntington Williams M.D.
(Date received by local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2 1943 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came (Autopsy or Inquiry) (Autopsy or Inquiry)
natural to death on the day stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury

23. Signature Hugh B. MacKellyn M.D.
Medical Examiner.
Date signed 1-2-43.

VS 6

99487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10 7 V F 99487 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1730 E. 30th St.
(c) Hospital or institution:

9-6

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1730 E. 30th St., (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alice Caroline Snow

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Charles F. Snow
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 20, 1859
8. AGE: Years 83 | Months 1 | Days 13/12 | If less than one day hr. min.
9. Birthplace Snow Hill, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Charles F. Snow, Jr.
(b) Address 1730 E. 30th St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 5, 1943 (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Harford Co. Md.
18 (a) Funeral director J. Howard Strong
(b) Address 3207 W. North Ave.,
19 JAN 5 - 1943 (Date rec'd by Registrar) (b) Hunterstown Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2, 1943, at 10.50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-12-1937, to 1-2-1943, and that I last saw her alive on 1-2-1943.

Immediate cause of death: Bronchopneumonia — Duration: 4 days
Due to
Due to
Other Conditions Arteriosclerosis Unknown

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. B. Sylvester M. D.
Address 802 Harford Rd. Date signed 1-4-43

correct age in capitals imperative. Physicians: please write the causes of death clearly and legibly.

VS 8

99488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

F 99488

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1158 Scott st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1158 Scott st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hannah Rychman

3 (b) If veteran, name war	3 (c) Social Security Account No.
— no	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	M.

6 (b) Name of husband or wife Charles W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) about 1870

8. AGE: Years	Months	Days	If less than one day
about 72			hr. min.

9. Birthplace Delaware
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Jamar
13. Birthplace Delaware

MOTHER
14. Maiden Name Elizabeth Nowell
15. Birthplace —

16 (a) Informant Charles W. Rychman
(b) Address 1158 Scott Street

17 (a) Burial (b) Date thereof Jan 7-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Glen Haven Mem
Location Glenburnie Md.

18 (a) Funeral director Wm Cook Sons
(b) Address 1217 St Paul St

19 JAN 5 1943 Registered by 1943 Printing for Williams M.P.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4. 1943, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 16 1941, to Jan 4 1943 and that I last saw h[illegible] alive on Jan 3 1943.

Immediate cause of death	Duration
Cardio Vascular Disease	
Due to Arteriosclerosis	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward J Nolan MD
M. D.
Address 8 W Mount Vernon Pl Date signed Jan 5 43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99489

HEALTH DEPARTMENT—CITY OF BALTIMORE

99489

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3029 Oakcrest Ave St. 27 Ward)

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 2 ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Baby boy Lumsden

(a) Residence: No. 3029 Oakcrest Ave St., ____ Ward. 27
(Usual place of abode) (If non-resident give city or town and State)

(Birth F 6579)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 28, 1942.

7. AGE Years	Months	Days	If LESS than 1 day, 5 hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Milton G. Lumsden

14. BIRTHPLACE (city or town) (State or country) Mt Vernon N.Y.

MOTHER

15. MAIDEN NAME Vivian Clarke Tapscott

16. BIRTHPLACE (city or town) (State or country) Towson Md.

17. INFORMANT Milton G. Lumsden
(Address) 3029 Oakcrest Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date JAN 4 1943 19

19. UNDERTAKER Commissioner of Health
(Address)

20. FILED JAN 4 1943 19 Wm. Fox Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1942 to Dec. 28 1942

I last saw h~~im~~ alive on Dec 28 1942 death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary atelectasis	birth

Other contributory causes of importance:

prematurity - 26 wks.	

Name of operation ____ Date of ____

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) S. A. Alessi M. D.

(Address) 6217 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

99430 D

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 99430 D
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 845 Glade Ave
(c) Hospital or institution: 25-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 845 Glade Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Dyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day: hr. 46 min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Dyer
13. Birthplace Kentucky

MOTHER
14. Maiden Name Helen Little
15. Birthplace —

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JAN 4 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) JAN 4 1943 (b) Timothy for Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/1/43 19 . at 12:01 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to Jan 1 1943 and that I last saw him alive on Jan 1 1943

Immediate cause of death — Duration

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.
Address 2030 Lafayette Ave Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

1 9701

F 9943 t

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161a

F 9943 t

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1020 N. Carey St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 N. Carey Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Catherine Elizabeth Sewell (Birth F 15 F 12)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 6 hr. 25 min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Charles Howard Sewell
13. Birthplace Steubenville, Maryland

MOTHER
14. Maiden Name Rose Elizabeth Handy
15. Birthplace Baltimore, Maryland

16 (a) Informant Rose Sewell
(b) Address 1020 N. Carey

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or Location UNIVERSITY MEDICAL SCHOOL JAN 4 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) JAN 4 1943 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/30 1942, at 7:30 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/30 1942 to 12/30 1942 and that I last saw h.e.r. alive on 12/30 1942, 2:30 p.m.

Immediate cause of death: Foetal atelectasis — Interval: life

Due to

Due to

Other Conditions: maternal lues
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Cole M. D.
Address University Hosp. Date signed 12/30/42

VS 3

9466

F 99492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161a

F 99492 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. University Hosp 1314 N Stricker St (Usual residence)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BABY BOY POWE (Birth F 66377)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	BLACK	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/30/42

8. AGE: Years	Months	Days	If less than one day
0	0	0	8 hr. 3 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name DOCK POWE
13. Birthplace SOUTH CAROLINA

MOTHER
14. Maiden Name Otelia Spencer
15. Birthplace Cheraw, S. Carolina

16 (a) Informant
(b) Address 1314 N. Stricker St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JAN 4 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) JAN 4 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

9699

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/31 1942, at 2 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/30 1942 to 12/31 1942 and that I last saw him alive on 12/31 1942

Immediate cause of death: Foetal atelectasis — Duration: LIFE

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John T. Cole M. D.
Address University Hosp Date signed 12/31/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99493

BALTIMORE CITY HEALTH DEPARTMENT ✓ 9th a

CERTIFICATE OF DEATH

Registered No. F 99493

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3120 Fait Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3120 Fait ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME John T. Brady

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lucy E. Smith

6 (c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1855

8. AGE: Years	Months	Days	If less than one day
87	1	6	hr. min.

9. Birthplace Albany N. Y. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name not known
13. Birthplace Ireland

MOTHER
14. Maiden Name not known
15. Birthplace " "

16 (a) Informant Lucy E. Brady
(b) Address 3120 Fait Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2- 1943, at 12:20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mealdon M.D. Medical Examiner.
Date signed 1-2-43

VS 6

Write age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

101

Registered No. F 99494

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 725 Grundell Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 725 Grundell Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16 1863

8. AGE: Years	Months	Days	If less than one day
79	8	15	hr. min.

9. Birthplace Calvert County Md (Town, county, and state)

10. Usual Occupation Dyer

11. Industry or business

FATHER
12. Name Samuel Brooks Sr
13. Birthplace Calvert County Md

MOTHER
14. Maiden Name Hazel Broul
15. Birthplace Calvert County Md

16 (a) Informant Bertha Royal
(b) Address 114 Hughes Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A. Co Md

18 (a) Funeral director Isaiah C Brown Son
(b) Address 1054 W Montgomery St

19 (a) JAN 5 1943 (Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1942 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1942 to Dec. 31 1942 and that I last saw h. 17 alive on Dec 31 1942.

Immediate cause of death	Duration
Broncho-Pneumonia	
Due to — Asthma	
Due to	
Other Conditions Arteria-sclerosis (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clarence E. Harbert M. D.
Address 3950 Garrison Blvd Date signed Jan 7 42

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99495

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93N

Registered No. F 99495

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2534 ARUNAH AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 65
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2534 ARUNAH AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNA E LARSEN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEM	WHITE	WIDOW

6 (b) Name of husband or wife THORVALD E LARSEN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APRIL 17 1858

8. AGE: Years	Months	Days	If less than one day
84	8	17	hr. min.

9. Birthplace BALTO. MD. (Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business AT HOME

FATHER
12. Name ANDREW HASSMAN
13. Birthplace GERMANY

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace GERMANY

16 (a) Informant MRS WILLIAM HUBNER
(b) Address 2534 ARUNAH AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 6-43 (month) (day) (year)
(c) Cemetery or crematory WOODLAWN CEM
Location WOODLAWN MD

18 (a) Funeral director Wm Chas A Schade
(b) Address 2327 Edmondson Ave

19 JAN 5-1943 (Date rec'd by registrar) (b) Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3rd 1943 at 5.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 - 1942 to Jan 3 1943 and that I last saw her alive on Jan 2 - 1943.

Immediate cause of death Chr. Myocarditis Myocard. insuff. — Duration 5 yrs. 1 day

Due to

Due to

Other Conditions Arterio Sclerosis — 15 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas J Keller
Address 222 W Monument Date signed 1/6/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

F 99496 ✓ F 99496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 607 LONGWOOD ST
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 LONGWOOD ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George W Broessel

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-12-9023

4. Sex: MALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: WIDOWER

6 (b) Name of husband or wife: LULA BROESSEL

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT 11 1863

8. AGE: Years 79 | Months 2 | Days 23?2 | If less than one day: hr. min.

9. Birthplace BALTO MD (Town, county, and state)

10. Usual Occupation TAILOR.

11. Industry or business —

FATHER 12. Name WILLIAM. BROESSEL

13. Birthplace GERMANY

MOTHER 14. Maiden Name CATHERINE EBERT.

15. Birthplace GERMANY

16 (a) Informant MRS NORA SUCHTING

(b) Address 333 E LORRAINE AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN-5-43 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto Md.

18 (a) Funeral director Wm Chas A G Bold

(b) Address 3327 Edmondson Ave

19 (a) JAN-5 (Date received by local registrar) 1943 Registrar for Wilkinson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3rd 1943, at 9:58 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17, 1935 to Jan. 3, 1943 and that I last saw him alive on Jan 2, 1943.

Immediate cause of death: Cardiac Insufficiency — Duration

Due to: Generalized Arteriosclerosis

Due to: (over)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George W Kemp

Address 3030 Edmondson Ave. Date signed 1/3/43 M. D.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly. ... CAUSES ONLY. Every item of information should be carefully supplied. The ... WITH INK.

F 99437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 99437 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2325 W Lexington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2325 W. Lexington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Louis Fuller

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: M. | 5. Color or race: W. | 6 (a) ~~Single~~, married, widowed, or ~~divorced~~.

6 (b) Name of husband or wife: Mildred Fuller
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Dec 6-1899

8. AGE: Years 43 | Months 10 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Postman
11. Industry or business U. S. Government

FATHER
12. Name James Fuller
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary Lissie Logan
15. Birthplace Balto Md.

16 (a) Informant Mrs Mildred Fuller
(b) Address 2325 W Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5th 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director Lipsett & Son
(b) Address 2334 Edmondson Ave

19 (a) JAN 5 - 1943 (Date rec'd by Registrar) Huntington Williams, M. D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2nd 1943 at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1943 to Jan 3 1943 and that I last saw him alive on Jan 3 1943.

Immediate cause of death: Coronary Occlusion — Duration: 1 da

Due to: Bronchopneumonia

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Clay Talbot M. D.
Address 2723 St Paul St Date signed 1/4/43

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99498

BALTIMORE CITY HEALTH DEPARTMENT ✓ 4HN

CERTIFICATE OF DEATH

F 99498 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3112 Evergreen Av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-7-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3112 Evergreen (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George M. Stewart

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Wilhelmina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3 - 1889

8. AGE: Years	Months	Days	If less than one day
853	73	27	hr. min.

9. Birthplace Brooklyn NY (Town, county, and state)
10. Usual Occupation ~~Lumberman~~
11. Industry or business Printer

FATHER
12. Name Jonathan Stewart
13. Birthplace Scotland

MOTHER
14. Maiden Name Katherine Cowan
15. Birthplace Scotland

16 (a) Informant Mrs Wilhelmina Stewart
(b) Address 3112 Evergreen Av

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1-5-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location

18 (a) Funeral director Leonard J Rank
(b) Address 5805 Harford Rd

19 (a) (b) Huntington Williams Registrar

JAN 5 - 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 2 - 1943 at 3 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1 - 2 1943 to 1 - 2 - 1943, and that I last saw him alive on 1 - 2 - 1943.

Immediate cause of death Coronary Occlusion — Duration Two hours
Due to Unknown
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H.B. Sylvert M. D.
Address 2802 Harford Rd Date signed 1-4-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly. ... WITH ONE READING INK. Every item of information ...

F 99499 Reg. 78834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

73 VF 99499 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 830 George St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irene Blackwell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Elmer Blackwell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1915

8. AGE: Years	Months	Days	If less than one day
27	6	21	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Budd Norris
13. Birthplace Va.

MOTHER
14. Maiden Name Eula Wood
15. Birthplace Va.

16 (a) Informant Balto. City Hosp. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 Filed JAN 5 1943 (b) Harding for Wilkinson, M.D.

VS 160.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3 1943 at 9 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29 1942 to 1-3 1943, and that I last saw h[illegible] alive on 1-3 1943.

Immediate cause of death Terminal bronchopneumonia — Duration 2 days
Due to Aplastic anemia — Duration ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. K. Ratcliffe
Address Balt. City Hosp. Date signed 1-3-43 M. D.

JL- 78872 F 99560 BALTIMORE CITY HEALTH DEPARTMENT F 99560

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1051 Aisquith St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lydia Kaiser or Lydia Hayr Keyser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C	Married

6 (b) Name of husband or wife Walter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1914 ?

8. AGE: Years	Months	Days	If less than one day
28 ?	?	?	hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Defense Work

11. Industry or business Edgewood Arsenal

FATHER
12. Name Paul Hayr
13. Birthplace N. C.

MOTHER
14. Maiden Name Frances Williams
15. Birthplace N.C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 6, 1943 (month) (day) (year)
(c) Cemetery or crematory
Location Fayetteville N Carolina

18 (a) Funeral director Mrs. Robert A. Elliott & Dgt.
(b) Address 1129 N. Caroline St

19 (a) (Date rec'd by registrar) JAN 5 - 1943 (b) Hunting for Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2 1943, at 5 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-31 1942 to 1-2 1943, and that I last saw h[illegible] alive on 1-2 1943.

Immediate cause of death Acute yellow atrophy of liver — Duration 7

Due to Unknown cause

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun

Address Balto. City Hosp Date signed 1-3-43

F 99501 #1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99501 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 543 W. Barry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lena Savage 78605

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	black	widowed

6 (b) Name of husband or wife Arthur
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15, 1893

8. AGE: Years	Months	Days	If less than one day
49	9	17	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name William Owens
FATHER 13. Birthplace ?
MOTHER 14. Maiden Name Alice Owens
MOTHER 15. Birthplace ?

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9 1943 (month) (day) (year)
(c) Cemetery or crematory Mount Lebanon Location Baltimore County
18 (a) Funeral director Joseph A. Lively
(b) Address 1420 Bancroft Street, Baltimore, Md.
19 (a) JAN 5 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2 1943 at 4:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15 1942 to Jan. 2 1943 and that I last saw her alive on Jan. 2 1943.

Immediate cause of death	Duration
Pulmonary tuberculosis	3 mos?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
Signature H. H. Hank M.D.
Address Balto City Hosp Date signed 1/2/43

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F955011/2

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F99301½

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) few minutes
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Rodgers Forge (If outside city or town limits, write RURAL and give town)
(d) Street No. 7339 Stone Town Road (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME male Fortus Kohl (Birth F 7.1576)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 8. 42

8. AGE: Years	Months	Days	If less than one day
—	—	—	— hr. 5-10 min.

9. Birthplace Baltimore. Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Alfred Beans Kohl
13. Birthplace Jeffersontown - Penna

MOTHER
14. Maiden Name Alice mae Effort
15. Birthplace Baltimore. Maryland

16 (a) Informant Mother.
(b) Address —

17 (a) —— (b) Date thereof —— (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Laboratory of
Location Union Memorial Hospital

18 (a) Funeral director —
(b) Address —

19 (a) 11/6/43 Huntington Baltimore Md (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1942 at 7:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 8. 1942 — 19 . and that I last saw h[illegible] alive on Nov 8 1942

Immediate cause of death Premature birth - born

Due to Viable between

Due to 6 and 7 months Abortus due

Other conditions to Premature separation of Placenta

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Prematurity

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature John G. Turner Jr. M.

Address 9 Hatchway St Date signed Nov 9. 42

VS 3

F 99502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 b F 99502

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 504 Conway St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Marion Lee

If U. S. Veteran specify WAR

(a) Residence: No. 504 Conway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Priscilla See No 216-16-6099

6. DATE OF BIRTH (month, day, year): 3-15-99

7. AGE: Years 43; Months 9; Days 16; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Glass House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Whindell Bros

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Alexander Va

FATHER

13. NAME: Ellis Day

14. BIRTHPLACE (city or town) (State or country): Alexander Va

MOTHER

15. MAIDEN NAME: Hattie Lee

16. BIRTHPLACE (city or town) (State or country): Alexander Va

17. INFORMANT: Ida Haywood

(Address): 504 W Conway St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mount Auburn Date: Jan 5, 1943

19. UNDERTAKER: Joseph A. Sisley

(Address): 609 N. Mount Street

20. FILED: JAN 5 - 1943, 19 Huntington E. Williams, M. D. REGISTRAR.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1-1-, 1943

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1942 to 1-1, 1943

I last saw him alive on 12-31-, 1942 Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	9 Mos.
Terminal Hypostatic Pneumonia	1 day
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Williams M. D.

(Address) 1530 Madison Ave

OCCUPATION is very important. See instructions on back of certificate.

V0 8

F 99503 ✓ F 99503

AB-78761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 157

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: BALTIMORE CITY HOSPITALS 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10Ds.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 530 Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

(Birth F-59217)

3 (a) FULL NAME Louis Merchant

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16-1942

8. AGE: Years	Months	Days	If less than one day
	3	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Louis Merchant
13. Birthplace Md.

MOTHER 14. Maiden Name Florence Buchner
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Edgar Wilson
(b) Address 1500 Harford Ave

19 (a) JAN 5 1943 (Date received by registrar) Thurlington Williams, Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3 1943 at 3:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-24 1942 to 1-3 1943, and that I last saw him alive on 1-3 1943

Immediate cause of death Pyelonephritis, Hydronephrosis, Hydroureter — Duration

Due to Congenital urethral valve

Due to

Other Conditions

(Includes pregnancy within 3 months of death)

Date of operation 1-1-43

Major findings of operation: Hydronephrosis, Hydroureter, Pyelonephritis

of autopsy: Same + Cong. urethral valve

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David A Hollander M. D.
Address 4940 Eastern Ave Date signed 1-7-43

F 99504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 938

F 99504 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 W Pratt S.T.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 505 W Pratt S.T.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarcy Landreth

3 (b) If veteran, name war ✓ **(c) Social Security Account No.** ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Of fact Tennessee (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Tennessee

MOTHER
14. Maiden Name Unknown
15. Birthplace Tennessee

16 (a) Informant Robert Landreth.
(b) Address 505-W Pratt S.T.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 5 43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location Anndel County

18 (a) Funeral director Joseph Kaminskas Son
(b) Address 600 Washington Blvd

19 (a) (b) (Registrar's signature)

JAN 5 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1943 at 9 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1, 1943 to Jan 3, 1943 and that I last saw h alive on Jan 2, 1943

Immediate cause of death Bronchopneumonia

Due to

Due to

Other Conditions Chronic myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton Sussman M.D.
Address 1429 W. Fayette St Date signed 1/4/43

F 99505

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99505 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1443 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 38yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3120 Greenmount Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leonides Christakos 41173

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Portia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April ? 1884

8. AGE: Years	Months	Days	If less than one day
58	9	?	hr. min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Peter d
13. Birthplace Greece

MOTHER
14. Maiden Name Georgia ? d
15. Birthplace Greece

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 5 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3 1943, at 2:50A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21 1939 to Jan. 3 1943, and that I last saw him alive on Jan. 3 1943.

Immediate cause of death	Duration
Pulmonary tuberculosis	5 yrs
Due to	
Due to	
Other Conditions Otitis media	5 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: As above
of autopsy: Peptic ulcer

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. J. Waite
Address Balto City Hosp Date signed 1/4/43 M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

F 99506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

944 Registered No. F 99506

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St
(c) Hospital or institution:
Home for Incurables 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4yrs 1mo. 17days
(e) Length of stay in Baltimore (yrs., mos., or days) 60yrs. 4mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. 7
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W. 40th St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME
Miss Rosa Wood

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26-1875

8. AGE: Years	Months	Days	If less than one day
67	9	7	hr. min.

9. Birthplace Albemarle Co., Va.
(Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business Housekeeper

FATHER 12. Name James W. Wood
13. Birthplace Albemarle Co., Va.

MOTHER 14. Maiden Name Rowena Berryman
15. Birthplace Surry Co., Va.

16 (a) Informant R. J. Ross
(b) Address 700 W. 40th St.

17 (a) Burial (b) Date thereof 1/6/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 5 - 1943 (b) [illegible] Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1943, at 5:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 18 1938, to Jan. 3 1943, and that I last saw h[illegible] alive on January 3 1943

Immediate cause of death: Coronary Occlusion — Duration: Immediate
Due to Arteriosclerosis (Generalized) — 15 years
Due to Essential Hypertension — 10 years
Other Conditions Arthritis (atrophic) — 5 years
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Grafton Harafuga M.D.
Address 214 Medical Arts Bldg. Date signed 1/5/43

VS 3

F 99507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 9th A

F 99507 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3820 Greenmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3820 Greenmount Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Stromeyer Holt

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	216-05-9166	male	white	married

6 (b) Name of husband or wife Bertie Ford Holt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1874

8. AGE: Years	Months	Days	If less than one day
68	3	12 22	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Tin plate & Metal Jobber
11. Industry or business The Kahl-Holt Co.

FATHER
12. Name Capt. John T. Holt
13. Birthplace N. Y. City

MOTHER
14. Maiden Name Marion V. Horney
15. Birthplace Baltimore

16 (a) Informant Mr. Charles T. Holt
(b) Address Ridgewood, N. J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Filed JAN 8 1943 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1943 at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1943 to Jan 4 1943 and that I last saw h.i.m alive on Jan 4 1943

Immediate cause of death	Duration
Acute cardiac dilatation	3 days
Due to Hypertension	6 years
Due to Arterio-sclerosis	
Other Conditions (Include pregnancy within 3 months of death) Chronic Enucleation	

Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bates Bryant M. D.
Address 3812 Greenmount Ave. Date signed Jan 4 '43

F 99508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

Registered No. F 99508

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3811 Garrison Blvd.
(c) Hospital or institution:

15-10

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3811 Garrison Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME NELLIE E. LONG

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1876

8. AGE: Years	Months	Days	If less than one day
66	10	0	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation --
11. Industry or business

FATHER
12. Name Henry Long
13. Birthplace Keyser, W. Va.

MOTHER
14. Maiden Name Sue M. Hix
15. Birthplace St. Joseph, Mo.

16 (a) Informant Mr. J. David Long
(b) Address 3811 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Baltos, Md. for Williamsport, Md.

19 (a) JAN 5 - 1943 (Date rec'd by registrar) (b) Thurlington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3, 1943, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 19 42 to Jan 3 19 43
and that I last saw h[illegible] alive on Dec 28 19 42

Immediate cause of death	Duration
Myocarditis	about 2 mo
Due to Hypertension	?
Due to Arteriosclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature Hallie E. Wilbert
Address 3820 Garrison Blvd. Date signed 1/5/43

VS 2

F 99509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 99509 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2307 N. Charles St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2307 N. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY ANN WYATT

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Harry E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1861

8. AGE: Years	Months	Days	If less than one day
81	7	3	hr. min.

9. Birthplace Lower Marlboro, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Scaggs
13. Birthplace Md.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mr. Wyatt, son
(b) Address 2307 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 JAN 5 - 1943 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3, 1943 at 10:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1943 to Jan 3 1943 and that I last saw her alive on Jan 3 1943

Immediate cause of death Cardio Respiratory paralysis - Pulmonary Edema — Duration
Due to Arteria Sclerosis
Due to
Other Conditions (none)
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. V. Cliff M. D.
Address 5010 Greenleaf Rd Date signed 1-4-43

F 99510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

484 F 99510 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct as to age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1811 Linden Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 Linden Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BESSIE LILLIAN WALL

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Vincent J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1909

8. AGE: Years	Months	Days	If less than one day
33	6	27	hr. min.

9. Birthplace Charleston, S. C.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER 12. Name Charles C. Porter
13. Birthplace Texas

MOTHER 14. Maiden Name Marie Hendricks
15. Birthplace S. C.

16 (a) Informant Mr. Vincent J. Wall
(b) Address 1811 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory St. Matthews
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 5 1943 (Registered by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3, 1943 at 9:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/1 1942 to 1/2 1943 and that I last saw h[illegible] alive on 1/2 1943

Immediate cause of death Cerebral Carcinoma-Toxic — Duration 3 mos

Due to Carcinoma of Uterus — 20 mos

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Carcinoma of Cervix

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Luther Ranck, M.D.
Address 1901 Eutaw Date signed 1/4/43

Vague

F 99511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99511 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3508 Auchentoroly Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Retta H. Stouffer

3 (b) If veteran, name war: ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
70	6		hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Practical Nurse
11. Industry or business

FATHER
12. Name Daniel Stouffer
13. Birthplace Md.

MOTHER
14. Maiden Name Henrietta Jones
15. Birthplace Md.

16 (a) Informant Glenn O. Stouffer
(b) Address 3028 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6 43 (Month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4 1943, at 7 05 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Was autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Jan 4 1943

VS 6

F 99512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 N F 99512 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 532 So. Bond st.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 532 So. Bond st. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis, ZABAWA, OR Ludwik ZABAWA.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1878

8. AGE: Years	Months	Days	If less than one day
65 64			hr. min.

9. Birthplace SKOLYSZEN poland (Town, county, and state)

10. Usual Occupation Shoemaker

11. Industry or business

FATHER
12. Name John Zabawa
13. Birthplace Poland

MOTHER
14. Maiden Name Salomeja Chodor
15. Birthplace Poland

16 (a) Informant Mary Firak (Sister)
(b) Address 532 So. Bond street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-43 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md

18 (a) Funeral director George A. Weber
(b) Address 705 So. Linn street

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4th 1943, at 4 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1943 to Jan. 3 1943, and that I last saw h. alive on Jan. 3 1942

Immediate cause of death	Duration
Acute congestive Dilatation	1 day
Due to Chronic Myocarditis	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John V. Feyerabend M. D.
Address 1802 Eastern av Date signed 1-3-43

VS 2

F 99513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 99513

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1835 N. Regester St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1835 N. Regester St (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Madeline Urie

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Fem

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bennie Urie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years 43 | Months | Days | If less than one day: hr. min

9. Birthplace Anne Arundel County - Md (Town, county, and State)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Henry W. Davis
13. Birthplace Anne Arundel County Md

MOTHER
14. Maiden Name Schneider
15. Birthplace Md

16 (a) Informant Bennie Urie
(b) Address 1835 N. Regester St

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 1-6-43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location

18 (a) Funeral director John J. Duda
(b) Address 2829 Hudson St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3rd 1943, at 5 0 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27 1942 to Jan 3 1943, and that I last saw her alive on Jan. 3rd 1943.

Immediate cause of death	Duration
Subarachnoid Hemorrhage	
Due to Congenital, cerebral aneurysm	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marvin A. Drane M. D.
Address 16 Dugan St Date signed Jan 5th '43

VS 3

157 a-b

F 99514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99514 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1218 Retreat St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia White

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-16-9289

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced 213-16-9289

6 (b) Name of husband or wife Lloyd

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/13/1899

8. AGE: Years	Months	Days	If less than one day
43 43	11	16	hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business

FATHER 12. Name Walter Waters

13. Birthplace md

MOTHER 14. Maiden Name Lavinia Holland

15. Birthplace md

16 (a) Informant Howard Lucas

(b) Address 1218 W Retreat St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location md

18 (a) Funeral director Geo. E. Kelson

(b) Address 1303 Pennsylvania Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1 1943, at 12-10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-31-1942, to 1-1-1943, and that I last saw her alive on 1-1-1943.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. R. Coarey

Address 753 Druid St Date signed 1-3-43 M. D.

VS 3

F 99515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

316 F 99515 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2365 McCulloh St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2365 McCulloh St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna May Turner

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col.	Widow

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/8/1892

8. AGE: Years	Months	Days	If less than one day
50	11	25	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Benjamin Collins
13. Birthplace Md

MOTHER 14. Maiden Name Julia Butler
15. Birthplace Md

16 (a) Informant Eugene Collins Page
(b) Address 2365 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Edw. G. Kelson
(b) Address 1393 Pennsylvania Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/13/43 at 1030 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/12 1942 to 1/15 1943 and that I last saw h[illegible] alive on 1/13/1943.

Immediate cause of death	Duration
(a) Chr. Nephritis	
Due to (b) Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ann Kleitz M. D.
Address 134 W Mt Royal Ave Date signed

VS 3

F 99516
JL - 77987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

F 99516
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo 18d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16 Poultney St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Roehmer

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-1974

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1904

8. AGE: Years	Months	Days	If less than one day
39	3	9	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Truckdriver
11. Industry or business A. G. Fielder

FATHER
12. Name John Roehmer
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Vondermohlan
15. Birthplace Md.

16 (a) Informant B. C. H.
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 6 43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location Annapolis Blvd

18 (a) Funeral director William F. Porter
(b) Address 2836 W. North ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3 1943 at 4:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-14 1942 to 1-3 1943, and that I last saw h alive on 1-3 1943.

Immediate cause of death	Duration
Cardiac failure	1 hour.
Due to Hypertension C.V. disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathman M. D.
Address Balto City Hosp Date signed 1-3-43

VS 160

F 99517 ✓ F 99517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

H6N Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1126 CARROLL ST
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County ✓
(c) City or town BALTIMORE. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1126 CARROLL ST (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME LINA STUBBINS

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No. NONE

4. Sex: FEMALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife WM. H. STUBBINS
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) OCT-28-1870

8. AGE: Years 72 | Months 2 | Days 4 | If less than one day: ✓ hr. ✓ min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name JOHN NEUBERT
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARIE SPADE
15. Birthplace SWITZERLAND

16 (a) Informant JOHN NEUBERT (BROTHER)
(b) Address 1158 NANTICOKE ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/5/43 (month) (day) (year)
(c) Cemetery or crematory LOUDEN PARK
Location FREDERICK AVE

18 (a) Funeral director Fred. A. Kramer & Son
(b) Address 1216 S. Charles St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 19 43 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 42 to Jan 2 19 43, and that I last saw h[illegible] alive on Jan 1 19 43

Immediate cause of death: Carcinoma Stomach — Duration: 6 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Miller M.D. M. D.
Address 1225 E Chase St Date signed 1/4/43

F 99518

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

6

Registered No. F 99518

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1016 Granby St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BERNARD LASOV (Birth F 56439)

3 (b) If veteran, name war 2

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 21 1942

8. AGE: Years | Months 4 | Days 13 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Leon Lasov
13. Birthplace Philadelphia Penna.

MOTHER
14. Maiden Name Frances Sachs
15. Birthplace Balto. Md.

16 (a) Informant Leon Lasov
(b) Address 1016 Granby St

17 (a) Burial (b) Date thereof 1/5/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Bonnie Brae
Location Southern ave

18 (a) Funeral director Bal Jewish Rel
(b) Address 1124-26 W North ave

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/4/43 19 , at 11:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/4/43 19 to 19 , and that I last saw him alive on 1/4/43 19 .

Immediate cause of death: Adrenal hemorrhage — Duration

Due to: Acute meningococcemia

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: adrenal hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isadore Shorofsky M.D.
Address Sinai Hospital Date signed 1/5/43

VS 3

F 99519 ✓ F 99519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9 H W Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3401 Wabash Ave.
(c) Hospital or institution:
15 1/1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3401 Wabash Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROSE KAHN SOLMSON.

3 (b) If veteran, name war: ---

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Moses Solmson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13, 1872.

8. AGE: Years	Months	Days	If less than one day
70	7	21 20	hr. min.

9. Birthplace Indiana.
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Simon Kahn.
13. Birthplace Alsace-Lorraine.

MOTHER
14. Maiden Name Selina Hymes.
15. Birthplace Unknown.

16 (a) Informant Mr. Moses Solmson.
(b) Address 3401 Wabash Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1.6.43. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Baltimore, Md.

18 (a) Funeral director Harris [illegible]
(b) Address 1902 Eutaw Place.

19 (a) JAN 7 1943 [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3rd. 19 43, at 3 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/28 19 42, to Jan 3 19 43, and that I last saw h[illegible] alive on Jan 3 19 43.

Immediate cause of death	Duration
Pulmonary edema acute	3 hrs
Due to Coronary occlusion	7 days
Due to Arteriosclerosis & hypertension	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ---
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank Levinson M. D.
Address 4004 Liberty Hgts. Date signed 1/11/43

F 99520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 99520 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Lansdowne (If outside city or town limits, write RURAL and give town)
(d) Street No. 423 Fifth Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Viola Gordon

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 28 - 192

8. AGE: Years	Months	Days	If less than one day
20	3	6	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name Charles Gordon
13. Birthplace Md

MOTHER
14. Maiden Name Carrie Kirkendall
15. Birthplace md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-7-43. (month, day, year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Chas J. Evans Son
(b) Address 118 N. Mt. Royal Ave

JAN 5 - 1943 (Date rec'd by registrar)

(b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1943 at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1943 to Jan 4 1943. and that I last saw her alive on Jan 4 1943.

Immediate cause of death Lobar PNEUMONIA — Duration 4 Days
Due to
Due to
Other Conditions Pulmonary edema, Rheumatic heart disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard E. C. Thurston
Address Johns Hopkins Hosp. Date signed 1/4/43

F 99521 ✓ F 99521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp. 20
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Ft Dup

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3450 Caton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Annie M Zimmerman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife Wm. H.
6 (c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) DEC 1864

8. AGE: Years	Months	Days	If less than one day
78	1		hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business Housewife.

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Allen-Zimmerman.
(b) Address 3450 Caton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road.

18 (a) Funeral director E.W. Tomson
(b) Address 2358 Wash. Blvd.

19 (a) JAN 5 - 1943 (Date rec'd by registrar) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3- 1943, at 4:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1943 to 1-3 1943 and that I last saw h.e.r. alive on 1-3 1943

Immediate cause of death: Acute Pulmonary Edema — Duration 8 hrs.
Due to Atherosclerotic Cardio-Vascular Disease
Due to (Interval between onset and death)
Other Conditions Laceration, forehead from a fall down the steps (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. J. Kraeg M. D.
Address Bon Secours Hosp. Date signed 1-3-43

Howard J. Greene, M.D.

VS 2

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D 99522 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1516 Jackson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 Jackson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wilfred C. Muir

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-5383

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sallie V. Muir

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) December 20, 1886

8. AGE: Years 56 | Months - | Days 13 | If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Glass Blower

11. Industry or business Buck Glass Co.

FATHER
12. Name Walter Muir
13. Birthplace Glasgow Scotland

MOTHER
14. Maiden Name Rebecca Curtis
15. Birthplace Blairsville Pa.

16 (a) Informant Mrs. Sallie V. Muir
(b) Address 1516 Jackson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6, 1943 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Cemetery
Location Hampden, Baltimore, Md.

18 (a) Funeral director Wilbur L. Armstrong
(b) Address 1005 W. Baltimore St.

19 (a) JAN 5 1943 (Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1943 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-3 1942 to 1-3 1943, and that I last saw him alive on 1-3 1943.

Immediate cause of death: Chronic Myocardial Degeneration — Duration 5 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. A. Garland M. D.
Address 707 E. Fort Ave. Date signed 1-4-43

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

F 99523
AB- 78314

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

55E

F 99523
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2806 Montebello Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME a. Louis Holly

3 (b) If veteran, name war

3 (c) Social Security Account No. 160-01-0267

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21-1881

8. AGE: Years	Months	Days	If less than one day
61	6	10 13	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Louis Holly
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Veronica Mack
15. Birthplace Pennsylvania

16 (a) Informant ~~Baltimore City Hospitals~~ Holly
(b) Address 2806 ~~Montebello Terrace~~

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1 / 6 / 43 (month) (day) (year)
(c) Cemetery or crematory Camden, N. Jersey
Location

18 (a) Funeral director Howard M. Blight Jr.
(b) Address 4914 Belair Road

19 JAN 5 - 1943 (b) Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4-43 19 at 4 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-1-42 19 to 1-4 1943.
and that I last saw h[illegible] alive on 1-4 1943

Immediate cause of death: Generalized abdominal Carcinomatosis — Duration: 6 mos?
Due to: Etiology undetermined
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation: St. Union Hosp. in Nov. 1942
Major findings of operation:
of autopsy: none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Address [illegible] Date signed 1-4-43 M. D.

Filed by [illegible] Registrar

F 99524

mgm 78577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99524 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1939 Lauretta Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Rosa McAllum F65551

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Samuel McAllum
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1904

8. AGE: Years	Months	Days	If less than one day
38	3	25	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Smith
13. Birthplace N.C.

MOTHER
14. Maiden Name Alice Smith
15. Birthplace N.C.

16 (a) Informant Balto. City Hosp. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-5-43 (month) (day) (year)
(c) Cemetery or crematory Holy Swamp
Location Robinson County, N.C.

18 (a) Funeral director Charles B. Cooper
(b) Address 514 N. Calhoun St.

19 (a) (b) Huntington Williams, M.D. Registrar
Date received JAN 5 - 1943

Penn R.R. + A.C.L.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2 1943 at 7:20 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 12-13 1942 to 1-2 1943, and that I last saw h[illegible] alive on 1-2 1943.

Immediate cause of death Pulmonary Embolism
Due to Coronary Thrombophlebitis
Due to Generalized Arteriosclerosis
Other Conditions

Duration	
Yrs.	
	over

(Include pregnancy within 3 months of death)

Date of operation 12-12-42 at 12:37 P.M.
Major findings of operation: Thrombophlebitis + Phlebitis
of autopsy: No

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Herman Hanson M. D.
Address Baltimore City Hosp. Date signed 1-2-43

F 99525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937 Registered No. 799525

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 726 Mt Carey St
(c) Hospital or institution: —
16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 726 Mt Carey St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elmira Hanley

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Tenus
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4-8-1879

8. AGE: Years 63 | Months 4 | Days 27 | If less than one day 26 hr. min.

9. Birthplace South Carolina
(Town, county, and state)

10. Usual Occupation House Work

11. Industry or business —

FATHER 12. Name Henry Wright
13. Birthplace —

MOTHER 14. Maiden Name Elizabeth Neal
15. Birthplace unknown

16 (a) Informant Jane Henley Waters
(b) Address 1571 N. Fulmont ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Lebanon Cem
Location Baltimore Md

18 (a) Funeral Director William A Anderson
(b) Address 1912 Pennsylvania ave

JAN 5 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1943, at 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 25 1942 to Jan 4 1943 and that I last saw her alive on Jan 4 1943.

Immediate cause of death Broncho-pneumonia — Duration 10 days
Due to
Due to
Other Conditions Myocarditis
Hypertension
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm H Watts M.D.
Address 5154 Arlington Date signed 1/7/43

correct age is especially important. Physicians: please write plainly. Use ink. Do not use pencil. Be accurate and legible.

VS 3

F 99526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 99526 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6220 Brook Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6220 Brook Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME DAVID H. BASIL

3 (b) If veteran, name war
3 (c) Social Security Account No. 219-01-0385

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth Basil
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) June 21, 1871

8. AGE: Years	Months	Days	If less than one day
71	6	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name David C. Basil
13. Birthplace Maryland

MOTHER
14. Maiden Name Ella V. Small
15. Birthplace Annapolis, Md.

16 (a) Informant Elizabeth Basil
(b) Address 6220 Brook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6/1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location City

18 (a) Funeral director Wilbert Funeral Home
(b) Address 2008 Pulaski St

19 (a) (Date rec'd JAN 5 1943) (b) Theodore F. Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3rd 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1941 to Jan 3rd 1943, and that I last saw him alive on Jan 3rd 1943.

Immediate cause of death	Duration
Arterio-Sclerosis	5 yrs
Due to Cerebral Hemorrhage	2 yrs
Due to Myocardial Insufficiency	1 month

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Bauer M. D.
Address 1 W. Oreland Ave Date signed 1/5/43

VS 8

F 99527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99527 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1645 Eliptview Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1645 Eliptview Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel C. Kransz (KRAUSZ)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed~~, or divorced.
Female	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 15th 1900

8. AGE: Years	Months	Days	If less than one day
42	1	16	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Baltimore Inst.

FATHER
12. Name John Dorr
13. Birthplace Maryland

MOTHER
14. Maiden Name Tena Wachenfeldt
15. Birthplace Germany

16 (a) Informant Elbert R. Kransz
(b) Address 1645 Eliptview Ave

17 (a) Burial (b) Date thereof 1-5-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Woodlawn

18 (a) Funeral director William M Mareck
(b) Address 745 Light st

19 (a) JAN 5 1943 (b) Huntington Williams
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 1 1943, at 12 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 6 1942 to Jan 1 1943, and that I last saw h[illegible] alive on [illegible] 1943.
attended her 6 or 7 years

Immediate cause of death	Duration
Suffocation from profuse hemorrhage Pulmonary & Laryngeal	
Due to Pulmonary Tuberculosis	4 yrs
Due to Cardiac Insufficiency & Edema	4 days
Other Conditions (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. A. Clift M. D.
Address 5010 Greenleaf Rd Date signed 1-2-43

VS 8

PLEASE WRITE PLAINLY, with ink. Physicians: please write the cause of death clearly and correct age is especially important.

F 99528

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ F 99528 Registered No. 120a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 Rutland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HILDA GUEMBER ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Antony
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1903

8. AGE: Years	Months	Days	If less than one day
39	3	19	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name John Wollmer
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Anthony Guember
(b) Address 1700 Rutland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto Md

18 (a) Funeral director Wilhelm Funeral Home
(b) Address 2008 Orleans St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3 1943; at 11:30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Acute gastroenteritis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollmer M.D.
Asst Medical Examiner.
Date signed 1-4-43

PLEASE WRITE PLAINLY, with UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 6

Register # 93523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940 Registered No. 93523

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1629 N. Montford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence H. Slaughter

3 (b) If veteran, name war

3 (c) Social Security Account No. 211-03-0824

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16th 1890

8. AGE: Years	Months	Days	If less than one day
52	6	19	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Filling Station

11. Industry or business Operator Amoco Bldg

FATHER
12. Name Wm. Slaughter
13. Birthplace Md

MOTHER
14. Maiden Name Annie Williamson
15. Birthplace Md

16 (a) Informant John Slaughter
(b) Address 1629 N. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7th 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave Ext.

18 (a) Funeral director Leo G. Lemmon
(b) Address 1701-03 N. Pratt Roger Ave Huntington Williams Inc.

19 JAN 5 - 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4 1943, at 1 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Coronary occlusion	Duration
Due to		
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Eastman M.D.
Medical Examiner.
Date signed Jan 4 1943

VS 6

Please write plainly, with ink. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99530 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga Streets
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1627 N. Montford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Elizabeth Stoll

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife George Stoll
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 29th 1887

8. AGE: Years	Months	Days	If less than one day
55 65	10	5	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name	John Leachey
FATHER 13. Birthplace	Pennsylvania
MOTHER 14. Maiden Name	Unknown
MOTHER 15. Birthplace	

16 (a) Informant Richard Stoll
(b) Address 1627 N. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7th 1943 (month) (day) (year)
(c) Cemetery or crematory
Location Lancaster, Pa.

18 (a) Funeral director Lee G. Leach
(b) Address 1701-03 N. Patterson Park Ave.

JAN 5 – 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1943, at 8:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from December 10 1942, to January 4 1943, and that I last saw her alive on January 3 1943.

Immediate cause of death Pulmonary Edema

Due to Cardiac failure

Due to Hypertensive Cardio-Vascular Renal Disease

Other Conditions Diabetes, Arthritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James D. Hegmann M. D.
Address Mercy Hospital Date signed January 1943

VS 180

F 99531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99531 Registered No. 930

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Month
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rural - Dundalk, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 S. Ship Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Margaret C. Koontz

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Frank J. Koontz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1889

8. AGE: Years 53 | Months 6 | Days 16 | If less than one day hr. min.

9. Birthplace Penn. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Peter Smith
13. Birthplace Canada

MOTHER 14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant Thomas Koontz
(b) Address 3 S. Ship Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Balto Md

18 (a) Funeral director Frank E. Wachsdon
(b) Address 900 N. Chester St.

19 (a) [illegible] (b) [illegible] Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4th 1943 at 10:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 6 1942 to Jan. 4 1943, and that I last saw her alive on Jan. 4 1943

Immediate cause of death: Coronary Occlusion — Duration: 1 month

Due to: Hypertensive - Arteriosclerotic Heart Disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fierling, M.D.
Address St. Joseph's Hosp. Date signed 1-4-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Please give correct age in all cases where it is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 99532

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

F 99532
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CARR, Mrs. MARY A.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	WIDOW

6 (b) Name of husband or wife John Carr
6 (c) If alive, give age , years

7. Birth date of deceased (mo., day, yr.) 4-11-80

8. AGE: Years	Months	Days	If less than one day
62	8	22	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House
11. Industry or business

FATHER
12. Name Michael Dynan
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Mrs. Sarah Stewart
(b) Address 1819 W. Mulberry St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/6/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd

18 (a) Funeral director Thos. F. Kenny
(b) Address 1600 Hollins St

19 (Date received by registrar) JAN 5 1943 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3-43 19 at 12:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14 1942 to 1-3 1943 and that I last saw her alive on 12-4-43 19

Immediate cause of death	Duration
Arteriosclerotic heart disease failure.	
Due to Osteoporosis (senile) Compound fractures Lumbar	
Due to Accidental	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carl A. Hellinger M. D.
Address St. Joseph's Hospital Date signed Jan. 5 1943.
Balto., Md.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99533

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00m
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 Druid Hill Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances J. Allen (Birth F 63905)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single (Baby)

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-7-1942

8. AGE: Years | Months | Days 20 | If less than one day hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles J. Allen
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Frances Reddick
15. Birthplace Balto. Md

16 (a) Informant Frances Reddick
(b) Address 1427 Druid Hill Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1-5-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St Huntington Williams, Md

19 (a) JAN 5 1943 (Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1942 at 2 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

	Duration
Immediate cause of death Pneumonia, lobular	
Due to Pneumonia	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.

Date signed 1-4-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99534 Registered No. 1312

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2121 Boyd st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2121 Boyd st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Christian Gill

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Lottie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10 1871

8. AGE: Years	Months	Days	If less than one day
71	8	3 24	hr. min.

9. Birthplace Balt Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry Gill
13. Birthplace Md

MOTHER
14. Maiden Name Susie Cotter
15. Birthplace Md

16 (a) Informant Mrs Lotta Gill
(b) Address 2121 Boyd st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-43 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Balt Md

18 (a) Funeral director Eugene G. Stanley
(b) Address Fulton & Fayette

19 (a) [illegible] (b)
(Signature of registrar)
JAN [illegible] 1943
Huntington Williams Md

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1942, to Jan 4 1943, and that I last saw h[illegible] alive on Jan 3 1943.

Immediate cause of death Acute cardiac dilatation — Duration 4 hrs

Due to Chronic myocarditis; and — 10 yrs

Due to arterio-sclerosis — Chronic nephritis

Other Conditions Senility.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Calas, M. D.
Address 47 N. Fulton Date signed 1-7-43

F 99535

F 99535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1170

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3516 Belvedere Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City, (If outside city or town limits, write RURAL and give town)
(d) Street No. 3616 Belvedere Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Allison DeHaven,

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Susan DeHaven
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1882

8. AGE: Years	Months	Days	If less than one day
60	4	22	hr. min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation Paper Hanger
11. Industry or business

FATHER
12. Name Samuel A. DeHaven
13. Birthplace Baltimore City,

MOTHER
14. Maiden Name Ella Sloan
15. Birthplace Baltimore City.

16 (a) Informant Mrs. Susan DeHaven,
(b) Address 3516 Belvedere Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Balto. County

18 (a) Funeral director C. Vernon Lemmon.
(b) Address 4611 Park Heights Ave.

JAN 5 1943 Registered by Arlington Williams Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3, 1943 a. 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 Hours to 19 43.
and that I last saw h alive on 19
Immediate cause of death Cerebral Hemorrhage

Duration

Due to Paralysis 2-3 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard L. Kneedler M. D.
Address 3362 Groveland Ave. Date signed 1/4/43

Dr. O.K. to remember
Howard L. Kneedler, M. D.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99536 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 232 S. Loudon Ave,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 232 S. Loudon Ave, (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna A. Hopkins

3 (b) If veteran, name war *****

3 (c) Social Security Account No. 216-01-5726

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ****

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb, 19, 1877

8. AGE: Years	Months	Days	If less than one day
65	10	14	hr. min.

9. Birthplace Baltimore, Md, (Town, county, and state)

10. Usual Occupation Retired Saleslady

11. Industry or business

FATHER
12. Name Michael Hopkins
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Veasey
15. Birthplace Ireland.

16 (a) Informant Mr. Elbert A. Shipley
(b) Address 232 S. Loudon Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd,

18 (a) Funeral director John A. Hogan
(b) Address 4201 Greenmount Ave,

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2, 1943, at 9 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from August 19 42 to Jan. 2, 1943 and that I last saw h alive on Jan 2 1943

Immediate cause of death
Hypertension
Thrombophlegia
Due to

Due to

Other Conditions Cerebral Hae. mon hages
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
2 Years 8 Months
2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M W Bonelli M. D.
Address 412 Fredk Rd Date signed 1/4/43

VS 150

F 99537

BALTIMORE CITY HEALTH DEPARTMENT 78446 F 99537

CERTIFICATE OF DEATH 930

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Unknown
(a) State (b) County
(c) City or town Unknown (If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hosey Sample

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Unknown

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
60 ?			hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Baltimore City Hospts.
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Medical JOHN HOPKINS MEDICAL SCHOOL JAN 5 1943

18 (a) Funeral director Katie R. Waltemeyer Commissioner of Health
(b) Address per H. Schneider M.D.

19 (a) JAN 5 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 10 1942, at 1:45PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 7 1942 to Dec. 10 1942 and that I last saw h. im alive on Dec. 10 1942

Immediate cause of death: Broncho pneumonia — Prior to — Exhaustion — Duration 12-7-42

Due to Delirious (toxic) — Duration w

Due to Hypertensive cardio-vascular disease — Duration w

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. L. Schmidt M.D.
Address Balto. City Hospts. Date signed 12-10-42

VS 150

9708

E 99538 78653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43N

Registered No. E 99538

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Beltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 da
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Parsons Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Poland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Kate
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1873

8. AGE: Years	Months	Days	If less than one day
69	1	2	hr. min.

9. Birthplace Ga. (Town, county, and state)
10. Usual Occupation Sheet Metal Worker
11. Industry or business Unemployed

FATHER
12. Name John William Poland
13. Birthplace Md.

MOTHER
14. Maiden Name Hannah ?
15. Birthplace London, England

16 (a) Informant P. C. H.
(b) Address 4940 Eastern Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/13/43 (month) (day) (year)
(c) Cemetery or crematory Springfield Mo.
Location JOHN HOPKINS MEDICAL SCHOOL JAN 5 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JAN 5 1943 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/1 19 43 at 2:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/21/1942 to 1/1 19 43 and that I last saw h[illegible] alive on 1/1 19 43.

Immediate cause of death Coronary thrombosis

Due to Arteriosclerosis C.V. disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration
?
yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Goodman M. D.
Address Balto. City Hosp. Date signed 1/5/43

VS 350

1709

F-99539

E. S. (78564)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C

Registered No. F-99539

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital. 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 & 23
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No home. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN WILSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1868.

8. AGE: Years	Months	Days	If less than one day
74	5	8	hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation Unemployed.

11. Industry or business

FATHER
12. Name John Wilson
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Owens
15. Birthplace Virginia

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 5 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JAN 5 1943 Hunter Tom Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION P.

20. DATE OF DEATH 12-28 1942, at 3:20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Broncho-pneumonia — Duration: 4 days

Antecedent causes: Compound fracture of right tibia, simple fracture left tibia.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 12-27-42
Major findings of operation: Bil. frac. tibia
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 12-23-42 at P. M
(c) Where did injury occur? Eastern Ave. at entrance to City Hospital (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? On street (Specify type of place) While at work? no
(e) Means of injury auto (pedestrian struck by auto)

23. Signature J. Henry Hasse, M.D.
Medical Examiner.
Date signed 12-29-42

VS 6

9790 Approved Jan 9 1943 Robert L. Graham M.D. Asst. Health Commissioner

Please fill in all items, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

831 F 99540 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4227 Sheldon Ave
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(Street No. 4227 Sheldon Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie J. Everett

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age (years)

7. Birth date of deceased (mo., day, yr.) Nov. 7th 1856

8. AGE: Years	Months	Days	If less than one day
7786	1	28	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Retired Maid

11. Industry or business

FATHER
12. Name James Everett
13. Birthplace Baltimore Co. Md

MOTHER
14. Maiden Name Elizabeth Daniell
15. Birthplace Baltimore Co Md

16 (a) Informant Mrs. Henry Lembach
(b) Address 4227 Sheldon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location 5712 Roswell Rd.

18 (a) Funeral director Edward O. Coughlin & Son
(b) Address 924 Eager St.

19 (a) JAN 5 1943 (Date received by Registrar) (b) Huntington Baltimore Md Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4th 1943 at 6 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1942 to Jan 4 1943, and that I last saw h 9r alive on Jan 4 1943.

Immediate cause of death	Duration
Cerebral Embolism	1 day
Due to age & Bronchopneumonia	3 wks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George S Bayly M.D
Address Chelsea Apts Ellen Rd Date signed 1/4/43

F 99541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-83 b

Registered No. F 99541

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1821 Penna. Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1821 Penna. Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME RUTH ANN REED

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widow

6 (b) Name of husband or wife: William T. Reed

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1860

8. AGE: Years	Months	Days	If less than one day
82	1	28	hr. min.

9. Birthplace New Jersey (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name Leonard Earling

13. Birthplace N. J.

MOTHER

14. Maiden Name Matilda Leek

15. Birthplace N. J.

16 (a) Informant Donia Lemmon

(b) Address 1821 Penna. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cem.

Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS.

(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4, 43 19 1:00P, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/15/42 19 to 1/4/43 19, and that I last saw her alive on 1/4/43 19.

Immediate cause of death cerebral thrombosis.

Due to generaliand cerebral arteriosclerosis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Lera Bowden, M. D.

Address #223 Mercantile Bldg. Date signed 1/5/43

F 99542

AB-29133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99542

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-----2
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 N. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Peter Jackson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widower

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19-1861

8. AGE: Years	Months	Days	If less than one day
80	11	30 29	hr. min.

9. Birthplace Oklahoma (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Andrew Jackson
13. Birthplace Oklahoma

MOTHER
14. Maiden Name Anna Carroll
15. Birthplace Oklahoma

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL JAN 5 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JAN 5 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18 1942, at 12 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-22 1941, to 12-18 1942, and that I last saw h-- alive on 12-18 1942

Immediate cause of death Bronchopneumonia — Duration 7 days

Due to

Due to

Other Conditions Senility — 9

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Radtke M. D.
Address Balto. City Hosp. Date signed 1-8-43

VS 180

9712

F 99543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

F 99543

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2037 E. 32nd St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2037 E. 32nd St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary L Seidel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Edward L. Seidel

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 14-1857

8. AGE: Years 85 | Months 11 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace New York
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Fehl
13. Birthplace Germany

MOTHER
14. Maiden Name Gertrude Wickel
15. Birthplace Germany

16 (a) Informant Lisa F. Baltz
(b) Address 2037 E. 32nd St

17 (a) Burial (b) Date thereof Jan 7-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Hope
Location Baltimore Co. Md.

18 (a) Funeral director F. D. Wimpfheimer & Son
(b) Address 1300 Eutaw Place

Filed 1943 (Date filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1943 at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1943 to Jan 4 1943 and that I last saw her alive on Jan 3 1943

Immediate cause of death Bronchopneumonia — Duration 3 Day

Due to

Due to Hypostatic Congestion

Other Conditions Valvular disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Fritz S. Krieger M. D.
Address 2700 Hartford Rd Date signed Jan 5 1943

Cut on dotted line. Every item of information should be carefully supplied. The cut on is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 99544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 99544 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 32 S. Calverton Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 32 S. Calverton Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katie Anna M. Baumann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19-1883

8. AGE: Years	Months	Days	If less than one day
59	—	16	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name August Baumann
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Ortman
15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth Cramer
(b) Address 32 S. Calverton Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6-1943 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director George L. Depkat
(b) Address 2101 Eutaw Place
[illegible]5-1943 Huntington Williams M.D. Registrar
(Rec'd by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3 1943 at 1 55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1942 to Jan 3 1943 and that I last saw her alive on Jan 2 1943.

Immediate cause of death	Duration
Hypostatic Pneumonia	
Due to Diabetes Mellitus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Morley Stoag M. D.
Address 1129 Washington Blvd Date signed 1/4/43

F 99545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 99545 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 920 E. North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 E. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Crosley Rankin Hitchcock

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Belinda M. Hitchcock
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) February 6 1860

8. AGE: Years	Months	Days	If less than one day
82	10	29	hr. min.

9. Birthplace Norrisville Harford Co. Md. (Town, county, and state)
10. Usual Occupation Retired Builder & Contractor
11. Industry or business

FATHER
12. Name Jason Hitchcock
13. Birthplace Norrisville Harford Co. Md

MOTHER
14. Maiden Name Sarah Elizabeth Hollingshead
15. Birthplace Norrisville Harford Co Md

16 (a) Informant Ralph M. Hitchcock
(b) Address 1731 E. Lafayette Ave Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-43 (month) (day) (year)
(c) Cemetery or crematory
Location Fawn Grove Pa

18 (a) Funeral director H. Howard Keefer
(b) Address Fawn Grove, York Co., Pa.

19 JAN 6 - 1943 Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5th 1943 at 1.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1943 to Jan 5 1943. and that I last saw him alive on Jan 5th 1943.

Immediate cause of death Heart failure — Duration
Due to Lobar Pneumonia — 5 days
Due to
Other Conditions Old age Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Reginald T. Tarry, M.D.
Address 4144 North Ave Date signed 1-5-43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1830

Registered No. F 99546

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 246 Douglass Pl (Oreden – Caroline)
(c) ~~Hospital or institution~~ Private
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 246 Douglass Pl
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Emma Waddell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife George Waddell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 60 | Months 5 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation House work

11. Industry or business

FATHER
12. Name George Brummell
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore, Md.

16 (a) Informant George Waddell
(b) Address 246 Douglass St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 6 43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore, Md.

18 (a) Funeral director Mrs. Ida Bailey
(b) Address 1421 Jefferson St

JAN 6 1943 Registered by Hattie Williams Registrar

MEDICAL CERTIFICATION 46

20. DATE OF DEATH Jan 4 1943, at 9 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1943 to Jan 4 1943 and that I last saw her alive on Jan 3 1943

Immediate cause of death

Cerebral Hemmorhage — Duration 12 hrs

Due to

Due to Hypertension — Duration 3 days

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Edward Fisher M. D.
Address 62 E. Monument St Date signed

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 9954?

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136 Registered No. F 9954?

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Cooksville Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Willis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Lucy Willis

6 (c) If dead, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 67 | Months | Days | If less than one day hr. min.

9. Birthplace Howard County Maryland (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name John Willis

13. Birthplace Howard Co

MOTHER 14. Maiden Name unknown

15. Birthplace unknown

16 (a) Informant Lucy Willis

(b) Address Cooksville md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof January 1943 (month) (day) (year)

(c) Cemetery or crematory Bush Park

Location Near Cooksville Howard Co

18 (a) Funeral director H. M. Snyder

(b) Address Mt. Airy Md.

JAN 6 1943 Harrington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1943, at 8.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14-1942, to 1-5-1943, and that I last saw him alive on 1-5-1943.

Immediate cause of death: Urethral Stricture & Stranguation — Duration

Due to

Due to Toxemia

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard Haynes M. D.

Address 1207 N Caroline St Date signed 1-9-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 832 N Registered No. F 99548

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 604 I Street Spring Rt.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lena Harvey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Eugene Harvey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13 1905

8. AGE: Years	Months	Days	If less than one day
37	2	22	hr. min.

9. Birthplace Charlotte County Virginia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name	Henderson Comlett
13. Birthplace	Va
MOTHER 14. Maiden Name	Mollie Thornton
15. Birthplace	Va

16 (a) Informant Eugene R. Harvey
(b) Address 604 Eye St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9 - 43 (month) (day) (year)
(c) Cemetery or crematory W. E. Calvary
Location G. L. Co. md
18 (a) Funeral director Sam'l N. Chase Son
(b) Address 638 N. Gilmor St
19 JAN 8 1943 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1943, at 6.35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29 1942, to 1-5 1943, and that I last saw h[illegible] alive on 1-5 1943

Immediate cause of death Cerebral Hemorrhage — Duration 8 Days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 453 Penna Ave Date signed 1-5-43

VS 8

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99549 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1501 Mullikin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 Mullikin St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie Holman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife Doc Holman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1902

8. AGE: Years 40 | Months 4 | Days 28 27 | If less than one day hr. min.

9. Birthplace Newport News, Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Dick Knox

13. Birthplace Va

MOTHER 14. Maiden Name Dulia ?

15. Birthplace

16 (a) Informant Doc Holman

(b) Address 1501 Mullikin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/43 (month) (day) (year)

(c) Cemetery or crematory

Location Newport News, Va

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Brant Ave

19 (a) [illegible] (Signature of registrar) JAN 6 1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1943 at 11:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28, 1942 to Jan 3, 1943 and that I last saw h[illegible] alive on Jan 2 1943.

Immediate cause of death

Bronchopneumonia — Duration 5 da

Due to

Due to

Other Conditions

Chr. Chronic Nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mattie Holman

Address 312 E 23rd St Date signed 1-6-43 M. D.

VS 150

F 99550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

F 99550 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH: Baltimore Md
(a) Baltimore City, Maryland
(b) Street address 1708 Pierce st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 1
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 Pierce st. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) FULL NAME James Mitchell
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Col.	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
65 64.4	—	—	hr. min.

9. Birthplace A. A. Co. Md. (Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business

FATHER 12. Name
13. Birthplace A. A. Co. Md.

MOTHER 14. Maiden Name Nancy. —
15. Birthplace A. A. Co. Md.

16 (a) Informant Charles Mitchell
(b) Address 1708 Pierce st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary.
Location A. A. Co Md.

18 (a) Funeral director Chas H Alexander
(b) Address 923 N. Mount st

19 (a) JAN 6 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 2 1943 at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 30 1942 to Jan 2 1943 and that I last saw h.im alive on Dec 30 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 4 days
Due to: Hypertension
Due to:
Other Conditions: —

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: —
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature J. Douglas Shepard M. D.
Address 631 W Franklin St Date signed 1/5/43

F 99551

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 938

F 99551 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 102 N. Luzerne Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 102 N. Luzerne Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME EVA E. FOSLER

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife - - -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31. 1873

8. AGE: Years	Months	Days	If less than one day
69	2	2 1	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Uriah P. Fosler
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Power
15. Birthplace Baltimore

16 (a) Informant Mary P. Fosler-sister
(b) Address 102 N. Luzerne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8. 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location Baltimore Md
18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.
19 (a) JAN 6 — 1943 (Local registrar) Huntington Williams, M.D. Registrar

VS 200

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2. 1943 at 4.35 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15. 1942 to Jan. 2. 1943 and that I last saw her alive on Jan. 1. 1943

Immediate cause of death	Duration
Myocarditis (chronic)	1 mo.
Due to Arteriosclerosis	3
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

21. Signature Eugene L. Cannegieter M. D.
Address 514 Drury Lane Date signed 1/2/43

F 99552

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 516

F 99552 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Elm Avenue
(c) Hospital or institution: 13

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3520 Elm Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Hare

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie Hare
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22-1870

8. AGE: Years	Months	Days	If less than one day
72	11	11	hr. min.

9. Birthplace Baltimore Co. Md.
(Town, county, and state)
10. Usual Occupation Police Dept.
11. Industry or business Retired 4 years

FATHER
12. Name Phillip Hare
13. Birthplace Maryland

MOTHER
14. Maiden Name Isabelle Albin
15. Birthplace Maryland

16 (a) Informant Lawrence V. Hare
(b) Address 4134 Falls Road

17 (a) Burial (b) Date thereof Jan. 6-1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) JAN 6 1943 Huntington Williams, M.D.
(Date received) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1943, at 10-50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1st 1942 to Jan 3rd 1943, and that I last saw him alive on Jan 3rd 1943

Immediate cause of death Acute Cardiac Dilation. — Duration 17 hrs

Due to Chronic Myocarditis Arteriosclerosis — 2 yrs

Due to Chronic Prostatitis

Other Conditions (Contributory)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. A. Leech
Address 36 15 Falls Rd. Date signed 1/4/43

VS 150

F 99553 Sue R. Reid F 99553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison Sts.
(c) Hospital or institution: Md. Gen. Hosp. 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3825 Hickory Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Sue R. Reid (Reid.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widowed

6 (b) Name of husband or wife Milton Reid
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1875

8. AGE: Years	Months	Days	If less than one day
67	3	18	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Home work
11. Industry or business

FATHER
12. Name Alexander Pettit
13. Birthplace Va

MOTHER
14. Maiden Name Mary E. ?
15. Birthplace Va

16 (a) Informant Margaret E. Howard
(b) Address 3825 Hickory Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8/43 (month) (day) (year)
(c) Cemetery or crematory Oak Grove
Location Va

18 (a) Funeral director Thomas F. Donovan
(b) Address 1 Pleasant Ave

JAN 6 1943

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 5 1943 at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2 1943, to 1/5 1943, and that I last saw her alive on 1/5 1943.

Immediate cause of death: Cardiac hypertrophy — Duration

Due to: Chr. Myocarditis

Due to:

Other Conditions: Benign nat. prostatic hypertrophy

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. T. Mc Hoza M. D.
Address M. Gen. Hosp. Date signed 1/5/43

VS 3

F 99554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

F 99554
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution:
Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-6
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3628 Elm Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** James W. Elkins.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12, 1854.

8. AGE: Years	Months	Days	If less than one day
88	3	22	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business (Carpenter).

FATHER
12. Name John Henry Elkins.
13. Birthplace Va

MOTHER
14. Maiden Name Mary Ann Delaney.
15. Birthplace Va

16 (a) Informant Chester Sprouse
(b) Address 4206 La Salle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director E. Edmonds & Sons
(b) 1907 E. Lanvale St

19 (a) JAN 6 1943 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4, 1943 at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 24 1942 to Jan. 4 1943, and that I last saw him alive on Jan 2 1943.

Immediate cause of death Valvular heart disease — Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. M. Putterman

Address 2324 Reisterstown Rd. Date signed 1/4/43

F 93555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 93555 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp. 9-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dod
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2627 Aisquith St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY ROBERT Reist

3 (b) If veteran, name war none

3 (c) Social Security Account No. 215-12-5231

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Alma Reist

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 30, 1881

8. AGE: Years 61 | Months 11 | Days 4 | If less than one day hr. min.

9. Birthplace Pa (town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name Harry R. Reist
13. Birthplace Pa

MOTHER
14. Maiden Name Sarah Kaufmann
15. Birthplace Pa

16 (a) Informant Mrs. Alma Reist
(b) Address 2627 N. Aisquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Philip Stewart Sons
(b) Address 2024 Orleans St

19 (a) JAN 6 1943 (Date received by registrar) Eustace for Williams M.D. registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1943, at 2 30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an his (Autopsy or Inquiry) thereon and from the evidence obtained by said his (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Eustace M.D.
Medical Examiner.
Date signed Jan 6 1943

VS 6

F 99556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 107

F 99556

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 904 Madison Ave
(c) Hospital or institution: 11-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto., Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Day

3 (b) If veteran, name war: No.
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/17/1855

8. AGE: Years	Months	Days	If less than one day
87	3	17	hr. min.

9. Birthplace Alex. Va. (Town, county, and state)
10. Usual Occupation Unemployed Janitor
11. Industry or business

FATHER
12. Name Richard Day
13. Birthplace Va.

MOTHER
14. Maiden Name Ellen ?
15. Birthplace Va.

16 (a) Informant Ann Jones
(b) Address 904 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 514 N. Calhoun St.

19 (a) JAN 6 - 1943 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/4/43 19 , at 5:55 M

21. I certify that death occurred on the date above stated, that I attended deceased from 12/43 19 to 1/4/43, and that I last saw h[illegible] alive on 1/3/43.

Immediate cause of death: Bronchopneumonia — 8 days
Due to: Mitral
Due to:
Other Conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Ellis M.D.
Address 32 E. Madison Date signed 1/6/43

Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

F 99557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99557 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1007 Bennett Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 Bennett Pl. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Alex. Hooper

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 75 74 | Months - | Days - | If less than one day hr. min.

9. Birthplace Balto/ Md (Town, county, and state)

10. Usual Occupation Janitor (Unemployed)

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Augusta Hawkins (D.F)
(b) Address 1007 Bennett Pl.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 5148 Harford St. Baltimore, Md.

19 (a) JAN 6 - 1943 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/4/43 19 , at 4:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1941 to Jan 4 1943. and that I last saw h alive on 19

Immediate cause of death
Cardio - Renal Vascular disease — Duration 2 yrs.

Due to —

Due to —

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature C. N. Pickford M. D.
Address 53 W Lanvale St Date signed 1/5/43

F 99558 F 99558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 9418

The entries on this certificate should be carefully supplied. The items are especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Moreland ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nathan Solomon

3 (b) If veteran, name war World War I

3 (c) Social Security Account No. 215-09-4388

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Office Manager
11. Industry or business Book refining

FATHER
12. Name Jacob Julius Baldwin
13. Birthplace Roxbury

MOTHER
14. Maiden Name Sarah Bernstein
15. Birthplace Poland

16 (a) Informant Dora Wolosky
(b) Address 1712 Moreland ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1-7-43 (month) (day) (year)
(c) Cemetery Sinai Location Southern ave

18 (a) Funeral director Louis Levy
(b) Address 1439 E. Baltimore St

19 (a) JAN 6 1943 (Date registered) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5- 1943, at 2:27 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madeira M.D. Medical Examiner.

Date signed 1-6-43

F 99559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 99559
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1320 N. Stricker
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elmer Gwendellyn Johnson
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Gladys Hopkins
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 12/5/1938
8. AGE: Years 4 | Months 1 | Days 1 | If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name James Briscoe
13. Birthplace Md.

MOTHER
14. Maiden Name Gladys Johnson
15. Birthplace Md

16 (a) Informant Gladys Johnson
(b) Address 1320 N. Stricker St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md
18 (a) Funeral director Geo. H. Nelson
(b) Address 1303 Pennsylvania Ave
19 (a) Filed JAN 6 1943 (b) Registrar Hunting for Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-6-43 1943, at 12:00 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 1-3 1943 to 1-5 1943 and that I last saw h[illegible] alive on 1-5 1943.

Immediate cause of death Cardiac Failure — Duration
Due to Rheumatic Cardio-Vascular Disease
Due to
Other Conditions (ova)
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore Karlash M. D.
Address Univ. Hospital Date signed 1-6-43

F 99560

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99560 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1229 Wall St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Dawalt 78832

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-5054

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Nellie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1883

8. AGE: Years	Months	Days	If less than one day
59	7	16	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Boiler maker's helper

11. Industry or business

FATHER
12. Name Charles E. Dawalt
13. Birthplace Canada

MOTHER
14. Maiden Name Georgia Anna
15. Birthplace Canada

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/43. (month) (day) (year)
(c) Cemetery or crematory Eastern Cem
Location Edmondson Ave

18 (a) Funeral director J. J. Tobey Funeral Home
(b) Address 1 Huntington Ave. Md.

19 (a) JAN 6 1943 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3 1943, at 6:10A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 29 1942, to Jan. 3 1943, and that I last saw him alive on Jan. 3 1943.

Immediate cause of death	Duration
Pulmonary tuberculosis	6 mos?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

as above

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. J. Harte M.D.
Address Balto City Hosp Date signed 1/11/43

VS 150

Morgue F 99561

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

F 99561 Registered No.

Please answer all questions as completely as possible. The information should be carefully supplied. The questions are especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5215 Tremont Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eugene Wyman (WEIMAN)

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-5447

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation Iron Worker

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Records of Hospital
(b) Address St Agnes Hospital

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/5/43 (month) (day) (year)
(c) Cemetery or crematory Mt View
Location Shawkeshang.

18 (a) Funeral director J. J. Fahey & Sons
(b) Address 2300 Knight St.

JAN 6 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williamsburg, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4 1943, at 10:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
acute peritonitis	
Due to trauma to abdomen	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident 25/5
(b) Date of occurrence Jan 2 1943 at 5 P.M.
(c) Where did injury occur Industrial Alcohol Co. at (City or town) Curtis Bay (State)
(d) Did injury occur about home, on farm, industrial place or in public place? in industrial While at work? yes (Specify type of place)
(e) Means of injury Struck in abdomen by piece of timber

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed Jan 6 1943

VS 6

Morgue F 99562

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1248

F 99562 Registered No.

The entries on this certificate should be carefully supplied. The answers are especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 608 E. Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 608 E. Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME John G. Guth

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) May 20-1878
8. AGE: Years 69 | Months 7 | Days 14/15 | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Fence
11. Industry or business Retired
12. Name of father John Guth
13. Birthplace of father Germany
14. Maiden Name of mother Ethel Wagner
15. Birthplace of mother Germany
16 (a) Informant Mrs F Guth
(b) Address 149 Morley St
17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 7/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md
18 (a) Funeral director F. S. Kappel & Son
(b) Address 1200 Eastern Ave
19 (a) JAN 6 1943 (Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1943 at 9 15 PM
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & in question (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry & in question (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Primary pneumonia	
Due to	
Due to	
Other Conditions Fatty degeneration of heart (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed Jan 5 1943

VS 6

F 99563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99563

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4702 Holabird Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4702 Holabird Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter A. Magee

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 216-09-4771

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret V.

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Dec 13, 1888

8. AGE: Years 54 | Months | Days 2 | If less than one day: hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Presser

11. Industry or business Frederal Yeast

FATHER
12. Name Robert Magee
13. Birthplace Balto.

MOTHER
14. Maiden Name Mary Roberts
15. Birthplace Balto.

16 (a) Informant Margaret V. Magee
(b) Address 4702 Holabird Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 1/8/43 (month) (day) (year)
(c) Cemetery or crematory Schwartz
Location O'Donnell St.

18 (a) Funeral director H. W. E. Dippel & Sons
(b) Address Lombard & Gay Streets

19 (a) JAN 6 1943 (Date received by Registrar) Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1943 at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-7 1941 to 1-4 1943 and that I last saw h.. alive on 1-2 1943.

Immediate cause of death: Diabetes Mellitus — Duration: 4 yrs

Due to:

Due to:

Other Conditions: Myocardial degeneration — Duration: 6 wks

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Miller

Address 1500 N Edwy Date signed 1/4/43

VS 150

Spec.—8-16-39—L. F. S.—100 Blks.

F 99564

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99564

CERTIFICATE OF DEATH

476 N

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE (No. 2436 Ethring ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Johnson Johnson

(a) RESIDENCE NO. 2436 Ethring ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	C	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Savannah Johnson

6 DATE OF BIRTH (month, day, and year) November 18 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Talbot Co. Md

PARENTS

10 NAME OF FATHER Charles Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Savannah Johnson

(Address) 2436 Ethring

15 JAN 6 1943 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) January 3 - 1943

17 I HEREBY CERTIFY, That I attended deceased from December 1942, to Jan 3, 1943, that I last saw h[illegible] alive on Jan 3, 1943, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Carcinoma Stomach

May 1942 (duration) yrs 8 mos ds

CONTRIBUTORY (Secondary) age

(duration) yrs mos ds

18 Where was disease contracted if not at place of death? -

Did an operation precede death? none Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Wm. N. Wright M. D.

1/3, 1943 (Address) 1209 Preston ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cem.	Jan. 6, 1943
20 UNDERTAKER	ADDRESS
Mrs. George H. Holland	1051 N. Mt. A.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 99565

Albert. Elijah Phillips

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99565 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert.
(c) Hospital or institution:
Union Memorial Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 Ellamont St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Im Albert Elijah Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	married

6 (b) Name of husband or wife Frances Phillips
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10th, 1879

8. AGE: Years	Months	Days	If less than one day
63	11	25	hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)
10. Usual Occupation Sheet Metal Worker
11. Industry or business Riggs Distler Co.

FATHER
12. Name Elijah Phillips
13. Birthplace Pa

MOTHER
14. Maiden Name Elsie (?)
15. Birthplace Pa.

16 (a) Informant Father Albert E. Phillips
(b) Address 1612 Ellamont St

17 (a) Removal (b) Date thereof Jan 6, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Lebanon
Location Pittsburgh, Pa.

18 (a) Funeral director William E. Carl
(b) Address 1217 St. Paul St.

19 (a) Filed JAN 8 1943 (b) Registrar Williams, M.D.
Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5 1943, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 1942 to 1-5 1943.
and that I last saw him alive on 1-5 1943

Immediate cause of death	Duration
(a) Bobar) pneumonia	
Due to Strangulation obstruction of	
Due to Strangulated acute appendicitis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: (1) Acute appendicitis (2) Ileus in ileum.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature I. Sherlock Clawson
Address Union Memorial Hosp. Date signed 1-7-43 M.D.

Dr. Stevens 2718 Hartford Ave Bal 22

F 99566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131N

F 99566
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5/11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3520 Hilton Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susie E. Share

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband Albert Share
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31st 1864

8. AGE: Years	Months	Days	If less than one day
78	7	2	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name William Hubbard
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Ball
15. Birthplace Md.

16 (a) Informant Maude S. Hall
(b) Address 4652 Marble Hill Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/43 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) (Date received by Registrar) JAN 6 1943 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1942 to Jan 4 1943 and that I last saw her alive on Jan 2 1943

Immediate cause of death
Bronchopneumonia
Marasmus — Duration 2 days

Due to Arteriosclerosis — Hypertension — 5 Yrs

Due to Cerebral Hemorrhage — 5 Hrs

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. H. Stevens M.D.
Address 2718 Hartford Ave Date signed 1 4 43
M. D.

F 99567

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH (1943)

F 99567 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 S. Bentalou St.
(c) Hospital or institution: —
(d) ~~Length of stay in hospital or inst. (yrs., mos., or days)~~ Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 S. Bentalou St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William F. Maurice

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Florence F. Maurice

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 30-1879

8. AGE: Years 63 | Months 5 | Days 5 | If less than one day ___ hr. ___ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Ice Business

11. Industry or business Owner

FATHER
12. Name Douglas Maurice
13. Birthplace Virginia

MOTHER
14. Maiden Name Margaret Johnson
15. Birthplace Virginia

16 (a) Informant Florence F. Maurice
(b) Address 506 S. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director F. D. Tippett & Son
(b) Address 20 E. Lexington Street

19 (a) 6-1943 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to Jan 5 1943; that I last saw him alive on June 4 1943.

Immediate cause of death Cerebral Hemorrhage, Coronary Sclerosis, Hypertension, Myocarditis — Duration

Due to —

Due to —

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Robert C. Peters M. D.
Address 2151 Madison Ave Date signed 6/7/43

VS 3

99966 H

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

F 99568
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1005 Dukeland St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 D
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 Dukeland St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sallie B. Brown

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: William A. Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 28. 1873

8. AGE: Years	Months	Days	If less than one day
69	0	7	hr. min.

9. Birthplace: Talbot Co. Md. (Town, county, and state)
10. Usual Occupation: House Wife
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Alexine Dean
15. Birthplace: Md.

16 (a) Informant: Hazel D. Dillihunt
(b) Address: 422 N. Chapelgate Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7. 1943 (month) (day) (year)
(c) Cemetery or crematory: National Cem.
Location: City

18 (a) Funeral director: Mrs. Wm. John W. Tenfelt Son
(b) Address: 801 W. Fayette St.

19 (a) JAN 6 1943 (Registrar) (b) Huntington Williams 1626 N. Fulton Ave Registrar's address

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1943, at 8 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1942 to Jan 5 1943 and that I last saw him alive on Jan 5 1943

Duration
Immediate cause of death: Cardiac Decompensation
Due to: Acute Indigestion,	1 day
Due to: Valvular Heart disease & Arteriosclerosis	1 day
Other Conditions:	5 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Marion Ld. Shook M.D.
Date signed 1-6-43

F 99569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 99569

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Northwood Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Northwood Apts. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME STEPHEN MASON MEGINNISS

3 (b) If veteran, name war: world

3 (c) Social Security Account No. 215-07-4961

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Agnes C. Meginniss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 13, 1892

8. AGE: Years	Months	Days	If less than one day
50 49	11	21	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: salesman
11. Industry or business: American Oil Co.

FATHER
12. Name: William Meginniss Jr.
13. Birthplace: Md.

MOTHER
14. Maiden Name: Esther Register
15. Birthplace: --

16 (a) Informant: Mrs. Agnes C. Meginniss
(b) Address: Northwood Apts. #377 4428 Marble Hall Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

JAN 6 - 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4, 1943 at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1943 to Jan. 4 1943, and that I last saw him alive on Jan. 3 1943.

Immediate cause of death	Duration
Coronary thrombosis	2 hours.
Due to Auricular fibrillation	48 hours
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. A. Eiler M. D.
Address 3703 Garrison Blvd Date signed 1/5/43

VS 150

F 99570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99570 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 520 N. Ellwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 N. Ellwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHESTER A. BASTRESS

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 216-10-4343

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife: Eliza

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1874

8. AGE: Years	Months	Days	If less than one day
68	2	6	hr. min.

9. Birthplace Thompsontown, Pa. (Town, county, and state)
10. Usual Occupation Retired - Gen'l. foreman
11. Industry or business Standard Oil Co.

FATHER
12. Name Peter Bastress
13. Birthplace Youngstown, Pa.

MOTHER
14. Maiden Name Eve Dreschler
15. Birthplace Pa.

16 (a) Informant Mrs. Eliza Bastress
(b) Address 520 N. Ellwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) JAN 6 - 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4, 1943 at 8:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 5, 1942 to Jan. 4, 1943 and that I last saw him alive on Jan. 2, 1943.

Immediate cause of death	Duration
Coronary thrombosis.	?
Due to Carcinoma of the Prostate Gland	3 Mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Klenk Baumgardner
Address 1613 E. North Ave. Date signed 1-4-43.

Please answer questions carefully. Important: Physicians: please write the causes of death clearly and legibly.

F 99571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99571 (over)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 520 S. Macon St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr 6 mo 7 da
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 S. Macon St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gerhard Sontag

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex MALE (Female)
5. Color or race white
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife Mary E. Carroll
6 (c) If alive, give age 47 years
7. Birth date of deceased (mo., day, yr.) June 1876
8. AGE: Years 67 | Months 7 | Days | If less than one day ____ hr. ____ min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired farmer
11. Industry or business Faith healer

FATHER
12. Name
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Mrs. Mary E. Sontag
(b) Address 520 S. Macon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 7, 1943 (month) (day) (year)
(c) Cemetery or crematory Wesley Chapel Cemy.
Location Rock Hall, Md.

18 (a) Funeral director John O. Mitchell Funeral Inc.
(b) Address 1900 Eutaw Place

19 (a) JAN 6 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4, 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1942 to Jany 4 1943 and that I last saw him alive on Jany 3, 1943

Immediate cause of death: Carcinoma of Rectum — Duration: about 12 yrs
Due to: Cause unknown
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J W Keown
Address 1938 Linden Ave Date signed 1/5/1943

F 99572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99572 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 39 Calvert St.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Woodbone
(If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME Rose Marie Haugh

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6/9/32

8. AGE: Years 10 Months 6 Days 26 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Mr. Jacob Norwood (?)

FATHER 13. Birthplace ?

MOTHER 14. Maiden Name Ruth Haugh

MOTHER 15. Birthplace Maryland

16 (a) Informant —

(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-43 (month) (day) (year)

(c) Cemetery or crematory Magan Chapel

Location Day, Carroll Co. Md.

18 (a) Funeral director C. M. Walt

(b) Address Winfield Md

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 6 - 1943

Huntington for Wilkerson

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/5 1943, at 5 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/31 1942 to 1/5 1943, and that I last saw h[illegible] alive on 1/5 1942.

Immediate cause of death Cardio-Resp. Failure — Duration

Due to Cerebro-Spinal Meningitis

Due to N. Intracellularis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

Meningococci meningitis

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Helen Bouse M. D.

Address Union Memorial Date signed Jan. 5, 43

F 99573

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1943 F 99573 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4232 Frederick Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4232 Frederick Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John G. Geiger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sallie M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 1871

8. AGE: Years	Months	Days	If less than one day
71	6	1	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired Lt Fire Dept

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Sallie M. Geiger
(b) Address 4232 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East End North Ave

18 (a) Funeral director William J. Marecek
(b) Address 315 Light St

19 (a) (Date rec'd by Local Reg.) (b) Huntington Williamsport, Md.

JAN 6 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1943, at 5 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1943, to Jan 5, 1943 and that I last saw him alive on Jan. 5, 1943.

Immediate cause of death	Duration
Acute Cardiac Dilatation	1 Day.
Due to Chronic Myocarditis	2 years
Due to ~	
Other Conditions ~	

(Include pregnancy within 3 months of death)
Date of operation ~ None
Major findings of operation: None.
of autopsy: ~

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ~
(b) Date of occurrence ~ at ~ M
(c) Where did injury occur? ~ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ~ (Specify type of place) While at work? ~
(e) Means of injury ~

23. Signature Frank M. Ogburn M. D.
Address 2701 N. Calvert St. Date signed Jan. 6/43

F 99574 ✓ X 46f F 99574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden + Madison
(c) Hospital or institution: Mod. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Brooklyn Heights (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 Audrey Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John A Kramme

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Barbara
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/17/69

8. AGE: Years 73 | Months 11 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Balto (Town, county and state)

10. Usual Occupation Constable
11. Industry or business

FATHER 12. Name John Kramme
13. Birthplace Balto.

MOTHER 14. Maiden Name Fanny Engel
15. Birthplace Balto

16 (a) Informant Wife
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

JAN 6 1943 (b) ____
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/4 1943 at 4:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/24 1942 to 1/4 1943 and that I last saw h alive on 1/4 1943

Immediate cause of death Art. C. V. D. — Duration

Due to ____

Due to ____

Other Conditions Probable Carc of Liver
(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: ____

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature Thomas A Lynch M.D.
Address Md. Gen. Hosp. Date signed 1/4/43

Huntington Williams, M.D.

F 99575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 MF 99575 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 430 Whitridge Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 430 Whitridge Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret E Miller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, ~~married~~, widowed, or divorced:
Female	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 2 1854

8. AGE: Years	Months	Days	If less than one day
88	2	2	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph Wilson
13. Birthplace Ireland

MOTHER
14. Maiden Name Caroline
15. Birthplace Md.

16 (a) Informant Miss Carolyn Miller
(b) Address 430 Whitridge Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Ave

18 (a) Funeral director William M Mareck
(b) 1943 JAN 8 315 E Lafayette Ave Baltimore, Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4 1943 at 415 P M

21. I certify that death occurred on the date above stated; that I attended deceased from February 12 1942 to January 7 1943 and that I last saw him alive on January 4 1943.

Immediate cause of death
Myocardial Insufficiency
Chronic Interstitial Nephritis

Duration
3 years

Due to

Other Conditions Hypostatic Pneumonia and Cardiac Dilatation

38 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Cowenberg M. D.
Address 2075 E North Ave Date signed 1/5/43

VS 2

F 99576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99576 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Ecclestons, Md
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Ecclestons (If outside city or town limits, write RURAL and give town)
(d) Street No. Same (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carther Lee Turner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife Leo Turner

6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) June 16-1940

8. AGE: Years 2 | Months 6 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Leo Turner
13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Marguerite Riley
15. Birthplace Virginia.

16 (a) Informant Mother
(b) Address Eccleston, Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/6/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Garrison Forest Rd.

18 (a) Funeral director Frank A. Spurrier
(b) Address Pikesville, Md

19 (a) (Date rec'd by local reg.) JAN 8 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1943 at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1943 to Jan 5 1943 and that I last saw h... alive on Jan 5 1943

Immediate cause of death Laryngeal stenosis — Duration 1 Day

Due to Probably diphtheria — 1 Day

Due to Secondary hemorrhage — 1 Day

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Jan 5-43

Major findings of operation: O edema - redness

of autopsy: Laryngeal tissue

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ... at ... M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury

23. Signature F. A. Hyde M.D.
Address University Hosp Date signed Jan 5-43

F 99577

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1860 ✓ F 99577 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital. 6-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 E. Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Priscilla May Keaton.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2/7/1942

8. AGE: Years	Months	Days	If less than one day
	9	28	hr. min.

9. Birthplace Portsmouth, Ohio (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name William Keaton
13. Birthplace Morgantown Ky.

MOTHER
14. Maiden Name Jodie Smith
15. Birthplace Morgantown, Ky.

16 (a) Informant Mrs. Joan Keaton
(b) Address 1730 East Balto. St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/43 (month) (day) (year)
(c) Cemetery or crematory Lucasville Cem.
Location Lucasville, Ohio

18 (a) Funeral director Wm Bond Chas
(b) Address 1217 N. Paul St

19 (a) (Date received by local registrar) JAN 6 1943 Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5-43 19 , at 7.00 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Sub dural hemorrhage Brain left — Duration

Due to

Due to

Other Conditions: Subarachnoid hemorrhage; Surgery (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/5/42 at 3.00 PM
(c) Where did injury occur? Balto. (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall out of Bed.

23. Signature Joseph B. Marshall MD. Medical Examiner.
Date signed 1/5/42

F 99578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 H

F 99578 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital H-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Davidsonville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Hopkins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Milton Hopkins
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Nov 26-1884

8. AGE: Years 58 | Months 1 | Days 6 | If less than one day: hr. min.

9. Birthplace Ft Mayabo Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Benjamin Dunbar
13. Birthplace Md

MOTHER
14. Maiden Name Emma Booth
15. Birthplace Va

16 (a) Informant Milton O Hopkins
(b) Address Davidsonville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8-1943 (month) (day) (year)
(c) Cemetery or crematory Davidsonville Methodist
Location Davidsonville Md

18 (a) Funeral director Peter Dougherty
(b) Address 2324 N Charles St.

(c) JAN 6 1943 (b) Registrar Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6, 1943, at 8:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3, 1943 to Jan 6, 1943 and that I last saw him alive on Jan 6, 1943.

Immediate cause of death Uremia — Duration

Due to Acute Passive Congestion of Kidney, Left

Due to Right Nephrectomy

Other Conditions Pregnancy & Retroperitoneal Lipomatosis
(Include pregnancy within 3 months of death)

Date of operation Jan 4, 1943

Major findings of operation: Pregnancy & Retroperitoneal Lipomatosis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert A. Barthel Jr
Address University Hospital Date signed 1/6/43

F 99579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99579 Registered No. 170c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 N. Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Naumann

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	

6 (b) Name of husband or wife Stella D. Naumann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30 1916

8. AGE: Years	Months	Days	If less than one day
26	-4	5-	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Fire Dept. Balto, Md
11. Industry or business

FATHER
12. Name Charles Naumann
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Fischer
15. Birthplace Balto. Md.

16 (a) Informant wife
(b) Address 969 N. Stricker St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem
Location O'Donnell & Eden
18 (a) Funeral director Charles E. Schimmel
(b) Address 2601-03 E. Madison St.
19 (a) (Date received by local registrar) Huntington Williams M.D. Registrar

JAN 5 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1943, at 9 35 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Fracture of skull	Duration
Due to		
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 2/2
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 1 1943 at 7.40 A.M.
(c) Where did injury occur? On way to a fire Govt Hortimmer (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public Indus While at work? yes (Specify type of place)
(e) Means of injury Fell off a fire engine
23. Signature Robert Lee Hutton M.D. Medical Examiner.
Date signed Jan 5 1943

F 99580

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99580 Registered No. 8/a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 835 Pontiac Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 835 Pontiac Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country (Birth # F 60905)

3 (a) FULL NAME Charles F Lamont La Coste

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 27, 1942

8. AGE: Years	Months	Days	If less than one day
	2	8	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business —

FATHER
12. Name Jos E. La Coste
13. Birthplace Mobile Ala

MOTHER
14. Maiden Name Agnes Neenan
15. Birthplace Baltimore

16 (a) Informant Jos E. La Coste
(b) Address 835 Pontiac Ave

17 (a) Burial (b) Date thereof 1/6/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North Ave

18 (a) Funeral director Thos. F. Kenny
(b) Address 1600 Hollins St

JAN 6 1943
19 (a) (b)
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 5 1943, at 8 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
acute meningitis (organism unknown)	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Jan 5 1943

Huntington Williams

F 99581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860

F 99581 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Bells Gen Hospital
(c) Hospital or institution: Light St Balto
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 2 4
(e) Length of stay in Baltimore (yrs., mos., or days) 5

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore MD (If outside city or town limits, write RURAL and give town)
(d) Street No. 815 E Fortaine (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Wm. Neweker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of ~~husband or~~ wife Emma Conway

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1859

8. AGE: Years 83 | Months 4 | Days 18 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Retired (Boiler-maker)

11. Industry or business

FATHER
12. Name John Neweker
13. Birthplace Not Known

MOTHER
14. Maiden Name Jane Pence
15. Birthplace Not Known

16 (a) Informant Miss Nellie Neweker
(b) Address 815 E. Fort Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/1943 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. E. Co.

18 (a) Funeral director C. D. Fanning & Son
(b) Address 1938 E. Lafayette Ave

Jan 8 1943 (Date rec'd by reg.) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1943 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1942 to Jan 4 1943 and that I last saw her alive on Jan 4 1943

Immediate cause of death Coronary Embolism — Duration sudden

Due to Fracture of right femur

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Dec 28 1942 at 6 P. M
(c) Where did injury occur? 801 E Fort Ave Balto Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Fell in store (Specify type of place) While at work? No
(e) Means of injury Accidental

23. Signature Dr. S. H. Berman
Address 936 E Fort Ave Date signed 1/7/43 M. D.

Approved: Robert Lee Feldman M.D. Asst. Med. Examiner

VS 250

F 99582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940

✓ F 99582 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1410 Riverside
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1410 Riverside (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rt Rev Msgr. Albert Edward Smith

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/28/1878

8. AGE: Years	Months	Days	If less than one day
64	7	16	hr. min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual Occupation Priest
11. Industry or business

FATHER
12. Name Joseph Smith
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Jane Swift
15. Birthplace Washington D.C.

16 (a) Informant Rev. Roger Boyce
(b) Address St Mary Star of Sea

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Washington D.C.

18 (a) Funeral director J. J. Foley Sons
(b) Address 1348 Light St.

19 (a) JAN 6 - 1943 (b) Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 4 1943 at 12:30 M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1941 to Jan 4 1943 and that I last saw him alive on Jan 3 1943

Immediate cause of death Coronary Thrombosis — Duration 1 day.
Due to Arthritis — 1 yr.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. B. Whitelaw M.D.
Address 1229 William St Date signed 1/6/43

VS 8

F 99583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99583 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2036 Park Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2036 Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME AMELIA C. SMITH

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	none	female	white	widow

6 (b) Name of husband or wife Frank W. W. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 10, 1856

8. AGE: Years	Months	Days	If less than one day
86	9	24	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Martin Ortt
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Augusta Hamill
15. Birthplace Balto., Md.

16 (a) Informant Mr. W. J. Smith
(b) Address 2302 Monticello Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received) JAN 7 1943 Harrington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION A

20. DATE OF DEATH Jan. 4, 1943, at 11:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1942 to Jan 4 1943 and that I last saw h.. alive on Jan 3 1943.

Immediate cause of death: My Heart Attack — Duration about 3 weeks

Due to

Due to advanced arteriosclerosis.

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hallet Dunbar M. D.
Address Date signed

F 99581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

162 F 99584 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2100 Bolton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2100 Bolton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY E. MILLER

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife James T. Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1852

8. AGE: Years	Months	Days	If less than one day
90	1	3	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Charles R. Woods
13. Birthplace Balto.

MOTHER
14. Maiden Name Mary Fitzpatrick
15. Birthplace Balto.

16 (a) Informant Mrs. C. N. Merritt
(b) Address 2100 Bolton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address [illegible] Md.

19 (a) JAN 5 1943 (Date rec'd by registrar) (b) Huntington Williamsport

VS 180

MEDICAL CERTIFICATION

P

20. DATE OF DEATH Jan. 5, 1943, at 9:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1942 to Jan 5 1943, and that I last saw her alive on Jan 5 1943

Immediate cause of death: Cardiac Syncope — Duration: about 48 hours

Due to: Senility — Duration: 5 years

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature G. Lahoste Ewell

Address 2946 St Paul St Date signed 1/6/43

F 99585 ✓ F 99585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3317 Fait Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 59

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3317 Fait Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Richards

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles P.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan 29 1884

8. AGE: Years 58 59 | Months 11 | Days 5 | If less than one day hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: Home-maker

11. Industry or business

FATHER
12. Name: Adam Hubert
13. Birthplace: Germany

MOTHER
14. Maiden Name: Eva Hoble
15. Birthplace: Germany

16 (a) Informant: Adeline De Fabio
(b) Address: 2014 Griffin Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) 1 (day) 5 (year) 43

(c) Cemetery or crematory: Dale Lawn
Location: Baltimore Md

(a) Undertaker or director: Howard D. Conway
(b) Address: 2110 25th St

(b) Huntington Williamson M.D. Registrar

JAN 7 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 4 1943, at 3.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1942 to Jan 4 1943 and that I last saw h[illegible] alive on Jan 3 1943.

Immediate cause of death: Cystitis, Chronic Infiltrative, Central Insufficiency — Duration: 6 mos.?

Due to: Carcinoma Kidney — Duration: 2 mos.

Due to: Terrible Emaciation

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J. V. Clift M. D.
Address: 3010 Greenleaf Rd Date signed: 1-5-43

F 99586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 W

Registered No. F 99586

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 647 N. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patricia Joha (Joha) (Birth F 61790)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	W.	baby.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-6-42

8. AGE: Years	Months	Days	If less than one day
	1 mo		hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Anthony Joha
13. Birthplace Md.

MOTHER
14. Maiden Name Lillian Ostrowska
15. Birthplace Va.

16 (a) Informant Mother
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Retained by Hosp.

18 (a) Funeral director
(b) Address

19 JAN 7 1943 Investigation Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1942 at 5 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1942 to Dec 23 1942, and that I last saw h ea alive on Dec 23 1942.

Immediate cause of death	Duration
Meningeitis	
Due to (a)	
Due to	
Other Conditions Hydrocephalus Spina Bifida (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. T. Bryerly Jr. M. D.
Address University Hospital Date signed

VS 150

Copy of F 99587 ✓ F 99587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

VDC Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp. H
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 425 St. Paul Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Robert H. Hughes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19 1891

8. AGE: Years	Months	Days	If less than one day
51	3	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business self

FATHER
12. Name John Thurston, Jr.
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Kate Kinsey
15. Birthplace Balto. Md.

16 (a) Informant Milton Roberts
(b) Address 527 Nottingham

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8 1943 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Rd.

18 (a) Funeral director Harry N. Pinkett
(b) Address 401 Edmondson Ave

19 (a) JAN 8 1943 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1943 at 2 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

	Duration
Immediate cause of death pulmonary embolism	
Due to Chronic myocardial degeneration	
Due to Generalized arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following: N/A
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec. 27 1942 at 8 15 P M
(c) Where did injury occur? St Paul St & Hamilton St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No (Specify type of place)
(e) Means of injury Struck by auto.

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed Jan 5 1943

F 99588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 99588 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 5 wks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 423 Fawcett St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace Blake

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 24 1942

8. AGE: Years	Months	Days	If less than one day
	1	13	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wm P Blake
13. Birthplace Md

MOTHER
14. Maiden Name Virginia Elma
15. Birthplace Md.

16 (a) Informant Wm P. Blake
(b) Address 423 Fawcett St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Rd.

18 (a) Funeral director Leonard Eckhardt & Dawson
(b) Address 3465 Edmondson Ave

19 (a) JAN 7 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-6 1943 at 4:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1943, to 1-6 1943
and that I last saw h[illegible] alive on 1-6 1943

Immediate cause of death: Pneumonia - Lober - Type 19

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Theodore Kardash M. D.
Address University Hosp. Date signed 1-6-43

F 99589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 d

F 99589 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor 10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Enoch Allen

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary Donahue
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Philadelphia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Allen
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8, 1943 (month) (day) (year)
(c) Cemetery or crematory ~~Loving~~ St Louis Location Loving Green

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Communauty Ave

19 (a) JAN 7 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4 1943, at 3 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1- 1942 to Jan 4 1943 and that I last saw him alive on Jan 4 1943

Immediate cause of death — Duration

Cerebral Arterio-Sclerosis — 10 yrs

Due to Chronic Myocarditis — 5 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Dall M. D.
Address 1631 E. North Ave Date signed Jan 6 43

F 99590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99590 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1151 N. Carrollton ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1151 N. Carrollton ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lula White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30th 1901

8. AGE: Years 41 | Months 8 | Days 4 | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business Domestic

FATHER
12. Name Alfred Walton
13. Birthplace N. C.

MOTHER
14. Maiden Name Pearl Harrison
15. Birthplace N. C.

16 (a) Informant Alfred White
(b) Address 1164 Edmondson ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 7, 43 (Month) (day) (year)
(c) Cemetery or crematory Arbutus Mem.
Location Arbutus Md.

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3 JAN 7 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4th 1943, at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 30th 1942 to Jan 4th 1943, and that I last saw her alive on Jan 4th 1943.

Immediate cause of death Acute Myocarditis — Duration 4 days

Due to Malignancy of Breast time

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. T. Hinson M. D.
Address 1522 N. Arlington ave Signed 1/7/43

F 99591 F 99591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92 D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 N. Fremont Ave Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Major Monger

(a) Residence: No. 315 N. Fremont Ave St. Ward. no - 11 ho

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nancy Monger

6. DATE OF BIRTH (month, day, year): May 11, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
55	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Blakely Georgia

FATHER

13. NAME: Solomon Monger

14. BIRTHPLACE (city or town) (State or country): Ft. Gaines Georgia

MOTHER

15. MAIDEN NAME: Famil ?

16. BIRTHPLACE (city or town) (State or country): Ft Gaines Georgia

17. INFORMANT: Nancy Monger

(Address) 315 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan 7, 19 43

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St

20. FILED ___, 19___ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 3, 1943

22. I HEREBY CERTIFY, That I attended deceased from 1-2-1942 to 1-3-1943

I last saw him alive on 1-2-1943 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
a. Valvular disease of heart	1 year
Other contributory causes of importance:	

Was an operation performed? NO Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Physical sign Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO If so, what? _____

(Signed) John B. L. Campbell M. D.

(Address) 639 N. Carey St.

VOS

JAN 7 - 1943 Huntington Williams M.D.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

F 99592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 F 99592 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 204 N Milton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 204 N Milton ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louisa C. Hilbert

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-10-6559

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 20 1872

8. AGE: Years 70 | Months — | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business

FATHER 12. Name Fred'k W. Hilbert

13. Birthplace Baltimore

MOTHER 14. Maiden Name Caroline Beetstall

15. Birthplace Germany

16 (a) Informant Miss Emma Hilbert

(b) Address 204 N Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9th (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem

Location Rural

18 (a) Funeral director Wilson Funeral Home

(b) Address 2005 E. Monument St.

19 JAN 7 - 1943 Huntington for Hollander, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1943, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31st 1943. to Jan 6th 1943. and that I last saw h alive on Jan 6th 1943.

	Duration
Immediate cause of death Cerebral Hemorrhage	4 hrs
Due to Hypertension	2 yrs
Due to arterio sclerosis	2
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Jenkins

Address 100 N. Milton Ave Date signed 1/7/43 M.D.

VS 8

Please answer every item or information should be given. Any unknown fact may correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 99593.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 511 N Milton ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 51

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 N Milton ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary A Lammett

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John A Lammett
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Oct 19th 1894

8. AGE: Years 57 | Months 2 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation
11. Industry or business At home

FATHER
12. Name Nicholas Frankstech
13. Birthplace Bohemia

MOTHER
14. Maiden Name Mary Schuchart
15. Birthplace Germany

16 (a) Informant John A Lammett
(b) Address 511 N Milton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Rural

18 (a) Funeral director Ullrich Funeral
(b) Address 2001-6 Pennsylvania Ave Huntingdon Williamsport, Md.

19 (a) JAN 7 - 1943 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1943, at 7a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1942 to Jan 6 1943 and that I last saw her alive on Jan 4 1943.

Immediate cause of death Coronary Occlusion — Duration 1/2 hour

Due to Hypertensive Cardio Vascular Renal Disease — 6 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Israel Rosen M.D. M. D.
Address 2413 E. Monument St Date signed 1/9/43

VS 8

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 99594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

F 99594 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Linthicum Heights
(If outside city or town limits, write RURAL and give town)
(d) Street No. 10 Forest View Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leonard Eckert

3 (b) If veteran, name war none
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Emma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) about 1861

8. AGE: Years about 81 | Months | Days | If less than one day hr. min.

9. Birthplace New York
(Town, county, and state)

10. Usual Occupation Upholsterer
11. Industry or business

FATHER
12. Name Gilbert Eckert
13. Birthplace Germany

MOTHER
14. Maiden Name Sarah Wattenberg
15. Birthplace Pennsylvania

16 (a) Informant Mrs. R. T. Evans
(b) Address Linthicum Heights Md

17 (a) Burial (b) Date thereof Jan 8 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Glen Burnie

18 (a) Funeral director Stewart & Mowen Co
(b) Address 108 W. North Ave Balto

19 (a) JAN 7 - 1943 (b) Huntington Williams, M.D.
(Filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7, 1943, at 9 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6 1943 to Jan. 7 1943 and that I last saw him alive on Jan. 6 1943

Immediate cause of death Cardiac Failure — Duration

Due to Bronchial Asthma — over

Due to

Other Conditions Prostatic Hypertrophy, Urinary Retention
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation (per)

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert A. Barthold Jr. M. D.
Address University Hospital Date signed 1/7/43

VS 250

F 99595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99595 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution:
Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 49-10-22
(e) Length of stay in Baltimore (yrs., mos., or days) 49-10-22

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6420 Reisterstown Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Caroline Harrington (Caroline Harrington)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1869

8. AGE: Years 73 | Months 1 | Days 9 | If less than one day hr. min.

9. Birthplace Berwood, West Virginia
(Town, county, and state)

10. Usual Occupation Religious

11. Industry or business

FATHER
12. Name John C. Harrington
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary A. Doyle
15. Birthplace Ireland

16 (a) Informant Mount Hope Retreat
(b) Address 6420 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Hope Cemetery
Location Mt. Hope Retreat-Reisterstown Rd

18 (a) Funeral director STEWART & MOWEN COMPANY
(W. F. WOODEN SUC.) 1004 W. BALTIMORE ST.
(b) Address Huntington

19 (a) JAN 7 - 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1943 at 8:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1942 to Jan. 6 1943, and that I last saw her alive on Jan. 6 1943.

Immediate cause of death Coronary thrombosis — Duration 4 days

Due to

Due to

Other Conditions Arteriosclerosis ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sallyann P. Doyle M. D.
Address 336 Fulton Ave. Baltimore, Md.
(Physician signing)

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

427926 F 99596 ✓ X F 99596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

62 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla. (b) County
(c) City or town Rt. 6. Ra Belle
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Richards

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6 | 24 | 21

8. AGE: Years	Months	Days	If less than one day
21	6	13	hr. min.

9. Birthplace Fla.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Clifford Richards
13. Birthplace S. C.

MOTHER
14. Maiden Name Mattie Dyers
15. Birthplace Fla.

16 (a) Informant Rennds, J.H.H.
(b) Address N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/43 (month) (day) (year)
(c) Cemetery ~~or cemetery~~ Dennud
Location Dennud, Florida

18 (a) Funeral director John S. Mitchell & Son Inc.
(b) Address 1900 Eutaw Place

19 (a) [illegible] (Deputy registrar) (b) Huntington Williams M.D. Registrar

JAN 7 - 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7- 1943, at 5.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1943, to Jan-7 1943, and that I last saw h.r alive on Jan-7 1943.

Immediate cause of death Hypopharyngeal duct cyst — Duration 21 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Jan 6 1943

Major findings of operation: Tumor

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H.H. Rennds

Address [illegible] Date signed 1-7 1943 M. D.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99597 Registered No.

F 99597

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3718 Lyfl Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3718 Lyfl Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Estacki Schmidt

3 (b) If veteran, name war

3 (c) Social Security Account No. no

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25 1870

8. AGE: Years 72 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace Poland

16 (a) Informant Mrs. Mary V. Blandland

(b) Address 3718 N Lyfl St. (Niece)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9 1943 (month) (day) (year)

(c) Cemetery or crematory Leakin Park Cem.

Location A. A. Co. Maryland

18 (a) Funeral director J. Howard Evans

(b) Address 1 W Chase St

JAN 7-1943

19 (a) (Date rec'd by registrar) (b) Registrar, M.D.

Huntington, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6, 1943, at 5:30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.

Date signed Jan 7 1943

F 99598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 N

F 99598 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1621 Race Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 Race Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Snyder

3 (b) If veteran, name war Mo —

3 (c) Social Security Account No. 213-10-6599

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Clarence Snyder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1895

8. AGE: Years	Months	Days	If less than one day
47	6	10	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Robert J. Lenhart
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Catherine Anderson
(b) Address 1621 Race St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Hill Cem.
Location Balto. Co., Md.

18 (a) Funeral director A. Howard Evans
(b) JAN 7 1943 Charles St. Huntington Williams

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-6- 1943, at 9 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection Inquiry thereon and from the evidence obtained by said Inspection Inquiry and that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular	
Due to Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Wilson M.D.
Medical Examiner.
Date signed 1-6-43

VS 6

F 99599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 V

F 99599 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1518 Mt. Royal Ave.
(c) Hospital or institution: 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 Mt. Royal Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Rose Kavanagh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1879

8. AGE: Years	Months	Days	If less than one day
63	4	5	-- hr. --- min.

9. Birthplace Ellicott City, Md. (Town, county, and state)

10. Usual Occupation None (At Home)

11. Industry or business

FATHER
12. Name Martin J. Kavanagh
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Faherty
15. Birthplace Ireland

16 (a) Informant Mr. James A. Kavanagh
(b) Address 1518 Mt. Royal Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8, 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Rd., Baltimore

18 (a) Funeral director H. W. Meatz and Son
(b) Address 805 N. Calvert St. Huntingdon Williamsport Md

19 (a) Jan 7, 1943 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 5 1943, at 1:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14 1942 to Jan 5 1943 and that I last saw h[illegible] alive on Jan 3 1943.

Immediate cause of death

Thrombosis, Pulmonary Embolism — Duration 1 hr

Due to Stroke — Duration 1 yr

Due to Chronic Nephritis — Duration 1 yr

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Mentzer
Address Date signed 1/6/43

F 99600

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99600 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 703 Penn Alley (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Pearline Goodman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	M.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1911

8. AGE: Years	Months	Days	If less than one day
31	6	14	____ hr. ____ min.

9. Birthplace Lynchburg S.C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Wesley Goodman
13. Birthplace Lynchburg, S.C.

MOTHER
14. Maiden Name Julia Taylor
15. Birthplace Sumner, S.C.

16 (a) Informant
(b) Address

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof Jan 9 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Adolphus Halstead

18 (a) Funeral director
(b) Address 9/8 ~~Lexington~~ Huntington Ave

19 (a) JAN 7 - 1943 (b) ____ (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4 1943, at 3:08 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 22 1942 to Jan 4 1943, and that I last saw h(er) alive on Jan 4 1943.

Immediate cause of death: Rheumatic Heart Disease — Duration: 9 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. H. Campbell M.D. M. D.
Address Provident Hospital Date signed Jan 7 1943

VS 8

F 99601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99601 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette and John Street
(c) Hospital or institution:
Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 month

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town New York City (If outside city or town limits, write RURAL and give town)
(d) Street No. 253 West 71st St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Theresa D. Tolisher

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Edward Tolisher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1870

8. AGE: Years 72 | Months 4 7 | Days 28 0 | If less than one day hr. min.

9. Birthplace San Francisco, Cal. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name — Minkelspiel
13. Birthplace — Cal.

MOTHER
14. Maiden Name Unknown
15. Birthplace Cal.

16 (a) Informant Mrs. Isaac Grunewald
(b) Address 101 Brightside Ave., Pikesville

17 (a) Entombment (Burial, cremation, or removal) (b) Date thereof 1/8/43. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director Baird Undertaking Co.
(b) Address 1202 Eastern Ave.

19 (a) (b) Registrar

JAN 7 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6 1943, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1943, to Jan. 6 1943, and that I last saw him alive on Jan. 6 1943.

	Duration
Immediate cause of death: Cardiac Failure	5 days.
Due to: Bronchopneumonia	7 days.
Due to:	
Other Conditions: Hypertension and Auricular fibrillation. (Include pregnancy within 3 months of death)	4 yrs.

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Mildred Lazaro M. D.
Address Sinai Hospital Date signed 1/6/43.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99602

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patsie (Catherine Tenie) Bailey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 27. 1900

8. AGE: Years	Months	Days	If less than one day
42	2	4	hr. min.

9. Birthplace West Virginia (Town, county and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Patsie Rose
15. Birthplace West Virginia

16 (a) Informant Ethel Capers
(b) Address 1439 E. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bryant Ave

19 (a) JAN 7 1943 Huntington Williams Registrar
(b) Registered JAN 7 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 1 1943, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Stab wound of chest	Duration
Due to		
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Jan. 1 1943 at ? M
(c) Where did injury occur? 16 N. Caroline St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury Stabbed in chest

23. Signature Roland Lee Graham M.D. Medical Examiner

Date signed Jan 2 1943

VS 6

AB-78456 F 99603 BALTIMORE CITY HEALTH DEPARTMENT F 99603

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 Cold Spring Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Beard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16-1863

8. AGE: Years	Months	Days	If less than one day
79	2	20	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Old Age Pension

11. Industry or business

FATHER
12. Name George Beard (D)
13. Birthplace Tenn.

MOTHER
14. Maiden Name Almiria Able Crumby (D)
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 7 43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. Co. City

18 (a) Funeral director Tasaker Funeral Home
(b) Address 7401 Belair Rd. Baltimore, Md.

19 (a) JAN 7 - 1943 Huntington Williams, M.D.
(Accepted by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5 1943, at 2.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-7 1942 to 1-5 1943, and that I last saw h.i.M alive on 1-5 1943.

Immediate cause of death Carcinoma of r. mandible & metastases

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:

of autopsy: no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry Haase M. D.
Address Balto. City Hosp. Date signed 1-6-43

VS 150

F 99604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99604 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1518 RIGGS AVE
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 RIGGS AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME REBECCA HARRIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex FEMALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. WIDOW

6 (b) Name of husband or wife BENJAMIN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1854

8. AGE: Years 89 | Months | Days | If less than one day hr. min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name HARRY
13. Birthplace RUSSIA

MOTHER
14. Maiden Name TOBIE
15. Birthplace RUSSIA

16 (a) Informant MR. GROLLMAN
(b) Address 1518 RIGGS AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-8-43 (month) (day) (year)
(c) Cemetery or crematory SOUTHERN AVE
Location SOUTHERN AVE

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

JAN 7 1943 (b) Registrar

Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7-43 19 . at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5 1943. to 1/6 1943.
and that I last saw her alive on 1/6 1943.

Immediate cause of death Acute Bronchopneumonia — Duration

Due to Acute Cardiac failure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN (Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. A. Hornstein M. D.
Address 733 Aisquith St Date signed 1/7/43

F 99605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 99605 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 211 E. Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 MOS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 E. Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elmer Evans

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 2 1935

8. AGE: Years	Months	Days	If less than one day
7	4	4	hr. min.

9. Birthplace SMITH ISLAND MD.
(Town, county, and state)
10. Usual Occupation SCHOOL BOY
11. Industry or business

FATHER
12. Name STRUVEN EVANS
13. Birthplace SMITH ISLAND MD.

MOTHER
14. Maiden Name MAUDE EVANS
15. Birthplace SMITH ISLAND MD.

16 (a) Informant STRUVEN EVANS (FATHER)
(b) Address 211 E. LAFAYETTE AVE.

17 (a) BURIAL (b) Date thereof JAN. 8/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory SMITH ISLAND CEM.
Location SMITH ISLAND MD.

18 (a) Funeral director John A. Bradshaw
(b) Address Crisfield, Maryland
Huntingtown, Maryland

19 (a) JAN 7 1943
Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1943, at 445 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 1942 to Jan 6 1943, and that I last saw h[illegible] alive on Jan 6 1943.

Immediate cause of death	Duration
Pneumonia Broncho	7 days
Due to	
Due to	
Other Conditions Old luetic Meningitis 5 yrs	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

M.D. Signature H. R. Johnson
Address 403 McCulloh Date signed 1-6-43

F 99606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 552

✓ F 99606 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2hr 20m
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1729 Gwynns Falls Pkwy (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Lafferman (Birth F 66283)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	W	New born

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 7, 1943

8. AGE: Years	Months	Days	If less than one day
			2 hr. 20 min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name David Lafferman

13. Birthplace Baltimore, Md

14. Maiden Name Miriam Baturin

15. Birthplace Brooklyn, N.Y.

16 (a) Informant David Lafferman

(b) Address 1729 Gwynns Falls Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/7/43 (month) (day) (year)

(c) Cemetery or crematory Hebrew Workmen's Rest

Location Lansdowne

18 (a) Funeral director Sol Levinson Bros

(b) Address 1124-26 W North Ave

19 (a) JAN 7 - 1943 (Registered by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1943 at 11:47 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1943 to Jan 7 1943 and that I last saw him alive on Jan 6 1943.

Immediate cause of death: Neuroblastoma of adrenal glands (bilateral) — Duration

Due to

Due to

Other Conditions Liver metastases

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy As above

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Block M.D.

Address Balto Hosp Date signed 1/7 M. D.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99607

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99607 Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4839 Park Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4839 Park Heights Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harvey F. Lamber

3 (b) If veteran, name war: None
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife
6 (c) If alive, give age 1876

7. Birth date of deceased (mo., day, yr.) July 27, 1877

8. AGE: Years	Months	Days	If less than one day
66 65	5	9	hr. min.

9. Birthplace Carroll County, Md (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business self

FATHER
12. Name Albert Charles Lamber
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name — Zentz
15. Birthplace Lancaster, Pa.

16 (a) Informant Mr. Harry F. Lamber
(b) Address Thomas St. Bel Air

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Jos. J. Turner & Sons
(b) Address 1711 E. Pennsylvania Ave

19 (a) JAN 7 - 1943 (Date received by Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6 1943, at 12 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Gratton M.D.
Medical Examiner.
Date signed Jan 7 1943

VS 6

F 99608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 479

F 99608 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days): 22 da.
(e) Length of stay in Baltimore (yrs., mos., or days): 22 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Virginia (b) County:
(c) City or town: Norfolk
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 312 W. 31st Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: PARK WOOTEN (Park Lane Wooten)

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: 180 12 9959

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Erma V. Howard

6 (c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): Feb. 23, 1876

8. AGE: Years: 66 | Months: 10 | Days: 14 | If less than one day: hr. min.

9. Birthplace: Newberne, North Carolina
(Town, county, and state)

10. Usual Occupation: Engineer

11. Industry or business:

FATHER
12. Name: John B. Wooten
13. Birthplace: North Carolina

MOTHER
14. Maiden Name: Lucy Lane
15. Birthplace: North Carolina

16 (a) Informant: Records-US Marine Hospital
(b) Address: Baltimore, Maryland

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof: Jan 7, 1943 (month) (day) (year)
(c) Cemetery or crematory
Location: Norfolk, Va.

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Aves.

19 (a) JAN 7 1943 (Date received by registrar) Registrar

Huntington Williams, Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 7, 1943 at 7:20a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15, 1942 to Jan. 7, 1943 and that I last saw him alive on Jan. 7, 1943

Immediate cause of death: Bronchopneumonia, bilateral — Duration: 3 da.
terminal

Due to: Aymphoblastoma, type undetermined (Hodgkins disease) — Unk.

Due to: over

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operations:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: [signature]

Address: US Marine Hospital, Baltimore, Md. Date signed: 1/7/43

F 99609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99609 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd & Herring Run
(c) Hospital or institution: Sydenham Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d.
(e) Length of stay in Baltimore (yrs., mos., or days) Since Birth

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2811 Waterview Av.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Charles Gayleard

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) MARCH 15, 1941

8. AGE: Years	Months	Days	If less than one day
1	9	21	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name Harry E. Gayleard
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Genevieve M. Robinson
15. Birthplace Baltimore Md.

16 (a) Informant Genevieve M. Gayleard
(b) Address 2811 Waterview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Hudgnick & Cole
(b) Address 1200 W Lombard St

19 (a) Registered by ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6 1943, at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6 1943, to Jan. 6 1943, and that I last saw him alive on Jan. 6 1943.

Immediate cause of death	Duration
Respiratory failure	
Due to Meningitis	
Due to Meningococcus	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature H. Kenneth Krulevitch M. D.
Address Sydenham Hosp. Date signed 1/6/43

VS 8

F 99610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83 a

✓ F 99610 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2119 Druid Hill Ave.
(c) Hospital or institution: 14

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2119 Druid Hill Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary W. Brittingham

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
	None.	Female	Colored	Widow

6 (b) Name of husband or wife Always
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1873

8. AGE: Years	Months	Days	If less than one day
69	8	6	(b) min.

9. Birthplace Lancaster Co. Pa.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Osborne Jones
13. Birthplace Lancaster Co. Pa.

MOTHER
14. Maiden Name Fannie Smith
15. Birthplace Lancaster Co. Pa.

16 (a) Informant Stella Jefferson
(b) Address 2117 Druid Hill Ave.

17 (a) Burial (b) Date thereof Jan. 7, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location White Stone, Va.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1691 Druid Hill Ave.

19 (a) Date rec'd by Registrar Jan 7 1943 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5- 1943, at 5:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 15 1942 to Jan. 5 1943, and that I last saw her alive on Jan. 5 1943.

Immediate cause of death	Duration
Carcinoma of Respiratory System	
Due to Cerebral Hemorrhage	1 year.
Due to Hypertension	5 years.
Other Conditions Arteriosclerosis.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. F. Hammond M.D. M. D.
Address 2340 Madison Ave. Date signed Jan 7-43

VS 8

F 99611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131B

Registered No. F 99611

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town Syracuse (If outside city or town limits write RURAL and give town)
(d) Street No. House of Providence (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sister Benedicta (Mary Vincent Lee)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Religious

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-21-78

8. AGE: Years	Months	Days	If less than one day
64	8	16	hr. min.

9. Birthplace Lunenburg Co. Va (Town, county, and state)
10. Usual Occupation Teacher
11. Industry or business

FATHER
12. Name Henderson Louis Lee
13. Birthplace Lee Hall Va

MOTHER
14. Maiden Name Lucy Scott
15. Birthplace Crewe Va

16 (a) Informant St Agnes Hosp
(b) Address Cator & Wilkens Agts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director Martin Ogden & Sons
(b) Address 1827 N. North Ave

19 (a) JAN 7 1943 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1943, at 1 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10 1942 to Jan 6 1943, and that I last saw her alive on Jan 6 1943.

Immediate cause of death	Duration
Chronic nephritis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Agnes Hosp M.D.
Address H. Agnes Hosp Date signed 1/8/43

F 99612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99612 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 Quantrio Way (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES ALBERT VEST

3 (b) If veteran, name war WW

3 (c) Social Security Account No.

4. Sex MALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife LILLIAN TERRY

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1886

8. AGE: Years 55 | Months 2 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Lunchburg, Va. (Town, county, and state)

10. Usual Occupation Odd Jobs

11. Industry or business

FATHER
12. Name Thomas C. Vest
13. Birthplace Bedofrd County, Va.

MOTHER
14. Maiden Name Mattie Williams
15. Birthplace Bedford County, Va.

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10 43 (month) (day) (year)

(c) Cemetery or crematory
Location Fairfield-Roanoke Va

18 (a) Funeral director Wm Cook Inc.
(b) Address 1217 Harford Road Baltimore Huntington Williams, M.D.

19 (a) (Date received by registrar) (b) Registrar

JAN 11 1943

VS-16

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6, 1943, at 8:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5, 1943 to Jan. 6, 1943 and that I last saw him alive on Jan. 6, 1943

Immediate cause of death: Hemorrhage retroperitoneal — Duration: 3 da
Due to: Bronchopneumonia, right — Duration: Unk
Due to: Aneurysm of abdominal aorta with rupture
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Maryland. Date signed 1/11/43

F 99613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 99613 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [illegible]: 2230 Mt. Holly St. 5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2230 Mt Holly St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** William Henry Barnes

3 (b) If veteran, name war	3 (c) Social Security Account No.
Spanish	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Emma E.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 27, 1878

8. AGE: Years	Months	Days	If less than one day
64	3	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House painter
11. Industry or business Self

FATHER
12. Name Felix W. Barnes
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Elizabeth Baule
15. Birthplace Catonsville, Md.

16 (a) Informant Mrs. Emma E. Barnes
(b) Address 2230 Mt. Holly St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md.

18 (a) Funeral director Wm. Cook, Inc.
(b) Address 217 N. Howard St. Lexington or Mulberry, M.P.

19 JAN 7 - 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1943, at 12 55 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an in quest (Autopsy or Inquiry) thereon and from the evidence obtained by said in quest (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death Arteriosclerotic cardiovascular disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Jan 7 1943

VS 6

Morgue

F 99614

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99614 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2637 North Howard St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2637 N. Howard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Terrence Alfaro

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Infant

6 (b) Name of husband or wife —

6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Oct 11 1939

8. AGE: Years	Months	Days	If less than one day
3	2	26	25 hr. —— min.

9. Birthplace Balt Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Rupert Alfaro
13. Birthplace Philippine Island

MOTHER
14. Maiden Name Zebra Wilson
15. Birthplace Maryland

16 (a) Informant Rupert Alfaro
(b) Address 2637 N Howard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Joyce & Farley
(b) Address Fulton & Fayette

19 (a) Filed JAN 7 1943 (Date received by Registrar) (b) Registrar Lexington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6, 1943, at 5:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Disseminated sclerosis of brain	
Due to Tuberous sclerosis	
Due to	
Other Conditions Extreme emaciation	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Jan 7 1943

F 99615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B F 99615 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 E Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Wolfgang

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-7-43 (month) (day) (year)
(c) Cemetery or crematory
Location Evergreen Grove Md

18 (a) Funeral director Geo A. Farley
(b) Address Fulton & Fayette Streets Phone Plaza for Johnson, M.P.

JAN 7 - 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1943, at 1 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & investigation thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry & investigation find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Chronic pulmonary tuberculosis	30
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Grafton M.D.
Medical Examiner.
Date signed Jan. 7 1943

VS 8

F 99616 WC

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

F 99616 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2357 W. North Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 2357 W. North Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Gladys G. Southard

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-6472

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Divorced

6 (b) Name of husband or wife Wm. Southard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29, 1891

8. AGE: Years	Months	Days	If less than one day
51	9	7	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Bookkeeper
11. Industry or business Department Store

FATHER
12. Name Henry A. Layfield
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Sarah E. Lloyd
15. Birthplace Philadelphia, Pa.

16 (a) Informant Mr. Henry A. Layfield
(b) Address 2357 W. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Maryland.

18 (a) Funeral director LORING BYERS
(b) Address 5005 Park Heights Avenue

19 JAN 7 - 1943 (Date rec'd by registrar) (b) Registrar, Md.

VS 2

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH Jan. 5, 1943, at 4.05 M

21. I certify that death occurred on the date above stated; that I attended deceased from October 1942 to Jan. 1943, and that I last saw her alive on Jan. 3, 1943.

Immediate cause of death	Duration
CARCINOMA, LIVER, METASTATIC	6 months
Due to (Type and Terminal)	
Due to (Any)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edgar G. Miller
Address 2623 Washington Blvd Date signed 1/6/43 M. D.

F 99617

Med. Exam. Case

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

Registered No. F 99617

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Harford

(c) City or town Edgewood. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura James.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Geo.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/31/1867

8. AGE: Years 75 | Months 2 | Days 5 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Jacob Sills

13. Birthplace Md.

MOTHER

14. Maiden Name Josephine Simmons

15. Birthplace Md.

16 (a) Informant Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/43 (month) (day) (year)

(c) Cemetery or crematory Abingdon

Location Abingdon, Harford Co., Md.

18 (a) Funeral director H. N. McComas

(b) Address Abingdon, Md.

JAN 7 1943

(Date rec'd by registrar) Huntington Williams, M.D.

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan-6- 1943, at 12:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan-5 1943, to Jan-6 1943, and that I last saw her alive on Jan-6 1943,

Immediate cause of death overwhelming shock renal failure

Due to extensive 2nd & 3rd degree burns of body

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 1/5/43 at 9:00 A M

(c) Where did injury occur? Edgewood (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No

(e) Means of injury Stove set fire to dress

23. Signature H. L. Vack M. D.

Address Johns Hopkins Hospital Date signed 1/7/43

Robert Lee Graham M.D.

F 99618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 99618

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 N. Eden St
(c) Hospital or institution: 10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 wk.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 N. Eden St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Franklin Mc Callum

3 (b) If veteran, name war

3 (c) Social Security Account No. 243-12-0878

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C.	Married

6 (b) Name of husband or wife Beulah
6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) Aug 4, 1911

8. AGE: Years	Months	Days	If less than one day
31	5	3	hr. min.

9. Birthplace N. Carolina
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Lane Mc Callum
13. Birthplace N. C

MOTHER
14. Maiden Name Odessa Mc Clean
15. Birthplace N. C.

16 (a) Informant Willie Rhone
(b) Address 1211 N. Eden St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/8/43 (month) (day) (year)

(c) Cemetery or crematory
Location Rowland N. G.

18 (a) Funeral director Joseph B. Lockard
(b) Address 1344 N. Central Ave

JAN 8 - 1943 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1-7 1943 at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1943 to Jan 7 1943 and that I last saw h[illegible] alive on Jan 7 1943.

Immediate cause of death	Duration
Lobar Pneumonia	1 Day
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Bessie Nunn

Address 1207 N Carlton St Date signed 1/9/43

VS 8

F 99619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. F 99619

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 24-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 27 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1343 Andre Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertha Smulski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 28-1882

8. AGE: Years	Months	Days	If less than one day
60	3	9	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Kasmir ?
13. Birthplace Poland

MOTHER
14. Maiden Name Magdeline ?
15. Birthplace Poland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/43 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus Cem
Location Baltimore City

18 (a) Funeral director John M. Weber
(b) Address 404 S. Chester St

19 JAN 8 - 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-6 1943, at 4 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-6 1942 to 1-6 1943, and that I last saw her alive on 1-6 1943.

Immediate cause of death	Duration
Cardiac failure	?
Due to Hypertensive C.V. disease	? yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Rathbun M. D.
Address Balto. City Hosp. Date signed 1-7-43

99620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1 a

F 99620 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1629 Abbottson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-7
(e) Length of stay in Baltimore (yrs., mos., or days) 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1629 Abbottson Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nicholas C. Wolfe

3 (b) If veteran, name war	3 (c) Social Security Account No.
Indian war	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Virginia A. Wolfe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 9, 1850

8. AGE: Years	Months	Days	If less than one day
92	11	24	hr. min.

9. Birthplace Baltimore, county (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business

FATHER
12. Name Peter Wolfe
13. Birthplace Baltimore, county

MOTHER
14. Maiden Name Elizabeth Kelldam
15. Birthplace Baltimore county

16 (a) Informant Frank Wolfe
(b) Address 1624 Abbottson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-43 (month) (day) (year)
(c) Cemetery or crematory U.S. National
Location Baltimore

18 (a) Funeral director Albert W. Conaway
(b) Address 444 E. North Ave.

19 JAN 8 - 1943 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1943 at 6.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1942 to Jan 5 1943, and that I last saw him alive on Jan 5 1943.

Immediate cause of death	Duration
Coronary occlusion	
Due to Arterio Sclerosis	
Due to Senility	
Other Conditions Chronic Hypertrophy Chronic Nephritis (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter A. Anderson M. D.
Address 300 Shannon Drive Date signed 1/6/43

VS 150

F 99621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

F 99621

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 228 N. GLOVER ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-2
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 228 N. GLOVER ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEANDER J. THOMPSON

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOWER

6 (b) Name of husband or wife: MARY THOMPSON

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): NOV. 20 1866

8. AGE: Years: 76 Months: 1 Days: 10 If less than one day: hr. min.

9. Birthplace: BALTIMORE MD. (Town, county, and state)

10. Usual Occupation: RETIRED

11. Industry or business

FATHER
12. Name: WILLIAM THOMPSON
13. Birthplace: SCOTLAND

MOTHER
14. Maiden Name: ANNA ANDERSON
15. Birthplace: IRELAND

16 (a) Informant: ANNA RIVERS (DAUGHTER)
(b) Address: 500 N. CURLEY ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 9/43 (month) (day) (year)
(c) Cemetery or crematory: NEW CATHEDRAL
Location: OLD FREDERICK ROAD

18 (a) Funeral director: Lilly & Zeiler INC
(b) Address: 403 S. WOLFE ST.

19 (a) JAN 8 1943 Huntington Williams, M.D. Registrar

JAN 8 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 6 1943, at 2/30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1942 to Jan 6 1943 and that I last saw h[illegible] alive on Dec. 31 1942

Immediate cause of death: Bronchopneumonia — Duration: 2 days.
Due to: Arteriosclerosis Cardiac Hypertrophy — Duration: ? ? ?
Due to: Senile
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Laurel F. Kleiner M. D.
Address: 2623 E. Mon. St. Date signed 1/7/43

F 99622 ✓ F 99622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 801 S. BOULDIN ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-17
(e) Length of stay in Baltimore (yrs., mos., or days) 55 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 801 S. BOULDIN ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EVA SCHAUER

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: WIDOW
6 (b) Name of husband or wife: PANCRATIUS SCHAUER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): MAY 25 1872

8. AGE: Years 70 | Months 7 | Days 12 | If less than one day hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name JOHN WOLF
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARGARET SCHMIDT
15. Birthplace GERMANY

16 (a) Informant KUNIGUNDA BITZIELBERGER
(b) Address 801 S. BOULDIN ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 9/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) (Date received by Local Registrar) (b) Huntington Williams, M.D. Registrar

JAN 8 1943

VS 3

MEDICAL CERTIFICATION

PM.

20. DATE OF DEATH JAN. 6 1943. at 5/45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1941. to Jan 6 1943.
and that I last saw h[illegible] alive on Jan 6 1943.

	Duration
Immediate cause of death Asthma Uraemia	
Hypertension C.V. Disease	1-1-42
Coronary Occlusion	
Due to	
Due to	
Other Conditions None	
(Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Edith Kimmerski M. D.
Address 5423 East Ave Date signed 1-7-43

F 99623 BALTIMORE CITY HEALTH DEPARTMENT F 99623

426797 CERTIFICATE OF DEATH 93D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 26
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 S. Oldham ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Long

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 216 01 8910

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lillian

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 1-1-80

8. AGE: Years 63 | Months 0 | Days 6 | If less than one day hr. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business ORIOLE BAKERY

FATHER 12. Name Thomas Long
13. Birthplace DELAWARE ?

MOTHER 14. Maiden Name UNKNOWN ?
15. Birthplace DELAWARE ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 9/43 (month) (day) (year)
(c) Cemetery or crematory BALTIMORE
Location END OF EAST NORTH AVE.

18 (a) Funeral director Lilly & Zeile INC
(b) Address 403 S. WOLFE ST. Huntington Williamsville, Md

19 (a) JAN 8 - 1943 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1943 at 7 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14 1942 to Jan. 5 1943, and that I last saw him alive on Jan. 5 1943

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerotic heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Same as above

Duration: 26 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Krob M. D.
Address J H H Date signed Jan 6 1943

VS 150

F 99624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64 ✓

Registered No. F 99624

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 523 East St.
(c) Hospital or institution:
5-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 523 East St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby boy Gough (Butler F 65822)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-12-42

8. AGE: Years	Months	Days	If less than one day
		13	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Franklin Gough
13. Birthplace Md

MOTHER 14. Maiden Name Carrie Anderson
15. Birthplace Md

16 (a) Informant Butler Cert F65822
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 7 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JAN 8 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26 1942, at 5 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Status thymicus - by inspection.

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed Dec. 27 1942

9334

99625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 99625 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MARYLAND UNIVERSITY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County [illegible]
(c) City or town Riviera Beach Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. University Hosp., Maternity Ward
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Brannon (Birth F 65747)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	INFANT

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-24-42

8. AGE: Years	Months	Days	If less than one day
0	0	8	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation INFANT
11. Industry or business

FATHER 12. Name John A. Brannon
13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name Margaret Simmons
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Margaret Brannon
(b) Address Riviera Beach, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 7 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 JAN 8 1943 (Date rec'd by registrar) (c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1942, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-24 1942 to 12-31 1942 and that I last saw him alive on 12-31 1942.

Immediate cause of death asphyxia
Due to prematurity
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John F. Dale M. D.
Address University Hosp. signed 1/1/43

VS 2

9716

F 99626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99626

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. The Anchorage 822 N Broadway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Smithenbank

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace (Town, county and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name

13. Birthplace

MOTHER
14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 7 1943
Commissioner of Health

18 (a) Funeral director

(b) Address

19 JAN 6 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30, 1942 1942, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26 1942 to Dec. 30 1942, and that I last saw h.i.s alive on Dec. 30 1942.

Immediate cause of death	Duration
Circulatory Failure	
Due to Toxemia	
Due to Lobar Pneumonia	
Other Conditions Emphysema	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Autopsy Lobar Pneumonia Emphysema.

of autopsy: ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. O. Goldstein

Address Sinai Hospital Date signed 1/6/43 M D

9715

99627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161 N

Registered No. F 99627

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hospital
(c) Hospital or institution:
1514 Druid Hill Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 909 N. Arlington Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Peggy Nolan (Bantha F 65698)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	a a	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-27-42

8. AGE: Years	Months	Days	If less than one day
0	0	7	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Exavier Nolan
13. Birthplace St. Mary's County Md.

MOTHER
14. Maiden Name Peggy Burdette
15. Birthplace Balto., Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 7 1943

18 (a) Funeral director Commissioner of Health
(b) Address JAN 8 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-3- 1943, at 2 25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-27-1942, to 1-3-1943, and that I last saw her alive on 1-2-1943.

Immediate cause of death	Duration
Due to Congenital Atelectasis (7 days duration)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ah Moseley Jr M. D.
Address Provident Hosp Date signed 1-8-43

VS 8

9714

F 99628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F-99628 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5307 Gwynn Oak Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5307 Gwynn Oak Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gwynn E. Painter

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~:
Male	White	Widowed

6 (b) Name of ~~husband~~ wife Mary Painter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14th 1865

8. AGE: Years	Months	Days	If less than one day
77	3	21	hr. min.

9. Birthplace Owings Mills Md.
(Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business Electrical

FATHER
12. Name Charles Painter
13. Birthplace West Chester Co. Pa.

MOTHER
14. Maiden Name Margaret N. Nickson
15. Birthplace Md.

16 (a) Informant Gladys Hill
(b) Address 218 Ridgewood Rd.

17 (a) Burial (b) Date thereof 1/7/43
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) (Date received by Registrar) JAN 8 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6th 1943 at 11 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 10 1942 to Jan 6 1943, and that I last saw him alive on Jan 4 1943.

Immediate cause of death	Duration
Acute dilatation of stomach	4 hours
Due to Myocardial degeneration	5 years
Due to	
Other Conditions Arteriosclerosis	10 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. C. Lamm M. D.
Address 4353 Edmondson Ave Date signed Jan 6

TYPEWRITE WHITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

LESCUIKOUSKES
F 99629

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ 83a Registered No. F 99629

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address $ Caton + Wilkens
(c) Hospital or institution: St. agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) ~~Street~~ No. 908 S. Carey St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Mary Lescuikouskes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed~~, or divorced.
F	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
48 ✓			hr. min.

9. Birthplace Lith. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace Lith.

MOTHER
14. Maiden Name Madeline Lagmon
15. Birthplace Lith.

16 (a) Informant Frank Lescuikouskes
(b) Address 908 S. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd.

18 (a) Funeral director Joseph Kaamokas Son
(b) Address 602 Wash. Blvd

19 (a) JAN 8 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 1943 at 11½ A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1943 to Jan 7 1943 and that I last saw he alive on Jan 7 1943.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Essential hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. Cutler Rossberg M. D.
Address St. Agnes Hosp. Date signed 1/7/43

F 99630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

138

F 99630 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 5 mo
(e) Length of stay in Baltimore (yrs., mos., or days): 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 133 Hill Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: GEORGE HOUSTON

3 (b) If veteran, name war: US
3 (c) Social Security Account No.: 711-07-6330

4. Sex: Male
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): August 4, 1942 1900
8. AGE: Years: 42 Months: 4 Days: 29 If less than one day: hr. min.
9. Birthplace: Marlyn Junction, Alabama (Town, county, and state)
10. Usual Occupation: Fireman
11. Industry or business: Seafaring

FATHER
12. Name: Charlie Houston
13. Birthplace: Marlyn Junction, Alabama

MOTHER
14. Maiden Name: Ella
15. Birthplace: Alabama

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-42 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary Cy
Location: Q a Co Md
18 (a) Funeral director: Donald L. Brown & Son
(b) Address: 108 W Montgomery St

JAN 8 1943 (b) [signature] Registrar
(Date received by Registrar)

VE 250

MEDICAL CERTIFICATION

20. DATE OF DEATH: ~~Dec~~ Jan. 3, 1943, at 2:30p M

21. I certify that death occurred on the date above stated; that I attended deceased from July 28, 1942 to Jan. 3, 1943 and that I last saw him alive on Jan. 3, 1943

	Duration
Immediate cause of death: Bronchopneumonia, left	term.
Due to: fibrinous Peritonitis; hepatitis; splenitis	5 mo
Due to: Ulcers on penis and buttocks	10 mo.
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation: 12/1/42
Major findings of operation: Incision and drainage, abso. right
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: W. S. Rice
Address: US Marine Hospital, Baltimore, Maryland. Date signed: 1/4/43

F 99631

T.N 75210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1248

✓ F 99631 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore, City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 months
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 Spring St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Schofield

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-03-1858

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Seperated

6 (b) Name of husband or wife Elma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6th, 1893

8. AGE: Years	Months	Days	If less than one day
48 49	3	29 28	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business

FATHER
12. Name John Schofield (D
13. Birthplace Maryland

MOTHER
14. Maiden Name Harriett Taylor
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location P.O. Crsnt of Md

18 (a) Funeral director Mrs. R. C. Elliott & Dgr
(b) Address 112 N. Carolina St

19 (a) (Date received by Registrar) 8-1943 Huntington Williams M.D.

VS 10

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4 1943, at 6 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8 1942 to 1-4 1943, and that I last saw h alive on 1-4 1943

Immediate cause of death	Duration
Carcinoma, Liver	?
Uremia	?
Due to Thrombus, embarrassment	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. H. Rabkin M. D.
Address Balto City Hosp Date signed 1-5-43

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99632 — 108 — F 99632

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1920 Etting St., _____ Ward)

Length of residence in city or town where death occurred 25 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Willie William King — If U. S. Veteran specify WAR _____

(a) Residence: No. 1920 Etting St., _____ Ward. (If non-resident give city or town and State) S. S. no. 217-03-4482
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha Cann King

6. DATE OF BIRTH (month, day, year) 10-5-1896

7. AGE: Years 46 | Months 3 | Days 3 | If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Martha Cann King
(Address) 1920 Etting St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 1/11 19 43

19. UNDERTAKER Wm. H. Kelso
(Address) 302 N. Eastern Ave.

20. FILED JAN 8 1943 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 8, 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1943 to Jan 8 1943
I last saw him alive on Jan 7 1943 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Lobar pneumonia	Jan. 4
Other contributory causes of importance:	

Was an operation performed? No Date of _____
For what disease or injury? _____
Name of operation _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury _____, 19__
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) R. Garland Abercrombie M. D.
(Address) 1534 Linden Ave

OCCUPATION is very important. See instructions on back of certificate.

V63

Wagner F 99633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

F 99633
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1925 N. Regester ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew J. Ahles

3 (b) If veteran, name war: Spanish-American
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife: Clara Ahles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24th 1876

8. AGE: Years	Months	Days	If less than one day
66	7	13	hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Retired C
11. Industry or business

FATHER
12. Name: Baltimore Ahles
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mrs. Florence Green
(b) Address: 1925 N. Regester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/8/43 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore Maryland

18 (a) Funeral director: Lassahn Funeral Home
(b) Address: 7401 Belair Road

19 (a) JAN 8 - 1943 (Date received by registrar) Huntington Hollowell, Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1943, at 1:35 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hemorrhage wound of abdomen — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide: homicide
(b) Date of occurrence: Jan. 7 1943 at 12:58 A.M.
(c) Where did injury occur? 1925 Regester ST (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury: Shotgun wound

23. Signature: Robert Lee Graham M.D.
Medical Examiner.
Date signed: Jan 7 1943

F 99634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99634

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 830 Stoll St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 830 Stoll St.
(If rural give location)
(e) Citizen of foreign country? No, (Yes or No)
If yes, name country

3 (a) FULL NAME George H. Young

3 (b) If veteran, name war None

3 (c) Social Security Account No. 410-10-1568

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Helen M. Young

6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) April 22 1909

8. AGE: Years 33 | Months 8 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace Alabama (Town, county, and state)

10. Usual Occupation Welder

11. Industry or business Ship Yard

FATHER
12. Name Robert Young
13. Birthplace Alabama

MOTHER
14. Maiden Name Edith Thomas
15. Birthplace Alabama

16 (a) Informant Helen M. Young
(b) Address 830 Stoll St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 8 1943 (month) (day) (year)
(c) Cemetery or crematory Chattanooga
Location Tennessee

18 (a) Funeral director Roff & B. M. Walters
(b) Address Pratt & Hacker Sts

19 (a) JAN 8 - 1943 (Date received by Registrar) Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1943, at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1943 to Jan 7 1943 and that I last saw him alive on Jan 7 1943.

Immediate cause of death	Duration
Pneumonia	
Due to exposure + infection	
Due to (over)	
Other Conditions Miscarriage.	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature C. Hann M. D.
Address 1215 Harmony Date signed Jan 8 43

VS 8

F 99635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

F 99635 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Druid Hill Ave.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 W. Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) **FULL NAME** Willis Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	M.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1874

8. AGE: Years	Months	Days	If less than one day
69	8	20	hr. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Sandy Williams
13. Birthplace Delaware

MOTHER
14. Maiden Name Ellen Hamm
15. Birthplace Delaware

16 (a) Informant Mrs. Pelota Williams
(b) Address 806 N. Fremont Ave

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 1-9-43 (month) (day) (year)
(c) Cemetery or crematory Belmont Delaware
Location Belmont Delaware

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsylvania Ave. Williamsport, Md.

19 (a) JAN 8 - 1943 (Registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1943 at 7:02 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1943, to Jan. 6 1943, and that I last saw h/ alive on Jan 6 1943.

Immediate cause of death Cardiac Failure — Duration 3 days.

Due to (b)

Due to

Other Conditions Chronic passive Congestion, Pulmonary Edema.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Garnett M. D.
Address Provident Hospital Date signed Jan. 7, 1943

V8 3

F 99636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 99636

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd + Herring Run
(c) Hospital or institution Sydenham Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1318 Pennsylvania Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? [illegible]

3 (a) FULL NAME Linwood Jenkins

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M 40	C	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7 ? [illegible]

8. AGE: Years	Months	Days	If less than one day
40	5		hr. min.

9. Birthplace Boston, Mass
(Town, county, and state)
10. Usual Occupation Florist Shop Owner
11. Industry or business

FATHER
12. Name James E. Jenkins
13. Birthplace Unknown

MOTHER
14. Maiden Name Bessie Dean
15. Birthplace N. C.

16 (a) Informant Mrs. Francis Taylor
(b) Address 915 Atlantic Ave Atlantic City N.J.

17 (a) Burial (b) Date thereof 1-9-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Baltimore Co. Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave Baltimore, Md.

19 (a) JAN 8 1943 Huntington Williamsport, Md.
(Date received by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 4 1943, at 5:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from December 31 1942, to Jan. 4 1943, and that I last saw him alive on Dec 3 1943.

Immediate cause of death	Duration
Type XII Pneumococcus Septicemia	
Due to Type XII Pneumococcus Bronchopneumonia + Meningitis	
Due to Type XII Pneumococcemia	
Other Conditions Otitis Media, left Positive Wassermann. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature K. Kenneth Krukrick M.D.
Address Sydenham Date signed 1/6/43

F 99637

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1860

F 99637
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Govans, P.O.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 32 Dunkirk Rd
(If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Martha Ann Bramble

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Geo. T. Bramble
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1865

8. AGE: Years	Months	Days	If less than one day
77	4	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation --
11. Industry or business

FATHER
12. Name Stephen Butler
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Brown
15. Birthplace Va.

16 (a) Informant Mr. Harry B. Beck
(b) Address 32 Dunkirk Rd., Govans P.O.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 8 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar
JAN 8 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 1943, at 5:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 20 1942, to Jan. 7 1943 and that I last saw her alive on Jan. 6 1943.

Immediate cause of death uremia — Duration 3 days
Due to Cardio-vascular renal disease — 7 yrs
Due to Hypertension — 8 yrs
Other Conditions Fracture of left femur — 8-20-42
(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: —
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 8-20-42 at 4:30 A M
(c) Where did injury occur? Baltimore Co. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no
(Specify type of place)
(e) Means of injury fell while in way to bath

23. Signature W. H. Cumnis M.D.
M. D.
Address 112 Chase St. Date signed 1-7-43

Dr. Wollenweber md and nurse

F 99638

F 99638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No.

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2016 Harlem Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2016 Harlem Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MAGGIE HULTS

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Robert M. Hults

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8? 1867

8. AGE: Years 75 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name William Allen
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Evatt
15. Birthplace Balto., Md.

16 (a) Informant Mrs. William Allen
(b) Address 1940 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Balto., Md. ~~Huntingtown, Williamsport~~

19 (a) JAN 8 1943 (b) Registrar
(Address to be filled in by Registrar)

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6, 1943 at 4.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 31 1942 to Jan 6 1943, and that I last saw her alive on Jan 6 1943

Immediate cause of death: Pneumonia Lobar, Left

Duration: 5 days

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. E. Johnson M. D.
Address 403 Medical Arts Bldg Date signed 1-7-43

F 423153
F 99639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99639

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County
(c) City or town Mercersburg (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose B. Lackhove

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-9-73

8. AGE: Years 69 | Months 8 | Days 28 | If less than one day hr. min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER 12. Name John B. Lackhove
13. Birthplace Prussia

MOTHER 14. Maiden Name Mary Reisner
15. Birthplace Germany

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1943 (month) (day) (year)
(c) Cemetery or crematory Mercersburg, Pa.
Location

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Martinsburg & Pa. & Huntington Williamsport, Pa.

19 (a) JAN 8 1943 (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 1943 at 4:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1942 to Jan. 7 1943 and that I last saw her alive on Jan. 7 1943.

Immediate cause of death Cachexia, uremia - anemia — Duration

Due to Carcinoma Fundus Uteri

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 10/3/42

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Roger B. Scott M. D.
Address Johns Hopkins Hosp. Date signed 1-8-43

01966 M

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 99610

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Harford Rd. - Herring Run

(c) Hospital or institution: Lyndenhurst Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 5 mos.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1306 Lombard St (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Jesse Wilber Layton

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-10-1229

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife Mary Theresa

6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) June 30, 1913

8. AGE: Years 29 | Months 6 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Vail Summit, Md. (Town, county, and state)

10. Usual Occupation Shipyard Worker

11. Industry or business

FATHER

12. Name Caleb Layton

13. Birthplace Md Everett Pa

MOTHER

14. Maiden Name Elizabeth Wilson

15. Birthplace W. Virginia Hampshire Co.

16 (a) Informant Wife

(b) Address 1306 Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 1943 (month) (day) (year)

(c) Cemetery or crematory Methodist Cem.

Location Vale Summit Md

18 (a) Funeral director John J. Hafer

(b) Address Cumberland Md

JAN 8-1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6 1943, at 1:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1943, to Jan. 6 1943, and that I last saw him alive on Jan. 5 1943.

Immediate cause of death	Duration
Cardiac failure & Overwhelming Toxemia	
Due to Acute Myocarditis	
Due to Bronchial Pneumonia	
Other Conditions Type 2 Pneumococcus Meningitis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. Kenneth Lukert M.D.

Address Lyndenhurst Date signed 1/6/43

VS 3

F 99641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

F 99641 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1018 E Chase St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 E Chase St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Franz A Buettner

3 (b) If veteran, name war No
3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Buettner
6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1863

8. AGE: Years	Months	Days	If less than one day
79	1	18 17	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired Tailor
11. Industry or business

FATHER
12. Name Louis Buettner
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs Mary Buettner
(b) Address 1018 E Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location 4430 Belair Road

18 (a) Funeral director Edward W Conklin & Son
(b) Address 924 E. Eager st.

19 (a) Jan 8 1943 (b) Huntington Williams Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1943 at 2 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28 1942 to Jan 7 1943, and that I last saw h[illegible] alive on Jan 6 1943

Immediate cause of death Broncho Pneumonia
Marmed

Duration
3 D.
10 D.
10 D.
10 D.

Due to Senile Senility
Hypostasis
Due to Chronic Interstitial Nephritis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. F A Stevens M.D.
Address 2878 Hartford Rd Date signed 1-8 43

F 99642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 16 10

F 99642 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 19 South Calhoun Street
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Patricia Louise Willoughby (Birth 67597)

3 (b) If veteran, name war: INFANT

3 (c) Social Security Account No.: INFANT

4. Sex: FEMALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: INFANT

6 (b) Name of husband or wife: NONE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): JANUARY 7, 1943

8. AGE: Years | Months | Days | If less than one day: 5 hr. 44 min.

9. Birthplace: Baltimore, Maryland, University Hosp. (Town, county, and state)

10. Usual Occupation: INFANT

11. Industry or business

FATHER
12. Name: Charles Willoughby
13. Birthplace: LaFollette, Tenn

MOTHER
14. Maiden Name: Helen Hall
15. Birthplace: Speedwell, Tenn

16 (a) Informant: Mrs. Helen Willoughby
(b) Address: 19 South Calhoun Street

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof: Jan. 9. 1943 (month) (day) (year)
(c) Cemetery or crematory: La Follette, Tenn
Location

18 (a) Funeral director: Mr. & Mrs. John W. Geistfeld Son
(b) Address: 801 W. Fayette St

19 (a) JAN 8 1943 (Date rec'd by registrar) Huntington Williamsport, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: JANUARY 7 1943 at 10:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from JANUARY 7 1943 to JANUARY 7 1943, and that I last saw h SA alive on JANUARY 7 1943.

Immediate cause of death: Fetal atelectasis — Duration:

Due to:

Due to:

Other Conditions: Possible intracranial hemorrhage
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Robert C. Cole, M.D.
Address: University Hosp. Date signed 1/7/43

F 99643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5 1 B

F 99643 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2412 E. Biddle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2412 E. Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward C. Seeger

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth Seeger
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) April 21 1870

8. AGE: Years 72 | Months 8 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Home Genter

11. Industry or business Sell

FATHER 12. Name Max Ullrich
13. Birthplace Germany

MOTHER 14. Maiden Name Albertina Reinhardt
15. Birthplace Germany

16 (a) Informant Mrs Elizabeth Seeger
(b) Address 2412 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 9 - 43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location North Ave. Baltimore Md.

18 (a) Funeral director Wm. C. Miller Inc.
(b) Address 2435 E. Oliver St

19 (a) JAN 8 - 1943 Washington Williamson, M.D.
(Date filed with City registrar) (Signature of local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1943 at 330 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 16 1942 to Jan 6 1943 and that I last saw him alive on Jan 6 1943.

Immediate cause of death Chronic cardiac dis. disease — Duration

Due to

Due to

Other Conditions Carcinoma prostate rectum
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank K. Adler, M. D.
Address 735 Poplar Grove St Date signed 4/7/43

F 99644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99644 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2105 Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2006 E. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles George Adler

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15 1876

8. AGE: Years	Months	Days	If less than one day
67	10	23rd	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name Charles E. Adler
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Margaret Leland
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Florence Shepherd
(b) Address 2421 E. Oliver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location North Ave. Baltimore Md.

18 (a) Funeral director John C. Miller Inc.
(b) Address 2421 E. Oliver St.

19 (a) JAN 8 1943 (Date rec'd by registrar) (b) Huntington McManus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 7 - 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 29, 1943 to Jan. 7, 1943. and that I last saw him alive on Jan. 5, 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days.
Due to Arteriosclerosis.	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard S. Bungardner M. D.
Address 613 E. North Ave. Date signed 1-8-43

VS 2

F 99645

426108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 99645
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 172 N. Exeter St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Robert E. Heard

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Black	Separated

6 (b) Name of husband or wife Lena
6 (c) If alive, give age? years

7. Birth date of deceased (mo., day, yr.) 11-15-96

8. AGE: Years	Months	Days	If less than one day
46	1	15	hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Sam Heard
13. Birthplace Georgia

MOTHER
14. Maiden Name Lucy Lindsey
15. Birthplace Georgia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Loc. JOHNS HOPKINS MEDICAL SCHOOL JAN 8 1943

18 (a) Funeral director Commissioner of Health
(b) Address

JAN 8 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1942, at 2 10 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 28 1942 to Dec. 30 1942, and that I last saw him alive on Dec. 30 1942

Immediate cause of death: bronchopneumonia — Duration: ? 6 wks.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Robert Christian
Address The John Hopkins Hosp. Date signed 12/31/42 M.D.

9718

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99646

CERTIFICATE OF DEATH 33a F 99646

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1329 Ward St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Victoria Fleet

(a) Residence: No. 1329 Ward St. Ward. Balto F 4979

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): May 14-1942

7. AGE: Years | Months: 7 | Days: 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Vernon Fleet

14. BIRTHPLACE (city or town) (State or country): Mx Amp Ind

MOTHER

15. MAIDEN NAME: Lelia Washington

16. BIRTHPLACE (city or town) (State or country): Mx Amp Ind

17. INFORMANT: Vernon Fleet

(Address) 1329 Ward St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Jan 8 19 43

19. UNDERTAKER: Mrs Katie R. Williams

(Address) 3 [illegible] Baltimore Md

20. FILED JAN 8 - 1943 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/6 1943

22. I HEREBY CERTIFY, That I attended deceased from Jany 5, 1943 to Jany 6 43

I last saw h... alive on Jany 5, 1943 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	1/3/43

Other contributory causes of importance:

Grippe	1/3/43

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Mildred Dean M. D.

(Address) [illegible]

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified. Even if OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 99647

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 D

F 99647
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West Baltimore Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 254 Aruya Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Jansen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	W	Widowed

6 (b) Name of husband or wife Christ Jansen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-7-1857

8. AGE: Years	Months	Days	If less than one day
70	2	0	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Henry Broschmann
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Joseph Reed
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-43 (month) (day) (year)
(c) Cemetery or crematory Emmanuel
Location Balto

18 (a) Funeral director Lemmert Myers
(b) Address 305 W. Franklin St. Nottingham, Md.

JAN 8 1943 (Signature of local registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/7 1943 at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/21 1942 to 1/7 1943 and that I last saw her alive on 1/7 1943.

Immediate cause of death Respiratory Failure — Duration
Due to Bronchopneumonia
Due to Arteriosclerotic Heart Disease — 5 yrs

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. V. Tompkins M. D.
Address Balto Gen. Hospital Date signed 1/7/43

F 99648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 99648
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Donald Charles Walther (Birth F 66747)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-2-43.

8. AGE: Years	Months	Days	If less than one day
		5	hr. min.

9. Birthplace Bon Secours Hospital (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edward John Walther
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Matilda Anna Esser
15. Birthplace Baltimore, Md.

16 (a) Informant Joseph A. Reisinger
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J. Pepper & Co.
(b) Address 5305 York Road Huntington Williamsport Md.

19 (a) (Date received by registrar) JAN 8 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7-1943, at 12 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1943, to 1-7 1943 and that I last saw him alive on 1-7 1943

Immediate cause of death: Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Karl W. Ehrlich M. D.
Address 3311 St Paul St Date signed Jan 7, 1943

Physicians: please write the causes of death clearly and legibly.

F 99619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1313

F 99619 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 500 East 36th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 43
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 500 East 36th St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles M. W. Marquette

3 (b) If veteran, name war: N

3 (c) Social Security Account No. N N N

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nettie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1, 1879

8. AGE: Years 63 | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Clerk (Retired)

11. Industry or business Post Office

FATHER 12. Name James N. Marquette

13. Birthplace Md

MOTHER 14. Maiden Name Augusta Leonard

15. Birthplace Md

16 (a) Informant Mrs Nettie Marquette

(b) Address 500 East 36th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16, 1943 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Baltimore, Md

18 (a) Funeral director William Cook Jr

(b) Address 1217 St Paul St.

19 (a) (Registrar) (b) Huntington Williams M.D. Registrar

JAN 8 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1943, at 11:41 M

21. I certify that death occurred on the date above stated; that I attended deceased from about 4 Hrs 19 to 19, and that I last saw h-- alive on Jan 8 1943

Immediate cause of death: Acute dilatation Chronic Myocarditis

Due to Chronic Nephritis also T.B. for last yr

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. G. Prentiss M. D.

Address 634 Gorsuch Ave Date signed

F 99650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C

Registered No. F 99650

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4206 Harford Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MRS. BELLE KIRKLEY

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
N	None	F	W	Married

6 (b) Name of husband ~~or wife~~ George Kirkley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18th 1884

8. AGE: Years	Months	Days	If less than one day
58	2	18	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name Harry C. Livingston
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Bellman
15. Birthplace Balto Md.

16 (a) Informant Cecil Yates Kirkley
(b) Address 4206 Harford Terrace

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 1/9/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oak Lawn
Location Balto Md.

18 (a) Funeral director William Cook Sec
(b) Address 127 St. Paul St

19 (a) (b) Registrar

JAN 8 1943

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1943, at 12 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said ~~Autopsy or Inquiry~~ find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Subarachnoid hemorrhage	
Due to	
Due to	
Other Conditions Fracture, compound of tibia & fibula	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 29, 1942 27-6 M
(c) Where did injury occur? Harford Rd & Fountain Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work?
(e) Means of injury pedestrian struck by auto

23. Signature H. X. Wollenweber M.D.
~~Coroner~~ Medical Examiner.

Date signed 1-6-43

F 99651 Carl Mayer 1520 E. 33rd St F 99651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1026 N. Central Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1026 N. Central Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John A. Bassett

3 (b) If veteran, name war N

3 (c) Social Security Account No. NNA

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Gertrude Barrett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10th 1876

8. AGE: Years 66 | Months 6 | Days 26 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, or state)

10. Usual Occupation Bureau of Highways

11. Industry or business Balto City

FATHER 12. Name Richard Bassett

13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Johnson

15. Birthplace Md

16 (a) Informant Gertrude Barrett

(b) Address 1026 N. Central ave

17 (a) Fund (b) Date thereof 1/9/43 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mayland Cem

Location Baltimore Md

18 (a) Funeral director William Cook Inc.

(b) Address 212 St. Paul St

19 JAN 8 — 1943 Washington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6th 1943, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1940 to Jan 6 1943, and that I last saw him alive on Oct 4 1942.

Immediate cause of death: Acute Dilatation Heart — Duration: Jan 6/1943

Due to: Chronic Emphysema. Chr. Nephritis. Chronic Valvular — 2½ yrs.

Due to: Hard Drink

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature C. N. Mayer Jr

Address 1520 E 33rd St Date signed 1/8/43 M.D.

VS 150

F 99652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

F 99652 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 W. Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edna Smith 78622

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: NONE

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1896

8. AGE: Years 46 | Months 4 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace: Colorado
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Edward O'Malia
13. Birthplace: Colorado

MOTHER
14. Maiden Name: Katherine O'Shea
15. Birthplace: Mo.

16 (a) Informant: Hospital records
(b) Address: 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/4/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore Md.

18 (a) Funeral director: Wilbur Cook Co.
(b) Address: 1217 E. Lexington Huntington Building, Md.

19 (a) JAN 3 1943 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2 1943 at 4:50P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16 1942 to Jan. 2 1943, and that I last saw her alive on Jan. 2 1943

Immediate cause of death: Pulmonary tuberculosis — Duration: 3 mos?

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Alvey S. Hart M. D.
Address: Balto City Hosp. Date signed 1/5/43

F 99653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

F 99653 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mt Baltimore Geriatric
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr 6 mo
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 Clifton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anton Ruppel

3 (b) If veteran, name war: 1

3 (c) Social Security Account No. 212-18-0914

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna B

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 19. 1871

8. AGE: Years 71 | Months 1 | Days 19 | If less than one day: hr. min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual Occupation: Clerk

11. Industry or business: Brewery

FATHER
12. Name: Anselm Ruppel
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Mrs Anna B Ruppel
(b) Address: 1812 Clifton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/43 (month) (day) (year)
(c) Cemetery or crematory: Greenmount Cem
Location: Baltimore Md

18 (a) Funeral director: Mathias Corl Sons
(b) Address: 1211 E Baltimore St

19 (a) JAN 8 – 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/8 1943, at 8:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1 1943 to 1/8 1943 and that I last saw him alive on 1/8 1943.

Immediate cause of death	Duration
Respiratory Failure	
Due to Bronchopneumonia	
Due to Cerebral Embolism	8 days
Other Conditions Arteriosclerosis, Heart Disease	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. V. Tompakov M.D.
Address 1812 Clifton ave Date signed 1/8/43

VS 8

F 99654

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

F 99654 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden + Madison
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 Harlem Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rev. Daniel E Moylan

3 (b) If veteran, name war: W
3 (c) Social Security Account No. NONE

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Martha L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26, 1869

8. AGE: Years 73 | Months 9 | Days 13 | If less than one day: hr. min.

9. Birthplace Baltimore MD (Town, county, and state)

10. Usual Occupation Minister

11. Industry or business

FATHER
12. Name Patrick Moylan
13. Birthplace Baltimore MD

MOTHER
14. Maiden Name Mary J Cunningham
15. Birthplace MD

16 (a) Informant Charles E Moylan
(b) Address 401 Dutton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park MD
Location Baltimore MD

18 (a) Funeral director William Lind & Son
(b) Address 1217 E Baltimore St

19 (a) JAN 8 1943 (b) Huntington
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1943, at 4:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1943, to Jan 8 1943, and that I last saw him alive on Jan. 8 1943.

Immediate cause of death Heart Failure — Duration

Due to Hypertensive Cardio-vascular Disease

Due to

Other Conditions deaf + dumb.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lay Mila Zimmerman M. D.
Address MD Ba. Hosp. Date signed 1/8/43

VS 3

F 99655 HEALTH DEPARTMENT—CITY OF BALTIMORE F 99655

CERTIFICATE OF DEATH. 1943

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2100 Bryant Ave (ST.) (WARD) 15

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Emma Wolf.

(a) RESIDENCE No. 2100 Bryant Ave (ST.) (WARD)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact TION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced. (write the word): M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lewis J.

6 DATE OF BIRTH (month, day, and year): Apr. 1- 1876

7 AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	9	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Nicholas Lotz

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Anna ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Mrs Lewis Wolf

(Address) 2100 Bryant Ave

15 Filed JAN 8 - 1943 By Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Jan 7 1943

17 I HEREBY CERTIFY, That I attended deceased from January 5, 19 43, to January 7, 19 43, that I last saw h[illegible] alive on January 7, 19 43, and that death occurred, on the date stated above, at 12.50 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis Chronic Valvular (Heart-Block)

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Embolism (duration) 2 wks. mos. ds.

18 Where was disease contracted if not at place of death? Hospital

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? E.C.G.

(Signed) Otto Gerd, M. D.

, 19 (Address) 811 Evergreen Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Am

DATE OF BURIAL: Jan 9 19

UNDERTAKER: Wm Cole Inc. 1212 St Paul St

ADDRESS

F 99656

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99656 Registered No. 95 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Rosedale
(c) Hospital or institution:
Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31
(e) Length of stay in Baltimore (yrs., mos., or days) 6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1324 Beechwood Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Phyllis Kuhnert / Kuhnert

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex W | 5. Color or race F | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Luther Kuhnert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 22, 1909

8. AGE: Years 33 | Months 2 | Days 16 | If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Parks
13. Birthplace Pa.

MOTHER
14. Maiden Name Anna Cox
15. Birthplace Pa

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/43 (month) (day) (year)
(c) Cemetery or crematory Ebenezer
Location Lebanon Pa

18 (a) Funeral director Williams Cook Co.
(b) Address 1645 E. Pratt St.

19 (a) JAN 8 - 1943 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1943, at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/8 1942 to 1/8/ 1943, and that I last saw h e alive on 1/2 1943.

Immediate cause of death Subacute Bacterial Endocarditis — Duration 7

Due to Streptococcus viridans — Duration ?

Due to — Duration

Other Conditions Rheumatic H.D. — Duration ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
(f) Signature H. Rosedale M.D.
Address Church Home Date signed 1/8/43

Please write the causes of death clearly and correct age is especially important. Physicians: please write the information should be supplied. This

VS 2

F 99657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46D

F 99657

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 146 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Naomi E. Sullivan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day hr.	min.
62 yrs				

9. Birthplace Howard Co Maryland
(Town, county, and state)

10. Usual Occupation Clerical

11. Industry or business U.S. Government

FATHER
12. Name James L. Matthews
13. Birthplace Maryland

MOTHER
14. Maiden Name M. E. Cassidy
15. Birthplace Maryland

16 (a) Informant Patient
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9, 1943 (month) (day) (year)
(c) Cemetery or crematory Westview
Location Baltimore Md

18 (a) Funeral director Gaither Sons
(b) Address Ellicott City

19 (a) (Signature of Registrar) (b) Wilmington Del

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7, 1943, at 6.25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1, 1943, to Jan 7 1943, and that I last saw her alive on Jan. 6, 1943.

Immediate cause of death	Duration
Carcinomatosis	
Due to Carcinoma of Rectum	
Due to	
Other Conditions, Diabetes Mellitus Hemiplegia Arteriosclerosis (Include pregnancy within 3 months of death)	

Date of operation 9/10/42 and 10/16/42

Major findings of operations: Carcinoma of Rectum

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert A. Barthel Jr. M. D.
Address University Hospital Date signed 1/7/43

F 99658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1936 Registered No. F 99658

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3537 Roland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 6
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3537 Roland Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Catherine Elizabeth Grimm

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William C. Grimm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20-1856

8. AGE: Years 86 | Months 85 | Days 1 | 17 | If less than one day: hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John Hare
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace —

16 (a) Informant Mrs. Agnes V. Hilhelm
(b) Address 3537 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9-1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Moriah (Hampden)
Location Baltimore, Md.

18 (a) Funeral director Horace G. Burgee
(b) Address 3637 Falls Road Huntington Pallisades, Md.

JAN 9 - 1943 (Date rec'd by registrar) Registrar

JAN 9 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7- 1943 at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1st 19 42 to June 2nd 1943, and that I last saw her alive on June 3rd 1943.

Immediate cause of death Cerebral Hemorrhage. — Duration

Due to Acute advanced arterio sclerosis. for 14-9-0.

Due to Senility.

Other Conditions Senile dementia Senile thyroid condition.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ed. Greeiel M. D.
Address 3614 Free 02 Date signed

F 99659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

F 99659 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette and Johns Hopkins
(c) Hospital or institution: Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1528 Park Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Mildred Devan

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	0105

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1880.

8. AGE: Years	Months	Days	If less than one day
62	5	23	2 hr. min.

9. Birthplace Chesterburg, Va. (Town, county, and state)
10. Usual Occupation Home maker.
11. Industry or business Self

FATHER
12. Name William McDaniel
13. Birthplace Va

MOTHER
14. Maiden Name Frances Martin
15. Birthplace Va.

16 (a) Informant Mrs Jessie Evans (daughter)
(b) Address 1528 Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) (Date rec'd by registrar) (b) Huntington, W. Va. Registrar

JAN 9 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1942, to Jan 8 1943, and that I last saw her alive on Jan 8 1943.

Immediate cause of death	Duration
Cardiac failure	12 days.
Due to Acute dilatation of Heart	5 days.
Due to Coronary thrombosis	5 days.
Other Conditions Generalized arteriosclerosis. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: Marked dilatation of heart. Degenerative changes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Mildred Devan M. D.
Address Women's Hospital Date signed 1/8/43

99660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. 99660

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 729 E. 22nd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 729 E. 22nd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emil August LeTzer

3 (b) If veteran, name war N

3 (c) Social Security Account No. None

4. Sex M | **5. Color or race** W. | **6 (a) Single, married, widowed, or divorced.** M.

6 (b) Name of husband or wife Matilda

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 7-1863

8. AGE: Years 79 | Months 10 | Days - | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired Letter Carrier

11. Industry or business U.S. Post Office

FATHER
12. Name Joseph Letzer
13. Birthplace Austria

MOTHER
14. Maiden Name Ossona -
15. Birthplace Austria

16 (a) Informant Mrs Matilda R. LeTzer
(b) Address 729 E. 22nd St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Jan 9-43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St

19 (a) JAN 9 1943 **(b)** Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7- 1943 at 8:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1943 to Jan 7 1943, and that I last saw h alive on Jan 6 1943.

	Duration
Immediate cause of death Myocardial Insufficiency	4 hrs
Due to Myocarditis	6 mos
Due to Arteriosclerosis	1 Year
Other Conditions Bronchitis	?

(Include pregnancy within 3 months of death)

Date of operation -

Major findings of operations: -

of autopsy: -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at - M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - (Specify type of place) While at work? -
(e) Means of injury -

23. Signature Thomas J. Mark

Address 582 E. 22nd St Date signed 1/8/43

M. D. F. 1268-a

99661

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99661

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1429 W Fayette St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2½ ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Graves

(a) Residence: No. 1429 W. Fayette St., Ward. 12

(Usual place of abode) (If non-resident give city or town and State)

(Birth F 6616)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 7 1943

7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.: 7 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Harold William Graves

14. BIRTHPLACE (city or town) (State or country): Reynoldsville West Va.

MOTHER

15. MAIDEN NAME: Katherine Estelle Bennett

16. BIRTHPLACE (city or town) (State or country): Reynoldsville West Va

17. INFORMANT (Address): Katherine Graves 1429 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place JOHN HOPKINS MEDICAL SCHOOL Date JAN 8 1943, 19....

19. UNDERTAKER: Commissioner of Health

(Address)

20. JAN 9 1943 Huntington Williams M.D.

Registrar

9725

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 7, 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1943, to Jan 7, 1943

I last saw her alive on Jan 7, 1943. Death is said to have occurred on the date stated above, at 6:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Milton Rosenau M. D.

(Address) 1429 W Fayette St

V. S. 9

OCCUPATION is very important. See Instructions on back of certificate. Exact statement is required so that it may be properly classified.

F 99662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99662 Registered No. 170 C

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec. 25
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 2163 E. Eager St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Hauck

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-9748

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	w	Married

6 (b) Name of husband or wife Josephine Hauck
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 2/16/1894

8. AGE: Years	Months	Days	If less than one day
48	10	19	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Chauffer
11. Industry or business

FATHER
12. Name Wm H Hauck
13. Birthplace Georgia

MOTHER
14. Maiden Name Lizetta Lochmiller
15. Birthplace Md

16 (a) Informant Josephine Hauck
(b) Address 2103 E Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore

18 (a) Funeral director Ulrich & Horne
(b) Address 2004 E Baltimore St

19 (a) JAN 9 - 1943 (Date received by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7, 1943 at 12:35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said (Autopsy or inquiry) Inquiry & Inspection find that said deceased came to his death on the day stated above.

Immediate cause of death Crushing of chest — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Jan 7, 1943 at 12:30 P.M.
(c) Where did injury occur? Odenton (City or town) Maryland (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)
(e) Means of injury Pedestrian struck by truck
(f) Signature H. T. Williamson M.D. Asst. Medical Examiner
Date signed 1-7-43

VS 6

F 99663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. F 99663

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3615 Kamble Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GOLDIE STANSBURY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed or divorced: Divorced

6 (b) Name of husband or wife: Elmer Stansbury

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 12, 1884

8. AGE: Years 58 | Months 11 | Days 25 | If less than one day: hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name W L Gray
13. Birthplace Balto Md

MOTHER
14. Maiden Name Virginia Smith
15. Birthplace Md

16 (a) Informant Virginia A Gray
(b) Address 3615 Kamble Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/43 (month) (day) (year)
(c) Cemetery or crematory Oakland Cem
Location Philadelphia Rd

18 (a) Funeral director Leonard J Buck
(b) Address 5305 Harford Rd
Huntington for Williams

19 (a) JAN 9 1943 (Filed) (Registered) 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7, 1943 at 7 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N Z Wellenmeier M.D.
Coroner Medical Examiner.
Date signed 1-8-43

VS 6

F 99664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

F 99664
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Bridgeport
(If outside city or town limits, write RURAL and give town)
(d) Street No. St. Vincents Hospital
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Frances Barnes (Elizabeth May Barnes)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1888

8. AGE: Years	Months	Days	If less than one day
54	3	22	hr. min.

9. Birthplace Barrie, Ontario, Canada
(Town, county, and state)

10. Usual Occupation Religious

11. Industry or business

FATHER
12. Name William Barnes
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Frances Sladen
15. Birthplace Dallas, Iowa

16 (a) Informant Mount Hope Retreat
(b) Address 6420 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14 43 (Month) (Day) (Year)

(c) Cemetery or crematory Mount Hope Cemetery
Location Reisterstown Road, City

18 (a) Funeral director Stewart & Company
(b) Address 102-108 [illegible] Thurlington Williams, Jr.

19 (a) [illegible] 1943 (Date received by Registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1943, at 2:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16 1942 to Jan. 8 1943, and that I last saw her alive on Jan. 8 1943.

Immediate cause of death Cerebral Thrombosis — Duration 5 days

Due to

Due to

Other Conditions Chronic Nephritis, Endocarditis and Myocarditis — ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature [illegible] M. D.
Address 3326 Keswick St. Signed

VS 3

F 99665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 99665 Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4101 Fillen Road
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4101 Fillen Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

9-2

3 (a) FULL NAME Helen Griffin Tull

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Thos. J. Tull Jr.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 22 1860

8. AGE: Years 82 | Months 8 | Days 16 | If less than one day hr. min.

9. Birthplace Cambridge - Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name John G. Robinson
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza Tuttle
15. Birthplace Md.

16 (a) Informant Dr. M. G. Tull (son)
(b) Address 4101 Fillen Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9 43 (month) (day) (year)
(c) Cemetery or crematory Lindenwald
Location Baltimore

18 (a) Funeral director Edward Hagerty & Sons
(b) Address 108 W. Lanvale

19 (a) JAN 9 - 1943 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1943, at 5:45 pm M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 to Jan 7 1943, and that I last saw h. alive on Jan 5 1943.

Immediate cause of death: Chronic Myocarditis — Duration: 7

Due to

Due to

Other Conditions: Senile Cardiac Failure

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. J. Tull Jr. M. D.
Address by Leslie Hope Date signed 1/7/43

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99666 CERTIFICATE OF DEATH 1928 F 99666

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 925 Wilmot Court St. 10 Ward 2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Catherine Smith (Schmidt)

(a) Residence: No. 925 Wilmot Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emmanuel Smith

6. DATE OF BIRTH (month, day, year) Oct. 17-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Bates

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Emmanuel Smith

(Address) 925 Wilmot Court

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz's Date Jan. 9-42 19

19. UNDERTAKER John H. J. Miller

(Address) 2334 Jefferson St.

20. FILED JAN 9 1943 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 6- 1943

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1- 1942 to Jan 5- 1943

I last saw h[illegible] alive on Jan 5- 1943 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	?
Cardiac decompensation	?
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Allen C. Bantham M. D.

(Address) 3139 E Baltimore St.

OCCUPATION is very important. See instructions on back of certificate.

VS B

F 99667

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

F 99667 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5234 Linden Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 5234 Linden Heights Ave (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) **FULL NAME** Ernest Thomas Parsons

3 (b) If veteran, name war: British Army 1918
3 (c) Social Security Account No. 212-05-4810

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife: Elaine Jane Parsons
6 (c) If dead, give age 40 years

7. Birth date of deceased (mo., day, yr.) May 24 1892

8. AGE: Years	Months	Days	If less than one day
50	7	13	hr. min.

9. Birthplace Liverpool, England (Town, county, and state)
10. Usual Occupation clerical work
11. Industry or business Gas & Electric Co

FATHER
12. Name Thomas Ernest Parsons
13. Birthplace England

MOTHER
14. Maiden Name Emily Jane Pitts
15. Birthplace England

16 (a) Informant Mrs Elaine Jane Parsons
(b) Address 5234 Linden Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Leonard Boyce
(b) Address 5005 Park Heights Ave

19 (a) Date JAN 9 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 1943, 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 13 1939 to Jan. 7 1943, and that I last saw h~~im~~ alive on Jan. 7 1943.

Immediate cause of death: Myocardial Degeneration — Duration: 1 year

Due to:

Due to:

Other Conditions: Arterial Hypertension — Duration: 1 year

(Include pregnancy within 3 months of death)

Date of operation: No Operation

Major findings of operation:

of autopsy: No autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joshua H. Arrowsmith M. D.
Address 619 Windsor Mill Rd Date signed Jan 9 1943

Baltimore, Md

F 99668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 99668 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 522 So Ellwood Ave
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-2
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 So Ellwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Pelagia Zygaj

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband Walenty Zygaj
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) June 4th, 1873

8. AGE: Years	Months	Days	If less than one day
69	7	4	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Arendt
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Walenty Zygaj (Husband)
(b) Address 522 So Ellwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George A. Weber
(b) Address 706 So Amity street

19 (a) JAN 9 1943 (b) Huntington Williams M.D. Registrar
Signature of local registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8th 1943, at 2.25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1940 to Jan. 8, 1943, and that I last saw her alive on 1/8 1943

Immediate cause of death	Duration
Myocardiosclerosis Cardio-Vascular Disease	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operations	
of autopsy:	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert F. Kuntowski M. D.
Address 3529 Eastern Ave Date signed 1/8/43

VS 250

F 99669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99669 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3414 Duvall Ave
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Mrs. William Beyer Collier (Ruth Jane)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband ~~or wife~~ William B. Collier
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) 1-7-16

8. AGE: Years	Months	Days	If less than one day
27	0	1	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Jacob Einstein
13. Birthplace Baltimore

MOTHER
14. Maiden Name Cassandra Reily (Riley)
15. Birthplace Maryland

16 (a) Informant Mr. William B. Collier
(b) Address 3414 Duvall Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Baltimore, Md.

JAN 9 1943 Date rec'd — Registrar's District — Huntington-Williamson-Mt.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1943, at 4:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943, to Jan 8 1943, and that I last saw h[illegible] alive on Jan 7 1943.

Immediate cause of death — Duration

Myocardial failure

Due to Acute leukemia.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B. Miller Md
M. D.
Address Union Memorial Hospital Date signed 1-8-43

9044020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 99670
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 E Biddle (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby boy Pressly (Birth F 66360)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1-5-43
8. AGE: Years | Months | Days: 3 | If less than one day: hr. min.
9. Birthplace: Md (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name Bill Pressley
13. Birthplace LA
MOTHER 14. Maiden Name MARY WILKSON
15. Birthplace S.C.
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Rd
18 (a) Funeral director John O Mitchell Undertaker
(b) Address 1900 Eutaw Place
19. JAN 9 1943 (Date rec'd by Registrar) Lexington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 8 1943 at 8:30 P M
21. I certify that death occurred on the date above stated; that I attended deceased from JAN 5 1943 to JAN 8 1943, and that I last saw him alive on JAN 8 1943.

Immediate cause of death: Prematurity — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Robert D Solomon
Address Johns Hopkins Hosp. Date signed 1/9/43 M. D.

93671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 171a

Registered No. 93671

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2927 St. Paul St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nicholas L. Dashiell

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Amelia E. Marine
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Feb. 23, 1860

8. AGE: Years	Months	Days	If less than one day
82	10	16	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

FATHER
12. Name Dr. N. L. Dashiell
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Louisa T. Wright
15. Birthplace Md.

16 (a) Informant Mrs. Amelia M. Dashiell
(b) Address 2927 St. Paul St.

17 (a) Burial (b) Date thereof Jan 11/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Cemetery or Crematory Greenmount,
Location Greenmount Ave & Oliver

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1216 Eutaw Place

19 (a) JAN 9 - 1943 Huntington Williams Md.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8- 1943, at 9.25 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquiry thereon, and from the evidence obtained by said Autopsy / Inquiry, and that said deceased came to his death on the day stated above.

Immediate cause of death: Shock
Circulatory Collapse — Duration
Due to
Due to
Other Conditions: Fractured ribs; lacerations abrasions & contusions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-8-43 at 9.35 P.M
(c) Where did injury occur? 2900 block St. Paul St.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Auto (Specify type of place) While at work? No
(e) Means of injury Pedestrian struck by Street car

23. Signature Howard J. Mueller M.D.
Medical Examiner
Date signed 1-9-43

V8 6

F 99672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99672

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3559 Fairfield Rd. City
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3559 Fairfield Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME ALBERT HENRY HAUSHEER

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-6917

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rae Elizabeth Hausheer
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Mar. 28, 1875

8. AGE: Years	Months	Days	If less than one day
66	9	11	hr. min.

9. Birthplace Phila. Pa. (Town, county, and state)
10. Usual Occupation Repaired Air Tools
11. Industry or business Ship building

FATHER
12. Name Unkown
13. Birthplace Switzerland

MOTHER
14. Maiden Name Unkown
15. Birthplace Switzerland

16 (a) Informant Mrs. Rae E. Hausheer
(b) Address 3559 Fairfield Rd.

17 (a) Burial, Cremation, or Removal Burial (b) Date thereof 1/9/43 (month) (day) (year)
(c) Cemetery or crematory Philadelphia, Pa.
Location ship to Wm. H. Batterseby

18 (a) Funeral director H. Sander & Sons-Co.
(b) Address North Ave. & Broadway

19 (a) JAN 8 - 1943 (Date received by registrar) Huntington for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 1943 at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1943 to 19; and that I last saw him alive on Jan 7 1943

Immediate cause of death	Duration
coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip W. Kuster M.D.
Address 3545 Hoffman Av Date signed Jan 8 43 M. D.

For H. H. Huntington
Howard J. Williams, M.D. (over)

VS 180

F 99673

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99673 Registered No. 93d

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Dimmock St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 N Chapel St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Mayers

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-1619

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	negro	Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1858

8. AGE: Years	Months	Days	If less than one day
55?			hr. min.

9. Birthplace Columbia S. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Joe Mayers
13. Birthplace Unknown

MOTHER
14. Maiden Name Caroline Engel
15. Birthplace Unknown

16 (a) Informant Henry Mayers
(b) Address 1021 N Chapel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9 1943 (month) (day) (year)
(c) Cemetery or crematory Chapin
Location South Carolina

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) JAN 9 - 1943 Clinton Williams Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5 1943, at 5 25 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-18 1942 to 1-5 1943 and that I last saw h alive on 12-5 1942

Immediate cause of death Pulmonary Edema

Due to Pancreatitis

Due to (Over)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. F. Rawls
Address Provident Hospital Date signed 1/6/43

VS 2

Please write the causes of death clearly and legibly.

F 99674 38820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99674

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1061 Myrtle Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clara Dailey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife Charles R. Dailey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1875

8. AGE: Years	Months	Days	If less than one day
68	?	?	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER — 12. Name John Christopher Crabb

13. Birthplace Md.

MOTHER — 14. Maiden Name Katherine Harris

15. Birthplace Md.

16 (a) Informant B.C.H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12, 1943 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Mrs Kate R. Williams

(b) Address 322 N. Arlington Ave. Arlington Williams, Md.

19 (a) JAN 9 - 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-6 1943 at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-28 1942 to 1-6 1943 and that I last saw her alive on 1-6 1943

Immediate cause of death Pulmonary embolus

Due to Postoperative gangrene both feet

Due to Generalized arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1-4-43

Major findings of operation: Gas gas.

Rt. leg removed.

of autopsy:

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Henry Haas M. D.

Address Baltimore City Hosp. Date signed 1-7-43

VS 180

F 99675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. F 99675

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1500 Brady Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Rural Fairfield
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1500 Brady Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clem Hairston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Married

6 (b) Name of husband or wife Cornelia Hairston
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1877

8. AGE: Years	Months	Days	If less than one day
65	10	13	hr. min.

9. Birthplace Winston Salem N.C.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Henry Hairston
13. Birthplace N.C.

MOTHER 14. Maiden Name Janie Sprouse
15. Birthplace N.C.

16 (a) Informant Cornelia Hairston
(b) Address 1500 Brady Ave

17 (a) Burial (b) Date thereof Jan 9, 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) JAN 9 - 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5 1943, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-1 1942 to 1-5 1943, and that I last saw h[illegible] alive on 1-1- 1943.

Immediate cause of death: Pulmonary Tuberculosis — Duration 2 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature H. H. Brownsdon M.D.
Address 914 N. Carey St. Date signed 1-9-43

VS 3

F 99676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13P

Registered No. F 99676

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 44 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 N. Bruce St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thelma Jones 78169

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	widowed

6 (b) Name of husband or wife Sterling

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1920

8. AGE: Years	Months	Days	If less than one day
22	11	17	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Griffin
13. Birthplace N.C.

MOTHER
14. Maiden Name Mary Hyman
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) N O — 1943 (b) (Date Rec'd by Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6 1943, at 12:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 23 1942, to Jan. 6 1943, and that I last saw her alive on Jan. 6 1943

Immediate cause of death — Duration

Pulmonary tuberculosis — 5 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A.J. Haste, M.D.
Address Balto City Hosp Date signed 1/7/43

VS 150

F 99677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

Registered No. F 99677

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 502 N. Stricker St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 502 N. Stricker St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Webster

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Alice Webster
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16, 1883

8. AGE: Years	Months	Days	If less than one day
59	3	26	hr. min.

9. Birthplace Harford Co Md
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Water Dept. City

FATHER
12. Name James A Webster
13. Birthplace Harford Co Md.

MOTHER
14. Maiden Name Virginia Simms
15. Birthplace Harford Co Md

16 (a) Informant Alice Webster
(b) Address 502 N. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) JAN 9 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1943 at 5:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1943 to Jan 6 1943 and that I last saw h alive on 19

Immediate cause of death Coronary Thrombosis

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. D. Hoffman
Address 1127 Bennett Place Date signed 1/9/43

14

F 99678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99678 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country ---

3 (a) FULL NAME Margaret Constance Conway

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ---

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1894

8. AGE: Years	Months	Days	If less than one day
48	0	22	--- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business ---

FATHER
12. Name William A. Conway
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Anna McCabe
15. Birthplace Pittsburgh, Pa.

16 (a) Informant Raymond Conway
(b) Address 1220 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. C. Speaks and Son
(b) Address 805 N. Calvert Street

19 (a) [illegible] (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8 1943, at 1 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-28 1942, to 1-8 1943, and that I last saw h.e.r. alive on 1-7 1943.

Immediate cause of death Respiratory failure — Duration 2 years.

Due to Metastatic Cancer of breast — Duration

Due to (a) — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. Paul Lahey M. D.
Address Mercy Hospital Date signed 1-8-43

VS 280

99679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 99679 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1756 E. North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CALVIN VICTOR REDMOND

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
World War #1	212-09-4990	M	W	married

6 (b) Name of husband or wife Catherine
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 16, 1888

8. AGE: Years	Months	Days	If less than one day
54	5	19	hr. min.

9. Birthplace Baltimore, Maryland (Town, county and state)
10. Usual Occupation Guard
11. Industry or business American Can Co.

FATHER
12. Name John B. Redmond
13. Birthplace St. Mary's County

MOTHER
14. Maiden Name Ketura Young
15. Birthplace Virginia

16 (a) Informant Mrs. C. R. Redmond
(b) Address 175-6 E. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16, 1943 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Lot #362 Mt. Lebanon

18 (a) Funeral director H. Sander & Sons Inc
(b) Address NORTH AVE. & BROADWAY

19 (a) 1-9-43 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7 1943, at 1:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions hs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [signature] M.D.
Medical Examiner.
Date signed 1-9-43

VS 6

99680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 99680

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 413 N. Bouldin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 N Bouldin (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry (or) Harry J. Kimmerlein

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 215-07-2252

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edna

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Nov 10 1873

8. AGE: Years 49 | Months 1 | Days 28 | If less than one day: hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Office Work

11. Industry or business Standard Oil Co.

FATHER 12. Name John Kimmerlain

13. Birthplace Balto.

MOTHER 14. Maiden Name Mary Hubert

15. Birthplace Balto.

16 (a) Informant Edna Kimmerlain

(b) Address 413 N. Bouldin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location 4300 Belair Rd

18 (a) Funeral director Martin L. Arnold & Son

(b) Address 37 S. Eutaw St

19 (a) JAN 9 1943 Registered by registrar Huntington Williams Jr.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1943 at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from December 1942 to Jan 8 1943, and that I last saw h[illegible] alive on Jan. 8 1943.

Immediate cause of death: Intracranial Hemorrhage — Duration: 3 hrs.

Due to:

Due to:

Other Conditions: Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address Church Home and Infirmary Date signed 1/12/43 M. D.

F 99681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99681 / 6 / 8966 H — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) ½ day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or Town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 249 W Hoffman St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CLARK, Martha (Also) MARTHA PINKARD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 24, 1938

8. AGE: Years	Months	Days	If less than one day
4	10	13	hr. min.

9. Birthplace Danville, Virginia (Town, county, and state)

10. Usual Occupation child

11. Industry or business 0

FATHER
12. Name Malcolm Clark
13. Birthplace Virginia

MOTHER
14. Maiden Name Lucy PINKard
15. Birthplace Virginia

16 (a) Informant Hospital records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-8-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director
(b) Address

19 (a) Date received (b) Huntington Undertaking Co.
JAN 10 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 7 1942, at 12 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1942 to JAN 7 1942, and that I last saw h.l.y. alive on JAN 7 1942.

Immediate cause of death Septicemia — Duration

Due to meningococcus — 1 day

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy [redacted]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret M. D. Smith M. D.
Address Sydenham Hosp. Date signed 1-8-42

(over)

F 99632

F 99682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves
(c) Hospital or institution:
St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Hull (If outside city or town limits write RURAL and give town)
(d) Street No. 1132 Hull St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jos. Antoni Lesniewski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Lillian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/15/1893

8. AGE: Years 49 | Months 10 | Days 21 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Matthew (dec.)
13. Birthplace Poland

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Lillian Lesniewski
(b) Address 1132 Hull St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore

18 (a) Funeral director Fred W. Ozmer
(b) Address 930 Eastern Ave.

19 JAN 10 1943 (Date received by Registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/6 1943 at 2 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/28 1942 to 1/6 1943 and that I last saw him alive on 1/6 1943

Immediate cause of death Generalized peritonitis - perforation of proximal loop of anastomosis

Due to of descending colon.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 12/28/42

Major findings of operation: Carcinoma of descending colon - perforation with abscess - peritonitis - perforation

of autopsy: peritonitis - perforation Yes.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James N. Evans M. D.
Address St Agnes' Hosp. Date signed 1/6/43

VS 250

Please write plainly, with unfading ink. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 172

F 99683 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1526 Linden ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John M. Batten

3 (b) If veteran, name war

3 (c) Social Security Account No. 189-10-6104

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	✓

6 (b) Name of husband or wife Ruth Batten
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day hr.	min.
42				

9. Birthplace Spencer W Va
(Town, county, and state)

10. Usual Occupation Carpenter Helper

11. Industry or business

FATHER
12. Name John Batten
13. Birthplace W Va

MOTHER
14. Maiden Name Susannah Batten
15. Birthplace

16 (a) Informant Carl H Miller
(b) Address 1526 Linden Ave

17 (a) Removal (b) Date thereof Jan 9/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Grafton W Va
Location Logan

18 (a) Funeral director Welch Funeral Home
(b) Address 2008 Orleans St

19 (a) JAN 10 1943 (b) Huntington W Va
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-9- 1943, at 4:00 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Fractured Skull	
Fractured Brain	
Fractured ribs.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-8-43 at 11.15 P.M.
(c) Where did injury occur? S.S. Thomas Pelagic Pier 3 (Specify whether in house, on street, in factory, on farm, etc.)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes
(Specify type of place)
(e) Means of injury Found in hold of ship.

23. Signature Howard J. Mackenzie M.D.
Medical Examiner.
Date signed 1-9-43

VS 6

F 99684

99684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99684

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 W. Pennsylvania Ave, Towson
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK WILLIAM WHITE

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mrs. Frederick W. White
6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1912

8. AGE: Years	Months	Days	If less than one day
30	2	16	hr. min.

9. Birthplace Kansas (Town, county and state)
10. Usual Occupation Agricultural Engineer
11. Industry or business U.S. Dept. of Agriculture

FATHER
12. Name William White
13. Birthplace New Jersey

MOTHER
14. Maiden Name Clara Dent
15. Birthplace Wisconsin

16 (a) Informant Mrs. F. W. White
(b) Address 25 W Penn. Ave Towson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 17, 1943 (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln
Location Washington D.C.

18 (a) Funeral director Landon & Brooks
(b) Address Sparks, Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

JAN 12 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1943, at 3:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1943 to Jan 10 1943, and that I last saw him alive on Jan 10 1943.

Immediate cause of death Pulmonary Embolism — Duration

Due to Subacute bacterial endocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald D. Mills M.D.
Address Union Memorial Hospital Date signed 1-10-43

F 99685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 99685 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere Ave
(c) Hospital or institution:
Hebrew Home for the Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 months
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvedere ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Fanni Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	W divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
70	—	—	hr. — min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Archie Cohen
(b) Address 109 N. Ann St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Morgan Chapel Cem.

18 (a) Funeral director Joe Levin Inc.
(b) Address 1439 E. Balto. St.

19 (a) Filed 1-9-1943 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8-43 19 , at 9 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-16-1942, to 1-8-1943, and that I last saw her alive on 1-8-1943.

Immediate cause of death Chr. card. vascular disease
Asthma & Senility, Hypertension

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Edmund Levin
Address Rosedale Date signed 1-9-43 M.D.

Form 10-S
VS 3

F 99686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

F 99686 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gabriel Pattashnick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1923

8. AGE: Years	Months	Days	If less than one day
20	19		hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name Rabbi David Pattashnick

13. Birthplace Russia

MOTHER 14. Maiden Name Anna Rachkind

15. Birthplace Russia

16 (a) Informant Father

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-43 (month) (day) (year)

(c) Cemetery Chesapeake Cemy. Location Russedale

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Balto St.

19 (a) Jan 10 1943 Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9, 1943, at 3:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1943 to Jan 9, 1943, and that I last saw h.l.m. alive on Jan 9, 1943.

Immediate cause of death Rheumatic Heart Disease — Duration

Due to Cardiac Decompensity

Due to Cardiac Hypertrophy + dilatation

Other Conditions Status puerperalis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Lantz M. D.

Address Sinai Hospital Date signed Jan 9 1943

F 99687

F 99687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1232 E. Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1232 E. Preston St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James W. Danabury

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	C.	Married

6 (b) Name of husband or wife Alice Rebecca
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 9, 1882

8. AGE: Years	Months	Days	If less than one day
60	11	29	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Laborer (Retired)
11. Industry or business U. S. Postal Service

FATHER
12. Name Thomas H. Danabury
13. Birthplace Md

MOTHER
14. Maiden Name Lucinda Johnson
15. Birthplace Md.

16 (a) Informant Alice R. Danabury
(b) Address 1232 E. Preston St

17 (a) Burial (b) Date thereof 1/12/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto. National Cem.
Location Balto. Md.

18 (a) Funeral director Joseph L. Locke, Jr.
(b) Address 1314 N. Central Ave.

JAN 10 1943 (b) Huntington Williams, M.D.
(Accepted by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-8 1943 at 10.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1943, to Jan 8 1943, and that I last saw h alive on Jan 5 1943

Immediate cause of death

Due to Hypertensive Cardio Vascular Disease 3

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
3

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Adams M.D.
Address 222 N. Caroline Date signed 1-9-43

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

F 99688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 99688 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 312 N Exeter (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Loretta Trusty (Birth F 70324)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-14-42

8. AGE: Years	Months	Days	If less than one day
	3 2	2 4	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Jake Smith

13. Birthplace

MOTHER 14. Maiden Name Helen Trusty

15. Birthplace Md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.

Location A. A. County Md.

18 (a) Funeral director Joseph H. Lock, Jr.

(b) Address 1304 N. Central Ave.

19 (a) JAN 10 1943 (b) Registrar Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 8 1943 at 10:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8 1943, to Jan. 8 1943, and that I last saw her alive on Jan. 8 1943

Immediate cause of death Respiratory failure — Duration

Due to Pneumonia

Due to (over)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert D. Stevens

Address Johns Hopkins Hosp. Date signed 1/9/43

F 99689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 99689 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4802 Gwynnbrook Ave
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4802 Gwynnbrook Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Daisy Gill Sinton

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Wilbur H. Sinton
6 (c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Oct-9-1880

8. AGE: Years 62 | Months 3 | Days 0 | If less than one day ____ hr. — ____ min.

9. Birthplace: Lebanon - Pa. (Town, county, and state)
10. Usual Occupation: none
11. Industry or business: none

FATHER
12. Name: Thomas Gill
13. Birthplace: Manchester - Eng.

MOTHER
14. Maiden Name: Agnus M. Fasser
15. Birthplace: Penna

16 (a) Informant: Mr. W. H. Sinton (husband)
(b) Address: 4802 Gwynnbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan-11-43 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville

18 (a) Funeral director: Sullivan Memorial Co.
(b) Address: 108 W. Monument.

JAN 10 1943 (Date rec'd by registrar) Huntington Williams Funeral Home

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9/43 1943, at 12 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1943 to Jan 9 1943, and that I last saw h[illegible] alive on Jan 8/43 19

Immediate cause of death: Cerebral Hemorrhage and paralysis (Dom.)
Due to
Due to Arteriosclerosis Hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 6 days / ? / ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Dreyfuss M. D.
Address 2220 Harman Road Date signed Jan 9/43

F 99690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 73 B

F 99690 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert – Saratoga
(c) Hospital or institution: Mercy Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Greenmount Cemetery Department Charles and 39th Streets (If outside city, give town)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3 (a) FULL NAME Lee Gardner Garner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Widowed

6 (b) Name of husband or wife Mary Garner

6 (c) If [illegible], give age years

7. Birth date of deceased (mo., day, yr.) July 1 1874 (or 1876)

8. AGE: Years	Months	Days	If less than one day
68 ?	6	-	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Woman

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Bernetta Hopkins
(b) Address 853 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 10, 1943 (day) (year)
(c) Cemetery or crematory Mount Calvary
Location Balto. County

18 (a) Funeral director Joseph A. Lively
(b) Address 4099 Mount Street

19 (a) [illegible] (b) Registrar Huntington Williams M.D.

JAN 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1943 at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from December 4 1942 to January 7 1943 and that I last saw him alive on January 6 1943.

Immediate cause of death	Duration
Senility	
Due to Cerebral Arteriosclerosis	
Due to	
Other Conditions Hypertension Anemia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Stevenson M. D.
Address Mercy Hospital Date signed January 11, 1943

F 99691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99691 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3843 BROOKLYN AVE.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3843 BROOKLYN AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES SOSNOWSKI

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWER

6 (b) Name of husband or wife HERMINA SOSNOWSKI
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 18 1881

8. AGE: Years	Months	Days	If less than one day
61	7	23	hr. min.

9. Birthplace POLAND
(Town, county, and state)
10. Usual Occupation RETIRED
11. Industry or business

FATHER
12. Name STANLY SOSNOWSKI
13. Birthplace POLAND

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace POLAND.

16 (a) Informant MRS. H. HALL (DAUGHTER)
(b) Address 3904 BROOKLYN AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 11/43 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location BROOKLYN MD.

18 (a) Funeral director Gilford Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) JAN 10 1943 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 7 1943 at 8.30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1942 to Jan. 7 1943, and that I last saw him alive on Jan 6 1943.

Immediate cause of death Heart failure
due to Hypertension
Due to Cerebral Hemorrhage
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Cohen M. D.
Address 203 Baltimore Date signed

F 99692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43

F 99692 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3214 Foster Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 d
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County BALTO.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3214 Foster Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN KREPP

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1864

8. AGE: Years 78 | Months 4 | Days 19 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business RETIRED

FATHER 12. Name Michael Krepp

FATHER 13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Mary Zeisler

MOTHER 15. Birthplace GERMANY

16 (a) Informant Loretta Brown

(b) Address 3214 FOSTER AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 11/43 (month) (day) (year)

(c) Cemetery or crematory SACRED HEART

Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Zeiler INC.

(b) Address 403 S. WOLFE ST.

JAN 10 1943 (Date rec'd by registrar) (b) Registrar Huntington Williams

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 19 43 at 10a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Intussusception	
Carcinomatosis	
Due to Cancer	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.

Date signed 1-9-43

F 99693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

F 99693

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6000 Bellona Ave.,

(c) Hospital or institution: Edgewood Nursing Home,

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 mos.

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 305 S. Highland Ave., (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Mary ~~Larsen~~, Larsen.

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife JOHN LARSEN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 25 1858

8. AGE: Years	Months	Days	If less than one day
84	3	12 13	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER 12. Name MICHAEAL WOLFERMANN

13. Birthplace GERMANY

MOTHER 14. Maiden Name MARGARET FEHT

15. Birthplace GERMANY

16 (a) Informant ANNA E. VORSTEG (SISTER)

(b) Address 125 S. BOULDIN ST?

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 11/43 (month) (day) (year)

(c) Cemetery or crematory MT. CARMEL

Location ODONNELL ST.

18 (a) Funeral director Lilly and Zeiler INC.

(b) Address 403 S. WOLFE ST.

19 (a) Huntington Williams M.D. (Date received by registrar) Registrar

JAN 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/7/43 19 , at 6 25 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from 12/21 19 41 to 1/7/43 19 , and that I last saw h[illegible] alive on 1/7/43 19 .

Immediate cause of death

Duration

Pneumonia — 2 days

Due to Cardiac Vascular disease — 15 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. W. Whiston M.D.

Address 730 St Paul Date signed 1/8/43

F 99634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

F 99634 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Hubbard

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ella May
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23, 1868

8. AGE: Years 74 | Months 9 | Days 9 16 | If less than one day hr. min.

9. Birthplace Martinsburg, W. Va.
(Town, county, and state)

10. Usual Occupation Inmate
11. Industry or business Home for Aged

FATHER
12. Name Robert E. Hubbard
13. Birthplace W. Va

MOTHER
14. Maiden Name Elvira Bangler
15. Birthplace W. Va.

16 (a) Informant Mrs H. H. MacLea
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md

18 (a) Funeral director Hellmuth Cook Inc.
(b) Address 1217 St. Paul St

19 (a) Filed JAN 10 1943 (year) (b) Registrar Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-9- 1943, at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942, to 1-8 1943, and that I last saw h/M alive on 1-8 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 12 hrs
Due to: Arteriosclerosis — 4 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur J. Davies M. D.
Address 800 N 33 St Date signed 1-9-43

H. L. Wollenweber M.D. and Medical Examiner

F 99695 F 99695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2436 Maryland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2436 Maryland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John C. Sterling

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Harriett C

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1887

8. AGE: Years	Months	Days	If less than one day
55	11	11	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Photo Engraver

11. Industry or business Own

FATHER
12. Name William A Sterling
13. Birthplace Md

MOTHER
14. Maiden Name Agnes Campbell
15. Birthplace Scotland

16 (a) Informant Mrs Harriet A Sterling
(b) Address 2436 Maryland Ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Jan 11, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Woodlawn, Md

18 (a) Funeral director William Cook Sons
(b) Address 1217 St. Paul St

JAN 10 1943 (b) Huntington Williamsville, N.Y.
(Registered by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/9/43 19 , at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1942 to 1/9 19 , and that I last saw him alive on 1/7 1943.

Immediate cause of death Coronary occlusion — Duration 2 hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm B Soule M.D.
Address 2435 Md Ave **Date signed** 1/9/43

R. L. Wallenweber M.D. Asst Medical Examiner

F 99696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

F 99696 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Streets
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 118 E. 33rd St. Balto
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs John James (Louisa) Kirkman

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife John James Kirkman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5, 1879

8. AGE: Years	Months	Days	If less than one day
63	11	4	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Wittech
13. Birthplace Baltimore Pennsylvania

MOTHER
14. Maiden Name Louisa Entwistle
15. Birthplace York, Pennsylvania

16 (a) Informant John J. Kirkman
(b) Address 118 E 33rd St.

17 (a) Burial (b) Date thereof 7/12/43
(Burial, cremation, removal) (month) (day) (year)
(c) Cemetery Lorraine
Location Balto, Co. Md.

18 (a) Funeral director William Cole Inc
(b) Address 1217 St. Paul St

19 (a) Date received by Registrar JAN 10 1943 (b) Registrar Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9, 1943, at 6.25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1942, to Jan 9 1943, and that I last saw her alive on Jan 9 1943.

Immediate cause of death	Duration
Cardio-vascular-renal collapse	
Due to Myocardial insufficiency, congestive	about a month
Due to Hypertensive heart disease with arteriosclerosis	
Other Conditions Adenocarcinoma of Cervix with metastases	

(Include pregnancy within 3 months of death)

Date of operation 12 Dec 39 (Prov. Adams)
Major findings of operation: Biopsy of cervix revealed adenocarcinoma
Date of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John H. Chaoren. M. D.
Address Union Memorial Date signed 1-10-43

F 99697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

F 99697 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1604 N Broadway.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County 6 to 8 P.M. Eleven A.M.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 N Broadway.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles E Scarborough

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 216-10-3085

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Matilda
6 (c) If alive, give age 1895

7. Birth date of deceased (mo., day, yr.) June 15 1884

8. AGE: Years 57 | Months 6 | Days 23 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Tally Clerk

11. Industry or business

FATHER
12. Name William H Scarborough
13. Birthplace Md

MOTHER
14. Maiden Name Mary E Repp
15. Birthplace Md

16 (a) Informant Matilda Scarborough
(b) Address 1604 N Broadway.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Md
Location Baltimore Md

18 (a) Funeral director William Cook Doe
(b) Address 1217 E Fort Ave

19 (a) Jan 12 1943 (Registrar) (b) Huntington Wilson (Deputy Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1943, at 10:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to Jan 8 1943, and that I last saw h alive on Jan 8 1943.

Immediate cause of death Cardio Cancer of Lung — Duration 7 mo

Due to — —

Due to — —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation July 1942

Major findings of operation: Cancer of Lung

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ernest Timmermann M.D.
Address 2858 Harford Rd Date signed 1/14/43

VS 150

(over) #2: Wallenmeier, Asst Medical Examiner

F 99698

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 121

F 99698
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway.
(c) Hospital or institution:
Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto City
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 S. Broadway
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Master William L. Hoffman.

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: No

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife: None

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1931

8. AGE: Years: 12 yrs | Months: 1 | Days: 21 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Student.

11. Industry or business North Grade.

FATHER
12. Name M. E. Hoffman.
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna Kugel
15. Birthplace Baltimore.

16 (a) Informant Church Home & Hospital
(b) Address Admission Dept.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 11 43 (month) (day) (year)

(c) Cemetery or crematory Pal Shum
Location Cueling Ave Rd.

18 (a) Funeral director S. J. Heuman & Son
(b) Address 32 S. Broadway

19 (a) 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1943, at 3:02 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 28 1942, to Jan 8 1943, and that I last saw h[illegible] alive on Jan 8 1943.

Immediate cause of death: Intestinal obstruction.

Due to: Abscess: peritoneal cavity following perforation.

Due to: Perforated appendicitis.

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 12/28/42 & 1/7/43.

Major findings of operation: Acute appendicitis with perforation, 12/28/42. Pelvic abscess.

Autopsy: Not attended.

Duration
2 days.
7 days.
3 days.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. David Bachrach M. D.
Address Church Home & Hospital Date signed 1/8/43

Registrar

VS 2

Every item of information should be carefully supplied. Exact age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99699

Registered No. 83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address (If not in hospital or institution) 445 Lorraine Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 445 Lorraine Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY CATHERINE MYERS

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Howard F.

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 25, 1870

8. AGE: Years: 72 | Months: 10 | Days: 11 | If less than one day: hr. min.

9. Birthplace: Carroll Co., Md.
(Town, county, and state)

10. Usual Occupation: housewife

11. Industry or business

FATHER
12. Name: Joseph Powell
13. Birthplace: Carroll Co., Md.

MOTHER
14. Maiden Name: Catherine Caltrider
15. Birthplace: Carroll Co., Md.

16 (a) Informant: Mr. Howard F. Myers
(b) Address: 445 Lorraine Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/43 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Cem.
Location: Woodlawn, Md.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: Balto. Md.

JAN 10 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 9, 1943 at 1:45P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2nd. 1943 to Jan. 9th. 1943, and that I last saw her alive on Jan. 8th. 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day

Due to: Arteriosclerosis — unknown

Due to: ----

Other Conditions: Bronchitis — 6 days
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Jesse W. Montgomery M.D.
Address: 401 E. 25th. St., Date signed 1/9/43.

VS 150

F 99790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 99790 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3402 Dennlyn Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3402 Dennlyn Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ARTEMISIA GEMIGNANI

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Cesare
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/20/1857

8. AGE: Years	Months	Days	If less than one day
85	2	17	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Saute Pesqumelli
13. Birthplace Italy

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. T. J. Gemignani, son
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) [illegible] Registrar

JAN 10 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/24 1942 to 1/7 1943, and that I last saw h[illegible] alive on 1/6/43 19

Immediate cause of death	Duration
Ant. Sclerotic Cardio-vascular Renal	
Due to Hypostatic Pneumonia.	
Due to Chr. Arthritis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 1/8/43

F 99701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/12

F 99701 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 403 S. Ellwood Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 403 S. Ellwood Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME MARY AMEND

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Henry
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) July 15, 1886

8. AGE: Years	Months	Days	If less than one day
56	5	23	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Martin Mielcarek
13. Birthplace Poland

MOTHER
14. Maiden Name ------- Budzynski
15. Birthplace Poland

16 (a) Informant Mr. Henry F. Amend
(b) Address 403 S. Ellwood Avenue

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/11/43 (month) (day) (year)
(c) Cemetery or crematory HOLY ROSARY
Location GERMAN HILL ROAD

18 (a) Funeral director M. J. Sadowski & Sons
(b) Address 1808 Eastern Ave

19 (a) JAN 10 1943 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8, 1943, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/ /1938 to 1/8 1943. and that I last saw her alive on 12/28/1942.

Immediate cause of death Cardiac failure — Duration 3 mos.

Due to Pleural Pneumonia — Duration 5 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank J. Manion, M. D.
Address 3335 Eastern Ave Date signed 1/9/43

F 99702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4-7a

F 99702 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution:
University Hospital 1943
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 McHenry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gabriel Lukenich

3 (b) If veteran, name war

3 (c) Social Security Account No. 218 10 3985

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Minnie Lukenich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25, 1893

8. AGE: Years	Months	Days	If less than one day
49	5	13	hr. min.

9. Birthplace Hungary
(Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Cushner Tailors

FATHER
12. Name Joseph Lukenich
13. Birthplace Hungary

MOTHER
14. Maiden Name Katharine Unatz
15. Birthplace Hungary

16 (a) Informant Mrs. Minnie Lukenich
(b) Address 1400 McHenry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 11/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director Harry A. Mitzke
(b) Address 4101 Edmondson Ave

19 (a) Date received JAN 11 1943 (b) Huntington Williams, M.D.
(Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8/43. 1943, at 12:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1942, to Jan 8 1943, and that I last saw him alive on Jan 8 1943

Immediate cause of death carcinoma of larynx — Duration Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rosen

Address 206 S Ogden St Date signed 1-9 1943 M. D.

F 99703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99703 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4100 Maine ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d/10
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4100 Maine ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** John Jeppi (Jeffi)
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Married

6 (b) Name of husband or wife Generosa Maranto
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Jan 28. 1862

8. AGE: Years	Months	Days	If less than one day
80 81	11	9	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business Wholesale Fruit

FATHER
12. Name Castenso Jeppi
13. Birthplace Italy

MOTHER
14. Maiden Name Rosa Faraguno
15. Birthplace Italy

16 (a) Informant Leo Jeppi
(b) Address 4100 Maine ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd

18 (a) Funeral director Thos J Emmy
(b) Address 1600 Hollins

1/11 1943 (Date rec'd by registrar) Huntington Wills Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1943 at 3 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22- 1942 to 1-7- 1943 and that I last saw him alive on 1-7- 1943.

Immediate cause of death Leiomyoma of prostate gland — Duration about 3 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Oct 22-42
Major findings of operation: Leiomyoma of prostate gland -
of autopsy: none -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature S. D. Emmert M. D.
Address Medical Arts Bldg Date signed

F 99704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

F 99704 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Short
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 Maker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Johnson

3 (b) If veteran, name war None | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Helen Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15 1876

8. AGE: Years 66 | Months 3 | Days 26 | If less than one day hr. min.

9. Birthplace Carroll Co (Town, county, and state)

10. Usual Occupation Plaster

11. Industry or business

FATHER 12. Name Barney Johnson
13. Birthplace Carroll Co

MOTHER 14. Maiden Name Rachal
15. Birthplace Carroll Co.

16 (a) Informant Louise Johnson
(b) Address 2210 McCulloh St Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13, 43 (month) (day) (year)
(c) Cemetery or crematory St. Lukes Cem.
Location Reisterstown Md.

18 (a) Funeral director J. Allen Long
(b) Address Reisterstown Md.

19 (a) [illegible] (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1943, at 2 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1943, to Jan 10 1943, and that I last saw h/s alive on Jan 10 1943

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Cerebral Vascular Disease	
Due to	
Other Conditions Generalized arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. J. Barfield M. D.
Address [illegible] Date signed 1-10-43

VS 3

Physicians: please write the causes of death clearly and legibly.

99705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 99705

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 19 E. York St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 E. York St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Moore

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Hilda Moore
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Sept. 3 1902

8. AGE: Years	Months	Days	If less than one day
40	4		hr. min.

9. Birthplace Madison Md. (Town, county, and state)
10. Usual Occupation Gas Station Emp.
11. Industry or business

FATHER
12. Name John H. Moore
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Travers
15. Birthplace Md

16 (a) Informant Samuel Moore
(b) Address Madison Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/11/43 (month) (day) (year)
(c) Cemetery or crematory
Location Madison Md.

18 (a) Funeral director A. A. Krauss & Son
(b) 1216 E. Chase St

(Date rec'd by registrar) (b) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/8/43 19 , at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1942 to Jan 8 1943, and that I last saw h alive on 1/7/43

Immediate cause of death Coronary Thrombosis — Duration 1 day
Due to arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac Nettler M. D.
Address 1216 E. Chase St Date signed 1/9/43

VS 8

F 99706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 99706 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 417 S. East ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph. Mc Cleary

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-05-2200

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emily
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Jan. 7-1879

8. AGE: Years	Months	Days	If less than one day
64		1	hr. min.

9. Birthplace Baltimore ~~Engineer~~ (Town, county, and State)
10. Usual Occupation Stationery Engineer
11. Industry or business Hotel Southern

FATHER
12. Name Nelson Mc Cleary
13. Birthplace Penn.

MOTHER
14. Maiden Name Martha Gill
15. Birthplace Balto. Co.

16 (a) Informant Emily Mc Cleary
(b) Address 417 S. East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 11-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Old Frankford Road.

18 (a) Funeral director John. A. Myers
(b) Address 3000 E. Baltimore

19 (a) Thurlington Williams (b) Registrar

JAN 11 1943

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1, 1943 to Jan. 8, 1943, and that I last saw ~~him~~ alive on Jan. 8, 1943.

Immediate cause of death Uremia — Duration
Due to Sulfetrizole poisoning
Due to
Other Conditions Bronchopneumonia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dong Sands
Address Sinai Hosp. Date signed Jan 8/43

Dr Wollenweber Med Asst Med. Examr

Please write the causes of death clearly and legibly. The ... is especially important. Physicians: please write the causes of death clearly and legibly. The ...

F 99707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131N

F 99707 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1311 N. Carey St.
(c) Hospital or institution:
154
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 N. Carey (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maria L. Spencer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem 5. Color or race Col 6 (a) Single, ~~married~~, widowed, or divorced Widow

6 (b) Name of husband or ~~wife~~ Joseph H. Spencer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30-1870

8. AGE: Years 72 Months 7 Days 9 If less than one day hr. min.

9. Birthplace Calvert Co (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name William Freeland

13. Birthplace md

MOTHER 14. Maiden Name Eliza Booze

15. Birthplace md

16 (a) Informant Carrie Johnson

(b) Address 1311 N. Carey

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. City

18 (a) Funeral director Lamb & Edwards

(b) Address 638 N. Eutaw Huntington Williams, M.D.

19 (a) JAN 11 1943 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1943 at 7P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to Jan. 1943 and that I last saw her alive on Jan 8 1943.

Immediate cause of death Apoplexia — Duration 3 hrs

Due to Hypertension

Due to Nephritis & Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.

Address 712 N. McCulloh Date signed 1-9-43

VS 3

F 99708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 99708 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1134 Shields Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jefferson ~~Franklin~~ D. Harper

3 (b) If veteran, name war

3 (c) Social Security Account No. Single

4. Sex Male | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29 - 1903

8. AGE: Years 39 | Months 11 | Days 11 10 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Hairdresser

11. Industry or business

FATHER 12. Name William R. Harper
13. Birthplace Md

MOTHER 14. Maiden Name Mary E. Handy
15. Birthplace Md

16 (a) Informant Russell Harper
(b) Address 1230 Mosley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location E. Fa. Co Md

18 (a) Funeral director Jane H. Chase Fun
(b) Address 1134 Pennsylvania Ave, Balto, Md

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1943, at 10 14 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1943 to Jan 9 1943, and that I last saw him alive on Jan 9 1943.

Immediate cause of death: Lobar Pneumonia (Right)
Due to
Due to
Other Conditions Passive Congestion of Lungs
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
1 week

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Bousfield M. D.
Address Provident Hospital Date signed 1-9-43

Please write plainly. Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

F 99709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. F 99709

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: Lamb's Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Hanover Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Anna Usinger

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	No	Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29, 1868

8. AGE: Years	Months	Days	If less than one day
74	11	11	hr. min.

9. Birthplace Balto
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Usinger
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothea Kraus
15. Birthplace Germany

16 (a) Informant M. L. Nicholls
(b) Address 1605 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto

18 (a) Funeral director A. Bernard Egan
(b) Address 1400 E. Baltimore St

JAN 11 1943 (b) Huntington Williams Registrar

VS 189

MEDICAL CERTIFICATION A.

20. DATE OF DEATH Jan. 10 1943 at 1:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 31 1942 to Jan. 10 1943 and that I last saw her alive on Jan 9 1943.

Immediate cause of death Heart failure — Duration

Due to Arteriosclerotic Hypertensive heart disease

Due to

Other Conditions Chronic Bronchitis

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Andrew Zapf M. D.
Address 1213 Light St. Date signed 1/12/43

F 99710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 106a

Registered No. F 99710

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Williams & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 629 Washington Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country Birth F- 6-6-39

3 (a) FULL NAME Baby Judith Mitchell

3 (b) If veteran, name war No
3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29/1942

8. AGE: Years	Months	Days	If less than one day
	2	11 Days	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation infant
11. Industry or business

FATHER
12. Name Peter
13. Birthplace Balto.

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Balto.

16 (a) Informant Peter Mitchell
(b) Address 629 Washington Blvd

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 13/1943 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Balto.

18 (a) Funeral director A. Howard Evans
(b) Address 400 N. Carey St.

19 (a) Jan 11 1943 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1943, at 11 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1943, to Jan 10 1943, and that I last saw her alive on Jan 10 1943.

Immediate cause of death	Duration
Acute laryngo-tracheo bronchitis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Arthur Lankford
Address St. Agnes Hosp. Date signed 1/16/43

Physicians: please write the causes of death clearly and legibly.

99711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 480

Registered No. E 99711

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1717 Byrd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 Byrd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Susan Louise Johnson

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 213-58-1895

4. Sex: Female | 5. Color or race: Mulatto | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James C. Johnson

6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): Oct. 11, 1884

8. AGE: Years: 58 | Months: 2 | Days: 28 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Housewife and Charwoman

11. Industry or business: Cotton Duck Co.

FATHER
12. Name: Daniel W. Gollin
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Georgianna Armsworthy
15. Birthplace: Baltimore, Md.

16 (a) Informant: James C. Johnson (Husband)
(b) Address: 1717 Byrd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 12 1943 (Month) (Day) (Year)
(c) Cemetery or crematory: Loudon Pk
Location: Balto.

18 (a) Funeral director: C. Bowyer Evans
(b) Address: 1400 S. Carey St.

Date received: JAN 11 1943 (a) Huntington Williams, M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 9, 1943, at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/9/42 19 to 1/9 1943, and that I last saw [illegible] alive on 1/9/43.

Immediate cause of death: Carcinoma of uterus — Duration: 3-4 mos.

Due to:

Due to:

Other Conditions: Metastases to bladder and rectum — 2 mos.
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Isaac Miller M. D.

Address: 1 E. Preston St. Date signed: 1/9/43

F 99712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

F 99712 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette and John Sts.
(c) Hospital or institution: Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4302 Main Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Margaret Coulson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1856.

8. AGE: Years 86 | Months 6 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired school teacher

11. Industry or business

FATHER
12. Name Thomas L. Coulson
13. Birthplace Balto.

MOTHER
14. Maiden Name Mary A. Broughton
15. Birthplace Md.

16 (a) Informant Miss Nellie P. Coulson.
(b) Address 4302 Maine Ave. Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 / 12 / 43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Frederick Ave. Balto.

18 (a) Funeral director John O. Metzerott & Son Inc.
(b) Address 1000 Eutaw Place

19. JAN 11 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1943, at 5:51 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1943 to Jan 9 1943, and that I last saw her alive on Jan 9 1943.

Immediate cause of death: Cerebral Hemorrhage. — Duration: 2 days.

Due to: Hypertension — yrs.

Due to:

Other Conditions: Arteriosclerosis.
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Mildred Gregory M.D.
Address Tuberculosis Hospital Date signed 1/13/43

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

F 99713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94W

✓ F 99713 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1027 William St
(c) Hospital or institution: 24
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1027 William St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara M. Schwerholz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife August Schwerholz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24, 1854

8. AGE: Years 88 | Months 6 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name George Keis
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Heitzel
15. Birthplace Germany

16 (a) Informant Miss Amanda Schwerholz
(b) Address 2932 Riggs ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14 1943 (month) (day) (year)

(c) Cemetery or crematory Western
Location Baltimore, Md.

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 N. Lombard St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150 JAN 11 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1942 to Jan 7 1943 and that I last saw h alive on 19

Immediate cause of death Coronary occlusion

Due to Arteriosclerosis

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: May

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Muller M.D.
Address 225 S. Charles St Date signed 1/11/43

F 99714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 99714 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WARNING: RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 623 Greenwillow St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 623 Greenwillow St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM JONES

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-1959

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1900

8. AGE: Years	Months	Days	If less than one day
42	10	7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Isabelle Burgess
15. Birthplace Md.

16 (a) Informant Mrs Henrietta
(b) Address 613 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-43 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem.
Location

18 (a) Funeral director Mrs Franeses A. Hemsley
(b) Address 578 W. Pratt St. Huntington Williams, Jr.

19 (a) JAN 11 1943 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8, 1943 19 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1943 to Jan 8 1943. and that I last saw alive on 19

Immediate cause of death: Lobar Pneumonia — Duration 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible] M. D.
Address 1500 Eutaw Date signed 1/9/43

F 99715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94W

Registered No. F 99715

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 620 Dolphin St.
(c) Hospital or institution:
Odd Fellows Hall 18
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 814 W. Fayette
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT OWENS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1890

8. AGE: Years	Months	Days	If less than one day hr.	min.
52	7	3		

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Joshua Owens
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Mary ?
15. Birthplace Md.

16 (a) Informant Mrs Thelma Owens
(b) Address 628 Mosher St

17 (a) Burial (b) Date thereof 1-13-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Maggie Frances G. Hunter
(b) Address 578 W. Baltimore St.

19 (a) JAN 11 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1943, at 12.20 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-10-43

VS 6

F 99716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99716 Registered No.

AB-18259

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-11-16 Days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. None (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21-1894

8. AGE: Years	Months	Days	If less than one day
48	9	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. James F Phillips

13. Birthplace ? Maryland

MOTHER 14. Maiden Name Elena F Stewart

15. Birthplace ? Maryland

16 (a) Informant Baltimore City Hospitals

(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12 43 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Baltimore, Md.

18 (a) Funeral director F. O. Weisheyer & Son

(b) Address 300 Eastern Ave

19 (a) (Date received by Registrar) JAN 11 1943 (b) Handling for Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-9 1943, at 7:33 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-9-42 19 , to 1-9-43 19 , and that I last saw h alive on 1-9 1943.

Immediate cause of death	Duration
Pulmonary Edema	1 day
Due to Congestive Heart Failure	
Due to Hypertensive Cardio Vas. Renal Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 8-28-42, 1-6-43

Major findings of operation: Stones in bladder & both kidneys

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

Signature Louis Vogel Jr. M. D.

Address Balto City Hosp. Date signed 1-9-43

F 99717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94 A

F 99717 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 522 N. Arlington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1306 Myrtle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FERRIS CARTER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1892

8. AGE: Years	Months	Days	If less than one day
50	11	24	hr. min.

9. Birthplace Stoneville, N. C. (Town, county, and state)

10. Usual Occupation Retired Laborer

11. Industry or business Balto. City

FATHER
12. Name Geo. Carter
13. Birthplace N. C.

MOTHER
14. Maiden Name Fannie ?
15. Birthplace N. C.

16 (a) Informant Ida Carter
(b) Address 1306 Penna. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-43 (month) (day) (year)
(c) Cemetery or crematory U.S. National
Location Balto., City

18 (a) Funeral director Wyllie A. Jackson
(b) Address 916 Penna. Ave

19 (a) (Date received by Registrar) JAN 11 1943 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1943, at 8:35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said I find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions NO	

(Include pregnancy within 3 months of death)
Date of operation NO
Major findings of operation:
of autopsy: NO

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-10-43

Huntington for Nationality

F 99718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930 Registered No.

F 99718

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1112 Pennsylvania Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 38yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem | 5. Color or race Col | 6 (a) ~~Single~~, married, widowed, or divorced: married

6 (b) Name of husband or wife Albert Taylor

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Aug 30 1904

8. AGE: Years 38 | Months 4 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name George Sterling
13. Birthplace Crisfield Md

MOTHER
14. Maiden Name Alberta Henry
15. Birthplace Vienna Md

16 (a) Informant Mamie Stirling
(b) Address 2400 Brentwood Ave

17 (a) Burial (b) Date thereof 1-13-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pennsylvania Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10 1943 at 9.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-15 1942 to 12-29 1942 and that I last saw h[illegible] alive on 12-29 1942.

Immediate cause of death: Hypertensive Cardio Vascular Disease — Duration 9 Mos

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

M.D. Signature W. Atwell Jones
Address 5-54 Dolphin St Date signed 1-14-43

VS: JAN 11 1943

H2W ellenweber md Assistant Examiner

F 99719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99719 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 N. Gilmore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Vona Calderis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C	Married

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5/1900

8. AGE: Years	Months	Days	If less than one day
41	42 9	0 2	hr. min.

9. Birthplace South America (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name John Calderia
13. Birthplace South America

MOTHER
14. Maiden Name Christiana Daudrag
15. Birthplace South America

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore City Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsylvania Ave. Huntington Williams

19 (a) JAN 11 1943 Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7 1943 at 2:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4 1943 to 1-7 1943 and that I last saw him alive on 1-7 1943.

Immediate cause of death Cardiac insufficiency — Duration: chronic
due to Hypertensive cardio vascular disease — Duration:
Due to Chronic glomerulo nephritis. — Duration: chronic
Due to — Duration:
Other Conditions — Duration:

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature Geo. F. Dees M.D.
Address Balt. City Hosp. Date signed 1-8-42

F 99720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 J 99720 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 Light St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FREDERICK C BAYNER Sr

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sadie M. Bayner

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) June 22 - 1893

8. AGE: Years 49 | Months 6 | Days 18 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Tavern Keeper

11. Industry or business —

FATHER
12. Name Frederick Bayner
13. Birthplace Md

MOTHER
14. Maiden Name Mary Smith
15. Birthplace Md

16 (a) Informant Mrs Sadie Bayner
(b) Address 1718 Light St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-43 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Cem
Location Glenburnie Md

18 (a) Funeral director Geo. L. Beyer Jr
(b) Address 1512 Hollins St

19 (c) JAN 11 1943 (Date rec'd by registrar) (d) Huntington for Wilmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1943 at 7a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of head.

Due to

Due to

Other Conditions: no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence Jan 10, 1943 at M
(c) Where did injury occur? Home Baltimore Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Revolver

23. Signature J. H. Wallenmeyer M.D. Asst Medical Examiner.

Date signed 1-10-43

VS 6

Physicians: please write the causes of death clearly and legibly.

F 99721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 a Registered No. F 99721

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Linden + Madison Sts.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 Ramsay St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANDREW C. MEYER I

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-12-3047

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 31-1895

8. AGE: Years	Months	Days	If less than one day
47	0	9	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Deputy Sheriff
11. Industry or business —

FATHER
12. Name Wm Meyer.
13. Birthplace Germany.

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Mrs. Augusta Heisch
(b) Address 1411 Ramsay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-43 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto Md

18 (a) Funeral director Geo. H. Leuthold Sr.
(b) Address 535 N. Fayette St

JAN 11 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9 1943 at 10 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to h[illegible] death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Pulmonary embolism

Due to: Fracture of left humerus

Due to:

Other Conditions: no

(Include pregnancy within 3 months of death)

Date of operation 12-28-43

Major findings of operation: Embolism fracture

of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 22, 1942 at M
(c) Where did injury occur? on front porch home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? (Specify type of place)
(e) Means of injury slipped & fell on pavement

23. Signature N. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 1-10-43

VS 6

Please write plainly. Physicians: please write the causes of death clearly and legibly. The

F 99722

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95a ✓

Registered No. F 99722

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1010 Russell St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 51 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1010 Russell St (If rural give location)
(e) Citizen of foreign country? Citizen (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH HEISCH.

3 (b) If veteran, name war

3 (c) Social Security Account No. X

4. Sex M. 5. Color or race W 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of ~~husband or~~ wife Late Katherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 11-1859

8. AGE: Years 83 Months 8 Days 29 If less than one day hr. min.

9. Birthplace GERMANY

10. Usual Occupation RETIRED

11. Industry or business

FATHER 12. Name Jos Heisch
13. Birthplace Germany

MOTHER 14. Maiden Name Just Kunst
15. Birthplace Germany

16 (a) Informant Mrs M Stampfli
(b) Address 1010 Russell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location 3000 Edmondson Ave

18 (a) Funeral director Geo H Lemmback
(b) Address 5365 N Lyndhurst St

19 (a) JAN 11 1943 (Date rec'd by registrar) Hardinge Williamson Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 10th 1943 at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1942 to Jan 10 1943 and that I last saw ~~him~~ alive on Jan 7 1943.

Immediate cause of death Auricular Fibrillation — Duration 1 Year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Hales M. D.
Address 517 Scott St Date signed 1-11-43

F 99723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

F 99723

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1013 Darley Ave
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 Darley Ave (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Michele Grieco

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Margaretta Matusano Grieco
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1870

8. AGE: Years	Months	Days	If less than one day
72	11	9	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation General Laboring Work
11. Industry or business U.S. Navy Yard Philadelphia

FATHER
12. Name Pietro Chiaro
13. Birthplace Italy

MOTHER
14. Maiden Name Christina Lauria
15. Birthplace Italy

16 (a) Informant Mr. Frank Grieco
(b) Address 1013 Darley Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan. 15, 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemetery
Location Baltimore Md

18 (a) Funeral director Edgar W. Coulbourn & Son
(b) Address 924 E. Eager St.

19 (a) JAN 11 1943 (Date rec'd by Registrar) Huntington Millwood Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10th 1943, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 3, 1942 to January 10, 1943, and that I last saw him alive on Jan 9, 1943.

Immediate cause of death	Duration
Uraemia	
Cardiac Failure	
Due to Chronic Nephritis	
Aortic Insufficiency	
Due to Chronic Nephritis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Tatem
Address 1919 E. North Ave. Date signed 1/11/43

Every item of information should be given if known. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 99724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93N

F 99724 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BEGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4613 PK. Hgts. Ave
(c) Hospital or institution: Int. Burial Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4613 PK. Hgts. Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edith Cohn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1850

8. AGE: Years	Months	Days	If less than one day
93			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Charles Cohn
13. Birthplace Russia

MOTHER
14. Maiden Name Begair —
15. Birthplace Russia

16 (a) Informant Mrs. Lake Cohn
(b) Address Roanoke, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-43 (month) (day) (year)
(c) Cemetery or crematory Mickve Kodash
Location Hebrew Herring Run

18 (a) Funeral director Jane Lewis Inc
(b) Address 1439 E. Baltimore St

19 (a) (b) Huntington Williams M.P.

JAN 11 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11-43 19 , at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23, 1942 to 1-11 1943, and that I last saw h wife alive on 1-10 1943.

Immediate cause of death Arteriosclerotic myocarditis — Duration 3

Due to Generalized arteriosclerosis — Duration ?

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Morris B. Schreiber M. D.
Address 545 Fulton Ave Date signed 1-11-43

427253 F 9972 BALTIMORE CITY HEALTH DEPARTMENT F 9972
CERTIFICATE OF DEATH 107
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 N. Central Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ernestine Falls (Birth F-59135)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-5-42

8. AGE: Years	Months	Days	If less than one day
	3	3	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ernest Scott
13. Birthplace S.C.

MOTHER
14. Maiden Name Betty Falls
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11-1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A. & G. Co. Md.

18 (a) Funeral director Riley & Williams
(b) Address 1515 McElderry St

19 (a) JAN 11 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 8 1943 at 7.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1942 to JAN 8 1943, and that I last saw h.e.r. alive on JAN 8 1943.

Immediate cause of death Respiratory Failure — Duration Terminal

Due to Bronchopneumonia — 2 weeks

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Solomon
Address Johns Hopkins Hosp. Date signed M 1/9 D /43

F 99726

BALTIMORE CITY HEALTH DEPARTMENT ✓ 93 N

CERTIFICATE OF DEATH

F 99726 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1305 Poplar Grove St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Poplar Grove St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM H. EISENHART

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 213-01-2102

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Alice M Eisenhart

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2. 1888

8. AGE: Years 55 | Months 0 | Days 8 | If less than one day hr. min.

9. Birthplace York Pa (Town, county, and state)

10. Usual Occupation Yarn Manager

11. Industry or business

FATHER
12. Name (Unknown) Eisenhart
13. Birthplace York Pa

MOTHER
14. Maiden Name Mary Fitch
15. Birthplace Unknown

16 (a) Informant Alice M Eisenhart
(b) Address 1305 Poplar Grove St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/11/43 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location York Pa

18 (a) Funeral director Williams Conroe
(b) Address 1217 E Pond St

19 (a) [illegible] (b) Huntington Williams M.D.
(Signature of undertaker)

JAN 11 1943

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1943 at 2:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Hypertension cardiovascular	
Due to Uremia	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williams M.D. and Medical Examiner.
Date signed 1-10-43

F 99727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99727
Registered No.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 932 McDonough St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 932 McDonough St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillian Elv. Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife William W.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1878

8. AGE: Years 64 Months 0 Days 9 If less than one day hr. min.

9. Birthplace Ashland, Hanover Co. Va. (Town, county, and state)

10. Usual Occupation Unemployed.

11. Industry or business

FATHER 12. Name Carter Holmes

13. Birthplace Va.

MOTHER 14. Maiden Name Bettie Hughes

15. Birthplace Va.

16 (a) Informant Grace Grimes

(b) Address 932 McDonough

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 9 43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Hanover Street

19 (a) (Date received) Huntington Wilson

JAN 11 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8, 1943, at 4:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-29 1942 to 1-4-1943 and that I last saw h[illegible] alive on 1-4-1943

Immediate cause of death

CHRONIC MYOCARDITIS — Duration 6 yrs.

Due to

Due to (a)

Other Conditions

DIABETES MELITUS (4 yrs)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —

(Specify type of place)

(e) Means of injury

23. Signature Louis A. Luke

Address 1501 E. Eager St. Date signed 1/9/43

F 99728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 99728 Registered No.

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2221 Barclay St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Bone (Birth F 64599)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-11-42

8. AGE: Years | Months | Days 30 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Wilson

13. Birthplace W. Va.

MOTHER 14. Maiden Name Ada Whetzel

15. Birthplace W. Va.

16 (a) Informant Wilson Bone

(b) Address 2221 Barkley St Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11-43 (month) (day) (year)

(c) Cemetery or crematory Loy Hebb

Location Laurel Md

18 (a) Funeral director Loys Hagner

(b) Address Laurel Md

19 (a) (Undertaker or person acting as such) (b) Address Huntington Williams

JAN 11 19

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10 1943 at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/11 1942 to 1/10 1943 and that I last saw her alive on 1/10 1943

Immediate cause of death Broncho pneumonia — Duration 1 day

Due to premature birth 2 days old

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. R. Duryea M.D. M. D.

Address St Agnes Hospital Date signed 1-10-43

Morgue F 99729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

936 F 99729 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 502 Eisler St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 502 Eisler St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jeremiah Randall (Reynolds)

3 (b) If veteran, name war
3 (c) Social Security Account No. 212-01-9869

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19, 1911

8. AGE: Years	Months	Days	If less than one day
31	10	11	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name William Randall
13. Birthplace Balto., Md.

MOTHER 14. Maiden Name Eleanor Murray
15. Birthplace Balto., Md.

16 (a) Informant Emma Merell
(b) Address 246 N. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A Co. Md

18 (a) Funeral director Isaiah R Blum Son
(b) Address 1060 Montgomery St

19 (a) JAN 11 1943 (b) (Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 1943, at 11 50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
acute pulmonary edema	
Due to Chronic myocardial degeneration	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Jan 7 1943

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83

F 99730 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. + Linden ave
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3930 Dubail ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Vernard Elmore Anderson

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 217 - 01-4815

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emma R. Anderson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1881

8. AGE: Years 61 | Months 1 | Days 13 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation salesman

11. Industry or business H. L. Piel Co.

FATHER
12. Name Richard Anderson
13. Birthplace Va.

MOTHER
14. Maiden Name unknown
15. Birthplace Va.

16 (a) Informant Mr. Richard P. Anderson
(b) Address 2820 - 28th St., N. W., Wash.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 11 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1943 at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from January 7 1943 to January 9 1943, and that I last saw him alive on January 9 1943.

Immediate cause of death: Cerebral Edema — Duration

Due to: Cerebral arteriosclerosis
Hypertension

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation January 9, 1943
Major findings of operation: Cerebral Edema
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John P. Young Jr.
Address Md. General Hospital Date signed 1/9/43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 99731 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Howard & Madison

(c) Hospital or institution: Maryland Gen. Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1811 N. Fulton Ave (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Samuel T. Woodall

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Fannie E. Woodall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1864

8. AGE: Years	Months	Days	If less than one day
78	9	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired - Postman

11. Industry or business U. S. P. O.

FATHER

12. Name Henry E. Woodall

13. Birthplace England

MOTHER

14. Maiden Name Margaret A. Richter

15. Birthplace Balto., Md.

16 (a) Informant Mrs. Sophia L. Chambers

(b) Address 2648 W. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cem. Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) Received JAN 11 1943 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9 1943, at 5:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2 1943 to Jan. 9 1943, and that I last saw him alive on Jan. 9 1943.

Immediate cause of death	Duration
Cardiac failure	
Due to Bronchial pneumonia	
Due to Auricular fibrillation	
Due to Chr. myocarditis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. T. McGrogan M. D.

Address Md. Gen. Hosp. Date signed 1-9-43

F 99732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

Registered No. F 99732

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1200 Caton Ave.

(c) Hospital or institution: Jenkins Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 year

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5308 Cordelia St. (If rural give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3 (a) FULL NAME Charles E. Hasson

3 (b) If veteran, name war --

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Mary A. Hasson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1869

8. AGE: Years 73 75 | Months 6 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None (Machinist)

11. Industry or business None (Coale, Miffet Valve Co.

FATHER 12. Name Hugh Hasson Charles Edward Hasson

FATHER 13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Sarah A. Stewart

MOTHER 15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Joseph Hasson, son

16 (b) Address 5308 Cordelia Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/43 (month) (day) (year)

17 (c) Cemetery or crematory St. Mary's Cem.

Location Hampden, Balto.

18 (a) Funeral director WM. J. TICKNER & SONS

18 (b) Address Balto., Md.

19 (a) ____ (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9 1943, at 5 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1942 to Jan 9 1943 and that I last saw h.i. alive on Jan 8 1943

Immediate cause of death: Ca. Tenorclenotic (C-V-1)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. Cutten Rowbotham

Address J.H. Agnew Hosp. Date signed 1/13/43

VS 8

Correct age if apparently improper. Any question, please write the causes of death clearly and legibly.

F 99733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. F 99733

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2906 Riggs ave
(c) Hospital or institution:

16

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2906 Riggs ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie L. Brieau

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife Josiah S. Brieau
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1864

8. AGE: Years	Months	Days	If less than one day
78	11	7	hr. min.

9. Birthplace Wilmington, Del. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. E. Louise Curry
(b) Address 2906 Riggs Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 11 1943 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-9- 1943, at 10 35 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection - Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-vascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: two

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Maldeis M.D.
Medical Examiner.
Date signed 1-9-43

VS 6

F 99734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83 W

Registered No. F 99734

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 206 Bway (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME MAE ELIZABETH DINGLE

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1896

8. AGE: Years 46 | Months 11 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Baltimore) (Town, county, and state)

10. Usual Occupation Stenographer (Clerk)

11. Industry or business Baltimore City

FATHER
12. Name Frank Dingle
13. Birthplace Maryland (Baltimore)

MOTHER
14. Maiden Name Molly Hogan
15. Birthplace Maryland

16 (a) Informant Mr. Harry J. Dingle
(b) Address 818 E. Belvedere Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 1/13/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by Registrar) **(b)** Huntington Williams, M.D. Registrar

JAN 17 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1943, at 4 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1943 to Jan 10 1943, and that I last saw h[illegible] alive on Jan 10 1943.

Immediate cause of death Respiratory failure — **Duration** —

Due to Intracerebral hemorrhage — —

Due to — —

Other Conditions — —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Donald B. Mallett M.D.
M. D.
Address Union Memorial Hospital **Date signed** 1-10-43

F 99735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 99235 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 600 S. Chapel Gate Lane

(c) Hospital or institution:

Seiling's Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3621 Forest Park Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BLANCHE DAVIS CURRIE

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: William Williamson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov. 15, 1860

8. AGE: Years 82 | Months 1 | Days 26 | If less than one day hr. min.

9. Birthplace: Philadelphia Pa. (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER

12. Name: Delaware S. Davis

13. Birthplace: Wilmington, Del.

MOTHER

14. Maiden Name: Annie C. Warner

15. Birthplace: Philadelphia, Pa.

16 (a) Informant: Mr. Kent D. Currie

(b) Address: 3621 Forest Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/43 (month) (day) (year)

(c) Cemetery or crematory: All Saints Cemetery

Location: Reisterstown, Md.

18 (a) Funeral director: Wm. J. TICKNER & SONS

(b) Address: Baltimore, Md.

19 (a) 1-11-1943 (Date received by Registrar) (b) Huntington Williamson M.D. Registrar

JAN 11 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9 1943, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1931 19 . to Jan 8 1943, and that I last saw her alive on Jan 8 1943.

Immediate cause of death: Terminal Pneumonia - Duration 3 days.

Due to (or)

Due to

Other Conditions: Senility - Arteriosclerosis ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: Walter Brumer M.D.

Address 3603 Edmondson Ave Date signed 1/10/43 M. D.

F 99736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61 F 99736

Registered No.

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The Age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1717 Crystal Ave
(c) Hospital or institution: 8 1/2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 Crystal Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Maier

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Charles L.

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Nov ? 1873

8. AGE: Years 69 | Months ?2 | Days ? | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles Evans
13. Birthplace Baltimore

MOTHER
14. Maiden Name Annie ____?
15. Birthplace ____?

16 (a) Informant Mr Charles Evans
(b) Address 1717 Crystal Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-11-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Wendell E Humphreys
(b) Address 1401 N. Broadway

19 (a) JAN 11 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-9- 1943 at 1230 A M

21. I certify that death occurred on the date above stated; that I attended deceased from SEP 17 1942 to JAN 9 1943, and that I last saw HER alive on JAN 9 1943

Immediate cause of death General Sepsis — Duration 2 DAYS

Due to Diabetes Mellitus with gangrene of left foot

Due to Myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence None at M
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work? None
(e) Means of injury None

23. Signature Odell Duker M. D.
Address 928 E. North Ave Date signed 1-19-43

F 99737

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107 F 99737 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Llewelyn Avenue
(b) Street address 1619 Llewelyn Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1619 Llewelyn Ave. 1619 Llewelyn Avenue
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth L. Mc Greevy (Ruth L.McGreevy)

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 12, 1943

8. AGE: Years	Months	Days	If less than one day
2	8	27	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James E.McGreevy
13. Birthplace Baltimore

MOTHER
14. Maiden Name Grace Leach
15. Birthplace Baltimore

16 (a) Informant Le Roy Leach (Uncle)
(b) Address 1513 N.Caroline Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12, 1943 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Eastern Ave. Balto. Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) JAN 11 1943 (Date rec'd by Registrar) (b) Lillian Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/9 1943 at 12.40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Broncho-pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh P. McNally M.D.
Medical Examiner.
Date signed 1/9/43

V8 6

correct age is especially important. Physicians, please write the values of death clearly and legibly.

F 99738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 91

F 99234 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Greenspring & Belvedere Ave.

(c) Hospital or institution:
Hebrew Home for the Aged & Infirm

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 months

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. Greenspring & Belvedere Aves
(If rural give location)

(e) If foreign born, how long in U. S. A.? 57 years

3 (a) FULL NAME Sara Macks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Nathan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 75 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Lith
(Town, county and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Baer Boone
13. Birthplace Lith

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith

16 (a) Informant Dr Isaac Macks

(b) Address 3606 Liberty Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/11/43 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship

Location Balto & Pennsylvania Sts

18 (a) Funeral director Jack Lewis Inc

(b) Address 2106 Eutaw Place

19 (a) [illegible] (b) Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11-43 19 , at 12.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/18/ 1942, to 1-10- 1943, and that I last saw h~~e~~ alive on 1-10- 1943.

Immediate cause of death: Cerebral Arteriosclerosis
Hypertension — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H Edmund Levin

Address Lewindale Date signed 1/11/43

VS 3

F 99739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83 N

F 99739 ✓ Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2560 Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2560 Harlem Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma Virginia Webster

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15 1862

8. AGE: Years	Months	Days	If less than one day
80	4	24	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name Richard Webster
13. Birthplace Virginia

MOTHER
14. Maiden Name Georgianna Keener
15. Birthplace Unknown

16 (a) Informant Mrs. Georgetta Randall
(b) Address 2560 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 11 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem. Location Baltimore

18 (a) Funeral director Maurice Cook-Lyter
(b) Address 1600 N. North Ave

JAN 11 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

28. DATE OF DEATH Jan. 8 1943; at 7 0 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1943 to Jan 8 1943 and that I last saw h[illegible] alive on Jan 6 1943

Immediate cause of death Massive cerebral hemorrhage — Duration 3 days

Due to Hypertension & Arteriosclerosis — Duration 2 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1371 Eutaw Place Date signed 1-10-43

VS 3

F 99740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1/21

F 99740 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 S. Eaton st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 117 S. Eaton st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD E REIGLE

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Reigle

6 (c) If dive, give age years

7. Birth date of deceased (mo., day, yr.) April 3 - 1875

8. AGE: Years 67 | Months 9 | Days 7 | If less than one day hr. min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation Stoker incinerator Plant

11. Industry or business City of Baltimore

FATHER 12. Name Abraham Reigle

13. Birthplace Penna.

MOTHER 14. Maiden Name Amanda McGuire

15. Birthplace Penna

16 (a) Informant Mrs. Mary Reigle

(b) Address 117 S. Eaton st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/43 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Baltimore

18 (a) Funeral director Philip Herwig Sons

(b) Address 2024 Eilman st

19 JAN 11 1943 (b) Huntington Williams (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1943, at 10 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Peritonitis, acute

Due to Appendicitis, acute (ruptured appendix)

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. (W) Wallace Jr M.D.
Coroner Medical Examiner.

Date signed Jan 11 - 43

F 99741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 99741

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 234 S. Dundan St.
(c) Hospital or institution: So. Balt. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give county)
(d) Street No. 234 S. Duncan St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BAUMEISTER, ANNA (ANNIE M.)

3 (b) If veteran, name war —

3 (c) Social Security Account No. nnn

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Harry Baumeister

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 6, 1877

8. AGE: Years 65 | Months 11 | Days 1 | If less than one day ... hr. ... min.

9. Birthplace Honesdayan (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace Germany

MOTHER 14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr Harvey Brady Howard
(b) Address 234 S. Duncan St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 11 43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto Md

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St

19 JAN 11 1943 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-7 1943 at 9 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-29-1942 to 1-7-1943 and that I last saw her alive on 1-7 1943.

Immediate cause of death	Duration
Coronary Occlusion	
Due to generalized arteriosclerosis	
Due to	
Other Conditions Cholecystitis	

(Include pregnancy within 3 months of death)

Date of operation 12-11-42

Major findings of operation: Cholecystitis & Cholangitis ?

of autopsy: Not performed

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature C. Andrew Zuhl M. D.
Address 1213 Eutaw St. Date signed

VS 150

F 99742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161c

F 99742 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fayette & Dayton Sts.

(c) Hospital or institution: Bon Secours Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr

(e) Length of stay in Baltimore (yrs., mos., or days) 1 hr

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2 N. Fulton Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Herlotz

(Birth F 66748)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-11-43 (1 hr old)

8. AGE: Years | Months | Days | If less than one day: 1 hr. 15 min.

9. Birthplace Bon Secours Hosp (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Richard Walter Herlotz

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Katherine Rose Crowther

15. Birthplace Baltimore Md.

16 (a) Informant Mr William B. Crothers

(b) Address 2 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location 3801 Frederick Ave

18 (a) Funeral director John F. Bowie Inc

(b) Address 901 W. Fallsway

19 (a) JAN 11 1943 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11 1943, at 2 30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11 1943 to 1-11 1943, and that I last saw h.w.f. alive on 1-11 1943.

Immediate cause of death: Respiratory Failure — Duration

Due to Maternal Toxemia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

(f) Signature Kenneth B. Quinlan M. D.

Address 112 E. Eager St. Date signed 1/11/43.

VS 3

F 99743

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

Registered No. E 99243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2750 Riggs Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine E. Will

3 (b) If veteran, name war ------

3 (c) Social Security Account No. 214-01-1545

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1894

8. AGE: Years	Months	Days	If less than one day
48	11		hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Sales-Girl

11. Industry or business Sewing Machine

FATHER
12. Name Henry Will
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Rohlfing
15. Birthplace Maryland

16 (a) Informant Henry M. Will (Brother)
(b) Address 2750 Riggs Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1943 (month) (day) (year)

(c) Cemetery or crematory Western
Location Balto. Md.

18 (a) Funeral director George W. Little
(b) 1110 Edmondson Ave Hunting Williams

19 (a) JAN 11 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1943 at 12 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6 1943 to Jan 10 1943 and that I last saw him alive on Jan. 10 1943.

Immediate cause of death

Due to Metastatic Carcinomatosis

Due to Carcinoma of Breast

Other Conditions Left Radical Mastectomy

(Include pregnancy within 3 months of death)

Date of operation Jan 7 1943

Major findings of operation Carcinoma of Breast

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robt. A. Berthelot Jr
Address University Hospital Date signed 1/10/43 M. D.

VS 250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99744 (Registered No.)

F 99744

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 – N. Carolina St.
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County [illegible]
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 715 E. 20th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: GEORGE H. AULT

3 (b) If veteran, name war: ---
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: Wht.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Clare B. Ault
6 (c) If alive, give age: 78 years
7. Birth date of deceased (mo., day, yr.): July 15, 1869
8. AGE: Years 73 | Months 5 | Days 25 | If less than one day ____ hr. ____ min.
9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business: Merchant

FATHER
12. Name: Conrad A. Ault
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Mrs. Clare B. Ault
(b) Address: 715 E. 20 th. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12, 1943 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Balto. Md.

18 (a) Funeral director: George W. Little
(b) Address: [illegible] Mondson Ave.

19 (a) JAN 11 1943 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 – 16 1943, at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1 – 2 1943, to 1 – 10 1943, and that I last saw him alive on 1 – 10 1943.

Immediate cause of death: Heart failure. — Duration

Due to: Arteriosclerosis

Due to: Pneumonia – Influenza

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Earl A. Willinger M. D.
Address: St. Joseph's Hospital Date signed: Jan. 10th 1943

F 99745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

F 99745 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1100 Springfield Ave,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 Springfield Ave, (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alvina Preibe.

3 (b) If veteran, name war: *****

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife ***Erdman Preibe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14. 1859

8. AGE: Years	Months	Days	If less than one day
83	4	21	23 hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name August Schwartz
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs. Martha L. Burton
(b) Address 1100 Springfield Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof I/II/1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location East End North Ave.

18 (a) Funeral director John A Moares.
(b) [illegible] 4202 Greenmount Ave.

19 (a) JAN 11 (Date rec'd by registrar) (b) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 1943, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/4 1943 to 1/7 1943, and that I last saw her alive on 1/7 1943.

Immediate cause of death Chronic myocarditis.

Duration

Due to —

Due to —

Other Conditions Pulmonary edema

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Willis Grayston M.D.
Address 3963 Greenmount Ave. Date signed 1/11/43

99746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99746 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-6-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1431 N. Charles Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theodore F. Dorenkamp

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1888

8. AGE: Years	Months	Days	If less than one day
54	4	8	hr. min.

9. Birthplace Pittsburgh, Pa.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Anthony Dorenkamp
13. Birthplace Pittsburgh, Pa.

MOTHER
14. Maiden Name Caroline Neukamp
15. Birthplace Pittsburgh, Pa.

16 (a) Informant Jay A. McCaffrey
(b) Address 1512 Lincoln Ave. Balto. Md.

17 (a) Burial (b) Date thereof 1-11-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Calvary Cem.
Location Pittsburgh, Pa.

18 (a) Funeral director Lee Cook
(b) Address 1701-3 Patterson Park Ave

19 (a) 1/11/43 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-6-1943 at 10:15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Acute Fibrinous Pericarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Maddox M.D.
Medical Examiner.
Date signed 1-6-43

V8 6

F 99747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99747 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 538 E. 32nd St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 538 E. 32nd St
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME John M Stricker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
71	"	"	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name John B Stricker
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Roll
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Mary Stricker
(b) Address 538 E. 32nd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12, 1943 (month) (day) (year)
(c) Cemetery or crematory St Mary's, Govans
Location —

18 (a) Funeral director Mary M. Friedfeld
(b) Address 501 E 32nd St

19 (a) (Date rec'd by registrar) JAN 11 1943 (b) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 8 1943, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1943, to Jan 8 1943, and that I last saw him alive on Jan 8 1943

Immediate cause of death	Duration
Cerebral Hemorrhage	12/31/42
Due to (a)	
Due to	
Other Conditions Senile Disease	?

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation —
of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis W Stuntz M.D.
Address 915 Park Ave Date signed 1/11/43

F 99748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99748 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if available. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 414 E North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 E. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Cecilia Bohn Tonry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Reginald J Tonry MD

6 (c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Oct 25th 1878

8. AGE: Years 64 | Months 2 | Days 16 | If less than one day: hr. min. 15

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: At home

11. Industry or business

FATHER 12. Name: Am. Bohn

13. Birthplace

MOTHER 14. Maiden Name: Theresa Schwing

15. Birthplace

16 (a) Informant: Dr Reginald J Tonry

(b) Address: 414 E North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-43 (month) (day) (year)

(c) Cemetery or crematory: Mt Olivet

Location: Washington D C

18 (a) Funeral director: Albert W Burgoyne

(b) Address: 440 E. north Ave

19 (a) JAN 11 1943 (Date rec'd by registrar)

Huntington Md (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 10th 1943 at 2.35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 18 1941 to Jan 10 1943; that I last saw her alive on Jan 10 1943.

Immediate cause of death: Adeno Carcinoma of ascending colon removed

Due to: Ulcer

Due to: Carcinoma of walls & abdomen lower at duct.

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration: Operated on March 19 41

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Reginald J Tonry M.D.
Address: 414 E. North Ave Date signed: 1-11-43

F 99749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

Registered No. F 99749

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2304 Rose St.
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2304 Rose St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SOPHIA JENKINS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Lucien Jenkins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13, 1896

8. AGE: Years	Months	Days	If less than one day
46	7	27	hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name John Yartz
13. Birthplace Austria

MOTHER
14. Maiden Name Magdeline Volchis
15. Birthplace Austria

16 (a) Informant Mrs. John Yartz
(b) Address 2310 Rose St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A.A. Co. Md.

18 (a) Funeral director Maurice J. Flynn
(b) Address 14xx Light St.

19 (a) JAN 11 1943 (b) Wellington Williams (Registrar)
(Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1943 at 5 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Hemorrhage — Duration

Due to Wound, lacerated neck

Due to

Other Conditions no

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence 1-10-43 at 40 M
(c) Where did injury occur? at home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury Kitchen knife

23. Signature W. J. Wollenweber M.D.
Date signed 1-11-43 Asst Medical Examiner.

F 99750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

F 99750 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1405 John St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1405 John St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Charles Cox Hopper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Effie P. Hopper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7 1860

8. AGE: Years	Months	Days	If less than one day
82	3	3	hr. min.

9. Birthplace Centerville, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Caniel Cox
13. Birthplace Centerville, Md.

MOTHER
14. Maiden Name Evelina Hall
15. Birthplace Centerville, Md

16 (a) Informant Miss Katharine B. Hopper
(b) Address 1405 John St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/43 (month) (day) (year)
(c) Cemetery or crematory Chester Cemetery
Location Chestertown, Md.

18 (a) Funeral director H. W. Measelson
(b) Address 805 N. Calvert St.

19 (a) (Date received) JAN 11 1943 Hunter-Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1943, at 5.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1942 to Jan 10 1943 and that I last saw him alive on Jan 9 1943

Immediate cause of death: Coronary Occlusion — Duration: 1 mo
Arteris Sclerosis — ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature Wm. R. J. Hunter M.D.
Address 403 Medical Arts Date signed 1-11-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150 Via:- Love Point Ferry (Escort Miss Katharine Hopper)

F 99751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1472 F 99751 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1812 N. Monroe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 N. Monroe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE J. ARNOLD

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	male	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1876

8. AGE: Years	Months	Days	If less than one day
66	3	6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Tin Specialties
11. Industry or business

FATHER
12. Name John Arnold
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara --
15. Birthplace Germany

16 (a) Informant Mrs. Eileen Kopper
(b) Address 1812 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) [illegible] (Date received by Registrar) Harrington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8, 1943 at 2:45 AM

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 15 1942, to Jan 8 1943, and that I last saw him alive on Jan 8 1943

Immediate cause of death

	Duration
Due to Cerebral Arteriosclerosis	6 days
Due to Carcinoma Lung	16 Months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L Houck M.D.
Address 1929 W North Ave Date signed 1/18/43

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 180

F 99752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

944

F 99752 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 S. Belden St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME PANORATIUS B. NASSNER

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-10-1544

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of ~~husband~~ wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1904

8. AGE: Years	Months	Days	If less than one day
38 41	6	27	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Crane operator
11. Industry or business Copper Works

FATHER
12. Name Frederick Nassner
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothea Rahm
15. Birthplace Germany

16 (a) Informant Margaret Nassner wife
(b) Address 711 S. Belden Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14/43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Germans Hill Rd

18 (a) Funeral director Lilly a Zeller
(b) Address 403 S Wolfe St

19 (a) JAN 11 1943 (Date rec'd by registrar) Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1943, at 7P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~inquest~~ (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Coronary occlusion — Duration
Due to
Due to
Other Conditions ~~No~~
(Include pregnancy within 3 months of death)
Date of operation ~~No~~
Major findings of operation:
Autopsy: ~~No~~

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

My Signature H. L. Wallenmaier M.D.
Date signed 1-14-43 Medical Examiner.

VS 6

F 99753

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131

F 99753 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1717 WILKINS AVE.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 4
(e) Length of stay in Baltimore (yrs., mos., or days) 60 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 WILKINS AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME KATHERINE SCHINDLER

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: FRANK X. SCHINDLER

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) AUG. 24 1865

8. AGE: Years 77 | Months 4 | Days 16 | If less than one day: hr. min. 15

9. Birthplace GERMANY
(Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name UNKNOWN
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant JOHN SCHINDLER (SON)
(b) Address 1717 WILKINS AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 12/43 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Kilgus & Seibert Inc.
(b) Address 407 S. WOLFE ST.

19 (a) JAN 11 1943 (Date rec'd by registrar) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 9 1943. 2/40 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to Jan 9 1943.
and that I last saw h[illegible] alive on Jan 9 1943.

Immediate cause of death: Senility
Asthenia, Edema, Bronchitis
Chron. Nephritis

Due to

Due to

Other Conditions Pulmonary Oedema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert C. Kilgus
Address 215 Uhler Ave Date signed Jan 9 1943 M. D.

correct age is especially important

VS 3

F 99754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 161C

F 99754 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 213 Light St.
(c) Hospital or institution: South Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1002 Curley St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Ziegler (Birth 7774 6)

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 8 1943

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name John Ziegler
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elsie M. Bartley
15. Birthplace Baltimore Md.

16 (a) Informant Miranda
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/12/43 (month) (day) (year)
(c) Cemetery or crematory CEDAR HILL
Location BROOKLYN

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) 1-11-1943 (Date received by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 10 1943, at 11 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8 1943, to Jan. 10 1943, and that I last saw h[illegible] alive on Jan. 10 1943

Immediate cause of death Pneumonia — Duration

Due to (Probable) — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Andrew Ziegler M. D.
Address 1213 Light St. Date signed

VS 250

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

JL - 78643 F 99755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99755 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 da
(e) Length of stay in Baltimore (yrs., mos., or days) 85 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3312 Fait Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rosa Sullivan

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	F	W	Widowed

6 (b) Name of husband or wife John W. Sullivan (D) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1856

8. AGE: Years	Months	Days	If less than one day
86	0	24 23	hr. min.

9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation Supported by Son
11. Industry or business

FATHER 12. Name John Brown
13. Birthplace W. Va.

MOTHER 14. Maiden Name Elizabeth Becker
15. Birthplace W. Va.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 13/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lillyand Zeiler & Co.
(b) Address 403 S. Pulaski St. Williamsport, Md.

19 (a) JAN 11 1943 (Date rec'd by Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10-43 19 , at 5 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-17 1942, to 1-10 1943, and that I last saw him alive on 1-10 1943

Immediate cause of death	Duration
Bronchopneumonia	?
Due to Arteriosclerotic heart Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. S. Cross M. D.
Address Balt. City Hosp. Date signed 1-10-43

F 99756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99756 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Driveway and 31st St.

(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo 20da

(e) Length of stay in Baltimore (yrs., mos., or days) 3mo. 20da.

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town 66 Scheyte St., (If outside city or town limits, write RURAL and give town)

(d) Street No. Antwerp, Belgium (If rural give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Belgium

3 (a) FULL NAME EDWARD LUYCKX

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Josephine Van Boeckel

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 19, 1892

8. AGE: Years	Months	Days	If less than one day
50 49	4	20	..... hr. ..... min.

9. Birthplace Antwerp Belgium (Town, county, and state)

10. Usual Occupation 2nd Cook

11. Industry or business

FATHER 12. Name August Luyckx

FATHER 13. Birthplace Belgium

MOTHER 14. Maiden Name Marie Van Dun

MOTHER 15. Birthplace Belgium

16 (a) Informant Records-US Marine Hospital

(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-43 (month) (day) (year)

(c) Cemetery or crematory Holy Rood

Location Reisterstown Highway

18 (a) Funeral director Joseph M. Cahill

(b) Address 130 E. Fort Ave.

19 (a) JAN 11 1943 (Date received by local registrar) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9, 1943 at 7:45 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 19, 1942 to Jan. 9, 1943 and that I last saw h[im] alive on Jan. 9, 1943

Immediate cause of death	Duration 8 da.
Bronchopneumonia, right	
Due to Nephritis, bilateral	6 mo.
Due to Carcinoma of bladder with metastasis to lymphnodes and liver	2 years
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 9/24/42

Major findings of operation: Cys to tomy-supra-pubic; implantation of gold seeds

Autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)

(e) Means of injury .....

23. Signature J. Carlson

Address US Marine Hospital, Baltimore, Maryland. Date signed 1.11.43

F 99757

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

F 99757
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 Light St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WASHBURN, MARGARET

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	W

6 (b) Name of husband or wife John T.
(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) 12/22/1873

8. AGE: Years	Months	Days	If less than one day
69	10	16	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John T. McCabe
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget McCabe
15. Birthplace Ireland

16 (a) Informant Family
(b) Address 1113 Light St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Taylor Ave

18 (a) Funeral director J. Frank Handy
(b) Address 3936 Fair Oaks

19 (a) JAN 11 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/9 1943, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5 1943, to 1/9 1943 and that I last saw her alive on 1/9 1943.

Immediate cause of death	Duration
Respiratory Failure	
Due to Bronchopneumonia	
Due to	
Other Conditions Arteriosclerosis & Hypertensive Heart Disease. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul J. Farber M. D.
Address Sinai Hosp. Date signed 1/9

VE 8

99758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 A

F 99758
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Infirmary of Balto. City Hospitals V
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs +
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 120 Arlington
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sol Frank

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Wid

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Germany (town, county, and state)

10. Usual Occupation Salesman (3 years ago)

11. Industry or business

FATHER
12. Name Moses Frank
13. Birthplace Germany

MOTHER
14. Maiden Name Betty Strauss
15. Birthplace Germany

16 (a) Informant Mrs. Rec,
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 11 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JAN 11 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-16- 1942, at 8:40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death	
Bronchopneumonia	
Due to	
Due to	
Other Conditions Bemalyst arteriosclerosis. Cardiovascular disease	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date 12-17-42

VS 6

F 99759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

F 99759 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 413 Yale Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 413 Yale Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) **FULL NAME** Mrs Grace Victoria Beatty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George E. Beatty

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 3-1878

8. AGE: Years	Months	Days	If less than one day: hr.	min.
64	5	5		

9. Birthplace Pa (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name George P. Colbaugh

13. Birthplace Pa

MOTHER 14. Maiden Name Rebecca Parks

15. Birthplace Pa

16 (a) Informant George E. Beatty

(b) Address 413 Yale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12-43 (month) (day) (year)

(c) Cemetery or crematory Westminster

Location Baltimore Md.

18 (a) Funeral director George L. Schwab

(b) Address 2101 Frederick Ave

19 (a) (Date received by Registrar) (b) JAN 11 1943 Registrar

VS 3

MEDICAL CERTIFICATION 45

20. DATE OF DEATH January 9th 1943, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 19 43 to Jan. 9 1943, and that I last saw h[er] alive on Jan. 3 1943.

Immediate cause of death Coronary Embolus — Duration 1 da.

Due to

Due to

Other Conditions Coronary Thrombosis Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Thos Boncella M. D.

Address 413 Yale Ave Date signed 1/9/43

Huntington for Williams

F 99760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99760

Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 834 N. Augusta Av (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard W. MINTON.

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4 Sex: Male
5 Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 13-1900
8. AGE: Years 42 | Months 2 | Days 26 | If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business Balto City

FATHER
12. Name Geo. W. Minton
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Mueller
15. Birthplace Balto. Md.

16 (a) Informant Edna Minton
(b) Address 834 N. Augusta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 12-43 (month) (day) (year)
(c) Cemetery or crematory Nor. Balto.
Location Old Frederick Rd.

18 (a) Funeral director John A. McGann
(b) Address 3000 E. Balto St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/9 1943, at 12 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/3 19 43, to 1/9 19 43, and that I last saw him alive on 1/9 19 43.

Immediate cause of death: Coronary occlusion — Duration: 6 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Mangano M. D.
Address 1213 Light St. Date signed 1-9-43

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 99761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

F 99761 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 810 S Hanover Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 810 S. Hanover Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mattie Caldwell

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1912

8. AGE: Years 30 | Months 3 | Days 22 | If less than one day hr. min.

9. Birthplace Washington, D.C.
(Town, county, and state)

10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Robert Caldwell
13. Birthplace N.C.

MOTHER
14. Maiden Name Susie Francis
15. Birthplace Va.

16 (a) Informant Susie Caldwell (M)
(b) Address 810 S. Hanover Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem & Cr Co Md
Location

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

JAN 11 1943 (Date received) (b) [illegible] Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1943 at 4:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1942 to Jan 4 1943 and that I last saw her alive on Jan 4 1943

Immediate cause of death

6 Hr. Pul. T.B.

Duration: 14 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter S. Taylor

Address 1522 Harlem Ave Date signed 1/8/43

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 99762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1/31a F 99262

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 Havenwood Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 Havenwood Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Margaret Herbert

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John Daniel
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 18 1867

8. AGE: Years 80 | Months 11 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Martin Bosman
13. Birthplace Germany

MOTHER
14. Maiden Name Mary I
15. Birthplace Germany

16 (a) Informant Harold G. Waring
(b) Address 1211 Havenwood Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Alat W Bergen
(b) Address 440 E North Ave

JAN 11 1943 Date rec'd by Registrar Huntington Williams MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1943 at 9 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1934 to Jan 9 1943 and that I last saw her alive on Jan 9 1943

Immediate cause of death Cardio Vascular Renal Disease Duration yrs. 9
Uremia Chronic Nephritis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. A. Bayley M. D.
Address 1211 Havenwood Rd Date signed Jan 11/43

VS 180

Insert age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 99763

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Athol Ave.
(c) Hospital or institution: General German Aged People Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 8
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Athol Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helene Hildebrand

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Charles J. Hildebrand

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 19, 1845

8. AGE: Years 97 | Months 1 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Joseph A. Laub
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Rosa
15. Birthplace Germany

16 (a) Informant Mr. J. Geo. Walz
(b) Address 22 S. Athol Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 12/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Lutzke
(b) Address 401 Edmondson Ave

19 (a) JAN 11 1943 (b) Huntingtn Millwood Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10/43 19 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5/43 to Jan. 10/43. and that I last saw her alive on Jan. 8/43

Immediate cause of death

Broncho Pneumonia. — Duration: 6 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Hoeck Chenoweth M. D.
Address 933 Haven Date signed 1/11/43

correct are especially important. Physicians: please write the causes of death clearly and legibly.

F 99764

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99764 Registered No. 1220

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. & Linden Ave
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Woodlawn (If outside city or town limits, write RURAL and give town)
(d) Street No. 6418 Richardson Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Ann Salfner

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-14-2922

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Harry T. Salfner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1895

8. AGE: Years	Months	Days	If less than one day
47	2	12	hr. min.

9. Birthplace Baltimore County, Md. (Town, county, and state)
10. Usual Occupation Sewing Operator
11. Industry or business Alberton Mills

FATHER
12. Name James E. Strong
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Liebno
15. Birthplace Maryland

16 (a) Informant Mr. Harry Salfner
(b) Address 6418 Richardson Hgts. Ave., Woodlawn

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Jan. 13, 1943 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Miller Lamoreau
(b) Address 1003 W. Baltimore St.

JAN 11 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1943, at 2:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26 1942 to Jan. 11 1943, and that I last saw him alive on Jan. 11 1943.

Immediate cause of death Pulmonary Embolus.

Due to

Due to Ventral Hernea

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Dec 28, 1942

Major findings of operation: Ventral Hernea Repaired

of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John B. Young Jr. M.D.
Address Md. Gen. Hosp. Date signed 1/11/43

VS 3

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

M. D. P. 1208-0

F 99765

99765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1321 W. Fayette St., (Ward) 19-2 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Homer S. Gordon

(a) Residence: No. 1321 W. Fayette St., Ward S.S. no 235-07-4462

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hattie May Gordon

6. DATE OF BIRTH (month, day, year) Dec 13 1897

7. AGE: Years 45 | Months — | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Finisher Trader

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bottle Can Shop Bldg Co.

10. Date deceased last worked at this occupation (month and year) Dec. 1942

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Page Co. Va

FATHER

13. NAME William C. Gordon

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Sarah Meadows

16. BIRTHPLACE (city or town) (State or country) Page Co. Va

17. INFORMANT Mrs. H. S. Gordon

(Address) 1321 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Elkton Va Date Jan 14 1943

19. UNDERTAKER Phillips Funeral

(Address) 1003 W. Baltimore St

FILED ... 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 11, 1943

22. I HEREBY CERTIFY, That I attended deceased from January 4 1943 to January 11 1943

I last saw him alive on January 9 1943 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Oedema	

Other contributory causes of importance: Pneumonia 1 week

Name of operation (None) Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Milton Seagull M. D.

(Address) 1429 W. Fayette St.

OCCUPATION is very important. See instructions on back of certificate.

F 99766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99766 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3310 Gwynn Falls Pkwy
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3310 Gwynn Falls Pky (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lewis I Street
3 (b) If veteran, name war No
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Luella
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 12, 1872

8. AGE: Years	Months	Days	If less than one day
70	8	28	hr. min.

9. Birthplace Harford Co Md (town, county, and state)
10. Usual Occupation Salesman Retired
11. Industry or business

FATHER
12. Name John Thomas Street
13. Birthplace Md

MOTHER
14. Maiden Name Mary M Fay
15. Birthplace Md

16 (a) Informant Luella Street
(b) Address 3310 Gwynn Falls Pky
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md
18 (a) Funeral director Williams & Son
(b) Address 1217 E Fayette St
19 (a) (Date received by registrar) JAN 12 1943 (b) Interring from Williamsport Md

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1943 at 2 P M
21. I certify that death occurred on the date above stated; that I attended deceased from DEC 5 1942 to JAN 2 1943 and that I last saw her alive on JAN 2 1943
Immediate cause of death Cerebral EMBOLIS — Duration 25 DAYS
Due to ENDOCARDITIS plus Hypertention
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None While at work? None (Specify type of place)
(e) Means of injury None
23. Signature Otto H Decker
Address 928 E. NORTH Ave Date signed 1/11/43 M.D.

F 93767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. 93767

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2029 Wilkens Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Blanche B Rice

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: Harry Rice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov 27th 1878

8. AGE: Years: 64 Months: 1 Days: 13 If less than one day: hr. min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual Occupation: Housewife
11. Industry or business: at Home

FATHER
12. Name: John Barrett
13. Birthplace: Washington D.C.

MOTHER
14. Maiden Name: Kate Bell
15. Birthplace: Md.

16 (a) Informant: Rev L. Barrett Rice
(b) Address: 3910 Northern Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/43 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Balto. Md.

18 (a) Funeral director: William J. Cook Inc
(b) Address: 12 W. St. Paul St.

19 (a) JAN 12 1943 (Date received by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 10 1943, at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 21 1942 to Jan 10 1943, and that I last saw h[illegible] alive on ~~Dec~~ Jan 10 1943.

Immediate cause of death: Heart Failure — Duration:

Due to: Chronic Myocarditis & Arteriosclerotic C-V disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Lucy M. Zimmerman, M.D.
Address: Md. Gen. Hosp. Date signed: 1/11/43

Huntington Pa

correct age is especially important. If uncertain, please write

99768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92d

Registered No. F 99768

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4623 Keswick Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4623 Keswick Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Owen Leo Trainn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Bertie L. Trainn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 14. 1875

8. AGE: Years 67 Months 8 Days 26 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Home Friendly Ins Co

FATHER 12. Name Leo Trainn

FATHER 13. Birthplace Poland

MOTHER 14. Maiden Name Julia Holmes

MOTHER 15. Birthplace N Ca

16 (a) Informant Owen L Trainn

(b) Address 4623 Keswick Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/43 (Month) (day) (year)

(c) Cemetery or crematory Loyola Catholic

Location Baltimore Md

18 (a) Funeral director Williams & Son

(b) Address 1217 E Fayette St

19 (a) (b) Registrar

(Date received) JAN 12 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1942 to Jan 9 1943, and that I last saw him alive on June 9 1940

Immediate cause of death Pulmonary Tuberculosis

Duration 2 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John H Mortimer M.D.

Address 23 E Madison Date signed 1/13/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Huntington Williams, M.D.

F 99769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

✓ F 99769 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: West Balto. Gen. Hosp. 10

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10

(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1005 Webb St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Estella Fink

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Married

6 (b) Name of husband or wife John Fink

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1878

8. AGE: Years	Months	Days	If less than one day
64	8	15	hr. min.

9. Birthplace Frederick Co. Md. (Town, county and state)

10. Usual Occupation Home Duties

11. Industry or business

FATHER 12. Name John Glass

13. Birthplace Pa.

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Clarence E. Haywatt

(b) Address Greencastle, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12, 1943 (month) (day) (year)

(c) Cemetery or crematory Greenhill Cemetery

Location Waynesboro, Pa.

18 (a) Funeral director Frederick D. Krise

(b) Address Hagerstown, Md.

19 (a) JAN 12 1943 (Date rec'd by registrar) Hunting Tom Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/9 1943, at 7:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2 1943, to 1/9 1943 and that I last saw her alive on 1/9 1943.

Immediate cause of death	Duration
Pulmonary failure	
Due to Cerebral Hemorrhage	4 hrs.
Due to Cerebral Arteriosclerosis	7 days
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. H. Tompkins M.D.

Brevet Lt. Col. Med. Corps, U.S.A. Date signed 1/9/43

VS 8

F 99770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99770
Registered No.

PLEASE WRITE PLAINLY WITH PEN AND INK. DO NOT USE PENCIL. Fill in all items. Use "None" where necessary. If unknown, state approximate. Physicians: please write the causes of death clearly and legibly. Give correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 29 da.
(e) Length of stay in Baltimore (yrs., mos., or days): 29 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Penn. (b) County:
(c) City or town: Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No.: 420 Race Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: JAMES HENRY BELL

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife:
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 9, 1885

8. AGE: Years	Months	Days	If less than one day
56	0	28	hr. min.

9. Birthplace: Camden, New Jersey (Town, county, and state)
10. Usual Occupation: Oiler
11. Industry or business:

FATHER
12. Name: John Bell
13. Birthplace: Pennsylvania

MOTHER
14. Maiden Name: Ida Ireland
15. Birthplace: Pennsylvania

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12-43 (month) (day) (year)
(c) Cemetery or crematory St marys
Location Hamden

18 (a) Funeral director A R Riley Slade
(b) Address 4907 York Road

19 (a) JAN 12 1943 (Registrar's signature) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 7, 1943, 2:40a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 8, 1942 to Jan. 7, 1943, and that I last saw him alive on January 7, 1943.

Immediate cause of death	Duration
Generalized Peritonitis	2 weeks
Bronchopneumonia	3 days
Due to Perforation of terminal ilium	2½ wks.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: [signature] M. D.
Address: US Marine Hospital, Baltimore, Maryland. Date signed: 1/8/43

JL - 72205
F 99771

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99771
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8mo 16 d
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 Hillen St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Digges

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife 0
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1870

8. AGE: Years	Months	Days	If less than one day
72	7 5	14	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Bill Digges
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Ebey Wilson
(b) Address 1000 Brentley Ave

19 (a) JAN 12 1943 (Date received) Hunting Williams Registrar

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-18 1942 at 3 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-16 1942 to 12-18 1942, and that I last saw h[illegible] alive on 12-18 1942.

Immediate cause of death ? Carcinoma of prostate — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

M. D. Signature N. K. Rattkan
Address Balto. City Hosp Date signed 1-10-43

F-99772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F-99772 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 919 Granby St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 919 Granby St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mike Holland

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 70 ? | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 11 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) JAN 12 1943 Thurlington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 27 1942, at 12 29 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & an autopsy thereon and from the evidence obtained by said inquiry & an autopsy found that said deceased came to his death on the day stated above.

Immediate cause of death Bronchial pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Latham M.D.
Medical Examiner.
Date signed Dec 27 1942

VS 6

9:30

F 99773

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 99773 Registered No.

CERTIFICATE OF DEATH 106c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Patterson
(c) Hospital or institution: Sinai
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 N. Bradford St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME John Novak Jr. (Birth 758907)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5/42

8. AGE: Years | Months: 3 | Days: 5 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Thomas Novak

13. Birthplace Baltimore

MOTHER 14. Maiden Name Eileen Gunther

15. Birthplace Baltimore

16 (a) Informant Thomas Novak

(b) Address 416 N. Bradford st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 12/43 (month) (day) (year)

(c) Cemetery or crematory Oak Hill

Location Balto. Md.

18 (a) Funeral director Frank Brockbank Son

(b) Address 900 N. Eberton St

19 (a) JAN 12 1943 (Date received by Registrar) Huntington Williams, M.D. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/10 1943, at 2 P M 55

21. I certify that death occurred on the date above stated; that I attended deceased from 12/28 1942 to 1/10 1943 and that I last saw h[illegible] alive on 1/10 1943

Immediate cause of death Respiratory Failure — Duration

Due to Pulmonary Edema

Due to

Other Conditions Lamyo-Tracks bronchitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Pulmonary Edema

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Saul J. Taber M.D.
Address Sinai Hosp Date signed 1/11

VS 3

99774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

932

Registered No. E 99774

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Pikesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 - Reisterstown Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isadora Ellen Stansbury

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, ~~or divorced~~
FEMALE	White	

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3, 1870

8. AGE: Years	Months	Days	If less than one day
72	4	7	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John W Reaver
13. Birthplace Maryland

MOTHER
14. Maiden Name Julia Gilbert
15. Birthplace Maryland

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (b) Date thereof 1/13/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Frank H. Purnell Sons
(b) Address Pikesville Md.

19 JAN 12 1943 (b) Huntington Williamsport
(Local registrar's signature) (Deputy registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 10 1943, at 8 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1943, to Jan 10 1943, and that I last saw h.. alive on Jan 10 1943.

Immediate cause of death	Duration
Respiratory failure	
Due to Arteriosclerotic heart disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature F. Leslie M. D.

Address Union Memorial Hosp Date signed 1-14-43

correct age if especially important

F 99775 T.N 79051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 99775 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitlas 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 Penn. Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME French Mainor

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 15th, 1895

8. AGE: Years	Months	Days	If less than one day
47	9 10	25	hr. min.

9. Birthplace N.C (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name Hayes Mainor
13. Birthplace N.C

MOTHER
14. Maiden Name Jennie Lannon
15. Birthplace N.C

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-13-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave.

(c) (Local registrar) Huntington Williams M.D.

JAN 12 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10 1943 at 7 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-9 1943 to 1-10 1943 and that I last saw h~~im~~ alive on 1-10 1943

Immediate cause of death: Lobar pneumonia — Duration 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Cattlett M. D.
Address Balto. City Hosp Date signed 1-11-43

VS 130

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99776

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 99776 Registered No.

CERTIFICATE OF DEATH 83v

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 534 W. Preston St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 534 W. Preston St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Jennings

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Widower

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
66	—	—	— hr. — min.

9. Birthplace Halifax Co. Va.
(City, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER — **12. Name** Henry Jennings
13. Birthplace Va.

MOTHER — **14. Maiden Name** Victoria Glenn
15. Birthplace Va.

16 (a) Informant Hilda King
(b) Address 534 W. Preston St.

17 (a) (Burial, cremation, or removal) **(b) Date thereof** 1/13/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 9 E. Lanvale St.

19 (a) (Date rec'd by registrar) JAN 12 1943

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8, 1943 at 7 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1942 to Jan. 8 1943, and that I last saw alive on Jan. 8 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Arteriosclerotic Colitis	
Due to Myocarditis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hans S. Hamburger M. D.
Address 1202 Druid Hill Ave Date signed 1-11-43

correct age is extremely important, please see that it is correctly entered in every case.

F 99777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 99777 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 913 W 38th St.
(c) Hospital or institution:
13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 913 W 38th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah J. Lehr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow.

6 (b) Name of husband or wife George Lehr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15, 1876

8. AGE: Years	Months	Days	If less than one day
66	-	25	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Groves.
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Farrell.
15. Birthplace Md.

16 (a) Informant Miss Carrie Bell Lehr.
(b) Address 913 W 38th St.

17 (a) Burial (b) Date thereof Jan 13/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Westerlo
Location Edmondson Ave.

18 (a) Funeral director Brunswell & Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) (Date received) JAN 12 1943 (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10, 1943, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1942 to Jan 10 1943, and that I last saw h alive on Jan 8 1943

Immediate cause of death: Cerebral Hemorrhage — Duration 7 mo

Due to: Carcino-sarcoma of breast — 5 yrs.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank Dickerson M.D.
Address 913 W 38th St. Date signed 1/13/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH | 3 | a

F 99778 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3802 Hickory Ave.
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3802 Hickory Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis Mann

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Widower.

6 (b) Name of husband or wife Alice Mann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4 1862

8. AGE: Years	Months	Days	If less than one day
80	3	7	hr. min.

9. Birthplace Md. (Town, county and state)
10. Usual Occupation Retired
11. Industry or business Gardner.

FATHER
12. Name John Mann.
13. Birthplace Md.

MOTHER
14. Maiden Name Caroline Nebely.
15. Birthplace Md.

16 (a) Informant Mrs. Walter F. Fisher
(b) Address 3802 Hickory Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Moriah
Location Hampden

18 (a) Funeral director C. Simonds & Sonora
(b) Address 3615-17 Chestnut Ave.

19 (a) JAN 12 1943 (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11, 1943, at 12 25/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1942 to Jan 11 1943 and that I last saw h[im] alive on Jan 10 1943.

Immediate cause of death Heart Failure and Uremia — Duration many years

Due to Arteriosclerotic Cardiovascular-Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Wallenstein M. D.
Address 8 W. 36 St. Date signed 1/12/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99779 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 810 W 34th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 810 W 34th St. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country England.

3 (a) FULL NAME Thirza Burland.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband or wife Robert M. Burland
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Sept 18, 1872

8. AGE: Years	Months	Days	If less than one day
70	3	23	hr. min.

9. Birthplace Stafford England (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jarvis Watson
13. Birthplace England.

MOTHER
14. Maiden Name Elizabeth ?.
15. Birthplace England

16 (a) Informant Robert M. Burland.
(b) Address 810 W 34th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13/43 (month), (day), (year)
(c) Cemetery or crematory Meadowridge
Location Washington Blvd.

18 (a) Funeral director Edward F. Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) JAN 12 1943 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11, 1943, at 7:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 4 1942 to Jan 11 1943. and that I last saw h.e.r. alive on Jan 10 1943

Immediate cause of death	Duration
Myocardial infarction	1 week
Due to	
Due to Carcinoma of Stomach	2 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: X-ray examination

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Mac Smith M. D.
Address 342 Charles St. Date signed 1/12/43

VS 150

F 99780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99780

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address —
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 South Highland Ave (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Mary Jane Fisher

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M

6 (b) Name of husband or wife James Fisher
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Sept 19, 1873

8. AGE: Years	Months	Days	If less than one day
69 Yo	3	21	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Bice
13. Birthplace ? Md

MOTHER
14. Maiden Name Mary Jane Logan
15. Birthplace ? Md

16 (a) Informant James Fisher
(b) Address 205 S Highland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2007 E. Orleans St

19 (a) (Date rec'd by registrar) (b) Huntington Wilkinson, Registrar

VS JAN 12 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1943, at 1 50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1943, to Jan 10 1943, and that I last saw her alive on Jan 10 1943.

Immediate cause of death	Duration
Coronary occlusion	
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Donald B. Miller M.D.
M. D.
Address Union Memorial Hospital Date signed 1-10-43

F 99781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 d

F 99781 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 N Fresson (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John R Smith
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: DORA
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3-15-86
8. AGE: Years 56 | Months 10 | Days 5 26 | If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Jacob Smith
13. Birthplace ?

MOTHER
14. Maiden Name Sarah McCune
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem Park
Location Balto Co Md
18 (a) Funeral director Wilmot Funeral Home
(b) Address 2008 Orleans St
19 (a) (Registered) (b) Interring Fee Williams, M.D. Registrar

JAN 12 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 10 1943, at 1105 M
21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.
Immediate cause of death Acute CORONARY occlusion
Due to Arteriosclerotic hypertensive heart disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Myocardial infarction

Duration: Few hours

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Emmett E. C. Zbinden
Address Johns Hopkins Hosp Date signed 1/14/43

F 99782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46a

F 99782 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 641 N Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 641 N Kenwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife William H Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14 1889

8. AGE: Years 53 | Months 11 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Geo Gettman
13. Birthplace Balto

MOTHER
14. Maiden Name Katherine Hubly
15. Birthplace Balto

16 (a) Informant Doris Fellows
(b) Address 641 N Kenwood Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 14/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Balto Co Md

18 (a) Funeral director Welsh Funeral Home
(b) Address 2008 Orleans St

19 (a) JAN 12 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1943 at 2 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to Jan 11 1943 and that I last saw [illegible] alive on Jan 9, 1943.

Immediate cause of death Starvation — Duration

Due to Carcinoma of Esophagus — 3/30/42

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4/13/42

Major findings of operation: Carcinoma Esophagus Gastrostomy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 623 E Lanvale St Date signed 1/11/43

VS 2

Physicians: please write the causes of death clearly and legibly. Be sure to give the correct age in years, months, days, or hours. Do not use abbreviations or ditto marks. Be sure to answer every question. Be especially careful to give the correct age. Physicians: please write the causes of death clearly and legibly.

F 99783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51b

F 99783 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2915 Eastern Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2915 Eastern Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS W.W. SMITH

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-0655

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Bessie Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1872

8. AGE: Years 70 | Months 5 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business

FATHER
12. Name George Smith
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Caroline
15. Birthplace

16 (a) Informant Mrs. Edith Martel
(b) Address 2915 Eastern Ave.

17 (a) Burial (b) Date thereof 1/15/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate, Md.

18 (a) Funeral director Ullman Funeral Home
(b) Address 2008 Orleans St.

19 (a) JAN 12 1943 (b) Huntington Williams
(Date rec'd by Reg.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10, 1943, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-14-42 19__ to Jan. 10 1943, and that I last saw him alive on Jan. 9, 1943.

Immediate cause of death: Metastatic Carcinoma of Larynx — Duration 1 yr.
Due to: Carcinoma of Rectum
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John Constantine, M.D.
M. D.
Address 23 W. Lexington St. Date signed 1-10-43

VS 8

PLEASE WRITE PLAINLY, with unfading ink. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 178

F 99784 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1900 E. Federal Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Yrs 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1900 E. Federal Street
(Rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Caroline Fitzgerald

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1865

8. AGE: Years	Months	Days	If less than one day
78	0	2	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation At Home.

11. Industry or business

FATHER
12. Name David Fitzgerald
13. Birthplace Unknown Md.

MOTHER
14. Maiden Name Caroline (Unknown)
15. Birthplace Unknown

16 (a) Informant Mr. Joseph M. Lucy
(b) Address 450 Bayonne Ave

17 (a) Burial (b) Date thereof Jan 14 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave & Fulton Ave

18 (a) Funeral director George J. Quirk Inc
(b) Address 1735 Harford Ave

19 (a) (b) Huntington Williams
(Date received by Registrar) Registrar

JAN 12 1943

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11- 1943 at 3 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition & Autopsy thereon and from the evidence obtained by said Inquisition & Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Asphyxiation	
Due to Pulmonary Edema	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-11-43 at 9 M
(c) Where did injury occur? 1900 E. Federal St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Gas burns, left unlit.
(f) Signature Homer J. Wiseman M.D.
Medical Examiner.
Date signed 1-12-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 99785 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 Cedric Ave
(c) Hospital or institution:

15

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1913 Cedric Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM H. WILBUR

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	—

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
M	W	Married

6 (b) Name of husband or wife Ada Lucke Wilbur
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5, 1880

8. AGE: Years	Months	Days	If less than one day
62	5	5	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Insurance Agt.
11. Industry or business

FATHER
12. Name William H. Wilbur
13. Birthplace Maryland

MOTHER
14. Maiden Name Emily Addison
15. Birthplace Maryland

16 (a) Informant Mrs. Ada Lucke Wilbur
(b) Address 1913 Cedric Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director Wm J. Fishburn & Son
(b) Address [illegible] Huntingtown Williams, Md.

19 (a) JAN 12 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1943, at 12 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
Autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst. Medical Examiner.
Date signed 1-11-43

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JL - 78060 F 99786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92b

Registered No. F 99786

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo-27da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3015 Herbert St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lindsay Gaskins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Florence
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1886

8. AGE: Years	Months	Days	If less than one day
56	7	1	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Samuel Gaskins
13. Birthplace England

MOTHER
14. Maiden Name Mary Gardner
15. Birthplace Ireland

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/43 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 12 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-9 1943 at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-18 1942 to 1-9 1943 and that I last saw h[illegible] alive on 1-9 1943

Immediate cause of death	Duration
Cardiac failure	
Due to Pericarditis	?
Mitral stenosis	?
Due to Rheumatic heart disease	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rawlston M. D.
Address Balto. City Hosp. Date signed 1-11-43

F 99787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6 ✓ Registered No. F 99787

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 524 N. Charles St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 524 N. Charles Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CLYDE F WINGATE JR. (Birth F. 5 M 04)

3 (b) If veteran, name war: M
3 (c) Social Security Account No.: NO

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 18-1942

8. AGE: Years	Months	Days	If less than one day
	8	22 23	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)
10. Usual Occupation none
11. Industry or business —

FATHER
12. Name Clyde F. Wingate
13. Birthplace Wingates Md

MOTHER
14. Maiden Name Marjorie M Wingate
15. Birthplace Wingates Md

16 (a) Informant Mr. Clyde Wingate
(b) Address Balto Md

17 (a) Burial (b) Date thereof 1/12/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Family
Location Wingates Md

18 (a) Funeral director Ergenbright & Kelbaugh
(b) Address Cambridge Md

19 (a) JAN 12 1943 (b) Huntington Williams MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1943, at 8 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said autopsy find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Cerebral edema	
Due to Meningo-coccemia (not confirmed by cultures)	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-11-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 99788

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93d

F 99788 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Broadway
(c) Hospital or institution:
Church Home & Infirmary 1 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. Marlborough Apts
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Eva E. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1871

8. AGE: Years	Months	Days	If less than one day
71	9	19	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Jacob Brown
13. Birthplace Germany

MOTHER
14. Maiden Name Hannah Stern
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Cremation (b) Date thereof 1/13/43.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Harris Sonneborn & Son
(b) Address 1202 Eutaw St. Huntington 0400

19 (a) JAN 12 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1943, at 10:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/11 1943 to 1/11 1943, and that I last saw h.e. alive on 1/11 1943.

Immediate cause of death	Duration
Myocardial Infarction	1 da.
Due to Coronary Occlusion	?
Due to	
Other Conditions Arteriosclerotic H.D.	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature S. Rhyselberg M. D.
Address Church Home & Infirmary Date signed 1/13/43

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 16 4a

F 99289 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2334 Druid Hill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2334 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH D. WHITE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Bertha D. White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1882

8. AGE: Years 60 | Months 5 | Days 0 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Postal Employ

11. Industry or business

FATHER 12. Name Joseph White

13. Birthplace Maryland

MOTHER 14. Maiden Name Mary Thoben

15. Birthplace Maryland

16 (a) Informant Bertha D. White

(b) Address 2334 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14-43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director James A. Stamp

(b) Address 1942 Woodbine St

19 (a) JAN 12 1943 (Local registrar) (b) Huntington Williams Mortuary

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1943, at 3 30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hanging — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence Jan 11, 1943 at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury hanging by rope in cellar

23. Signature H. L. W. Blenderman M.D.
Medical Examiner.

Date signed 1-11-43

VS 6

Correct age is especially important. Physician: please write the causes of death clearly and legibly.

F 99790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a F 99240 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1327 Upton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1327 Upton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Herring

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	col	married

6 (b) Name of husband or wife Letha Herring
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1894

8. AGE: Years	Months	Days	If less than one day
48	7		hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Bird Herring
FATHER 13. Birthplace Va

MOTHER 14. Maiden Name Lawrence
MOTHER 15. Birthplace Va

16 (a) Informant Letha Herring
(b) Address 1327 Upton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 332 N. Belnord Ave.

19 (a) JAN 12 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1943, at 5 Hr. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1943, to Jan 9 1943, and that I last saw him alive on Jan 9 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M Eisenberg M. D.
Address 205 N Fremont Ave Date signed Jan 10

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and fully.

F 99791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99791 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 48 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 748 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Schaeffer (CHAVIS) 8237

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-5992

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 17, 1906

8. AGE: Years	Months	Days	If less than one day
36	8	21 19	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Schaeffer (CHAVIS)
13. Birthplace N.C.

MOTHER
14. Maiden Name Janie ?
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Hutchins
(b) Address 3139 W. Belvedere St

19 (a) (Date received by Registrar) JAN 12 1943 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 1943, at 6:05A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 21 1942 to Jan. 8 1943, and that I last saw h 1 alive on Jan. 8 1943.

Immediate cause of death — Duration

Pulmonary tuberculosis — 4 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alvin S. Hartz

Address Balto City Hosp Date signed 1/9/43

F 99732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 b

F 99732 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1428 Division St.
(c) Hospital or institution:

14 D

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 Division St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Cole

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1908

8. AGE: Years	Months	Days	If less than one day
34	10	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

MOTHER / FATHER
12. Name Fletcher Cole
13. Birthplace Balto. Md.
14. Maiden Name Lenora Watkins
15. Birthplace Balto. Md.

16 (a) Informant Lenora Cole
(b) Address 1428 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 JAN 12 1943 (Date rec'd by registrar) (b) Katie R. Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/8 1943 at 9.20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came natural to death on the day stated above.

Immediate cause of death: Hypertensive Cardio-vascular-renal disease — Duration

Due to

Due to

Other Conditions: Pulmonary Tuberculosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. Tuttle M.D. Medical Examiner.
Date signed 1-9-43

VS 4

F 39733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 V F 39733 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 229 Parish Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. or rural 229 Parish St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Melvin Bunting
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-01-8502
4. Sex M
5. Color or race C
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 10, 1901
8. AGE: Years 41 Months 7 Days - If less than one day hr. min.
9. Birthplace Accomac Co. Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business
FATHER 12. Name Robert Bunting
13. Birthplace Va
MOTHER 14. Maiden Name ?
15. Birthplace Va
16 (a) Informant Mrs. Blanche Briggs
(b) Address 15 S. Stockton
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location
18 (a) Funeral director Mrs Katie R. Williams
(b) Address 3221 Schroeder St
JAN 12 1943 (Date rec'd by registrar)
19 (a) (b) Huntingtown Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 10 1943 at 9 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 12-23 1942 to Jan. 10 1943 and that I last saw h alive on Jan. 10 1943.

Immediate cause of death Pulmonary Tuberculosis — Duration 6 Months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Ralph W. Perkins M.D.
Address 426 N. Calhoun Date signed 1/13/43

VS 250

F 99734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122

F 99734 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1912 N. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 N. Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John V. Lotz

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie F. Lotz
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Oct. 7. 1871

8. AGE: Years 71. | Months 3 | Days 23 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Furniture Dealer

11. Industry or business

FATHER
12. Name John V. Lotz
13. Birthplace Germany.

MOTHER
14. Maiden Name Elizabeth Schmidt
15. Birthplace Germany

16 (a) Informant Annie F. Lotz
(b) Address 1912 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13. 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Jno. J. Mc Shea Inc. John W. Teufel & Son
(b) Address 801 W. Fayette St

19 (Date received by Local Registrar) JAN 12 19[illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1943 at 1.30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan, 8 1943 to Jan, 10 1943.
and that I last saw him alive on Jan, 10 1943.

Immediate cause of death: Intestinal Obstruction.

Due to: Paralytic Ileus. 1-2 Weeks

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
None.
of autopsy:

Duration: 4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Lloyd Johnson M. D.
Address Catonsville, Md Date signed 1/11/43

correct age is especially important. Physicians: please write the causes of death clearly and [illegible]

VS 2

F 99795 T.N 78995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1258 Registered No. F 99795

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3905 E. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Davis Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26th, 1891

8. AGE: Years	Months	Days	If less than one day
51	11	14	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Samuel Davis
13. Birthplace Maryland

MOTHER
14. Maiden Name ?
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Lowell
Location Edmondson Ave
Undertaker Wendell H. Lynch
18 (a) Funeral director
(b) Address 317 W. Saratoga St

JAN 12 1943 (Date received by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10 1943, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6 1943 to 1-10 1943, and that I last saw him alive on 1-10 1943

Immediate cause of death
Bronchopneumonia
Acute Hepatitis

Duration
1 week?
?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Roeburn M. D.
Address Balto. City Hosp Date signed 1-11-43

F 99736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99796 Registered No. 181

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 715 N. Callington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Houska.

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Frank Houska
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1871

8. AGE: Years	Months	Days	If less than one day
71	11	6	hr. min.

9. Birthplace Bohemia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Kasper
13. Birthplace Bohemia

MOTHER
14. Maiden Name Barbara Klinka
15. Birthplace Bohemia

16 (a) Informant Joseph Houska
(b) Address 715 N. Callington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto., Md.

18 (a) Funeral director Trinity Church & Son
(b) Address 900 N. Chester St

19 (a) JAN 12 1943 (b) Huntington Williams, MD (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/11 1943, at 9.30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Broncho-pneumonia	
Due to Generalized Second degree burns.	
Due to Coronary Thrombosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Jan. 8 at 5.00 P M
(c) Where did injury occur? Baltimore (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? Yes Overturning of hot water
(e) Means of injury Burns Second degree

23. Signature Hugh B. Mc. Dudley M.D. Medical Examiner.
Date signed 1/11/43

F 99797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99737 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 69

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 908 N. Bradford St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 69 years

3 (a) FULL NAME Marie Svec

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife John V. Svec
6 (c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1860

8. AGE: Years 82 | Months 1 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Austria Hungary (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Joseph Klima
13. Birthplace Austria Hungary

MOTHER 14. Maiden Name Rosalie Hesoun
15. Birthplace Austria Hungary

16 (a) Informant John V. Svec
(b) Address 908 N. Bradford

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-43 (month) (day) (year)
(c) Cemetery or crematory Holy Rood Cemetery
Location Dundalk Md

18 (a) Funeral director Frank Enoch & Son
(b) Address 908 N. Chester St

19 (a) JAN 12 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1943, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1942 to Jan 11 1943, and that I last saw h. C. alive on Jan 11 1943.

Immediate cause of death Congestive Heart Failure — Duration ____

Due to Arteriosclerosis C V D. — Duration ____

Due to ____ — Duration ____

Other Conditions Fracture L. Hip — Duration 35 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12/11/42
(c) Where did injury occur? Balto Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell in home

23. Signature H. L. Wollenweber M.D.
Address Franklin Sq Date signed 1-12-43

VS 2

H. L. Wollenweber, MD Attending Physician

F 99798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

934

F 99798 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2332 ANNAPOLIS ROAD.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MARYLAND (b) County

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 2332 ANNAPOLIS ROAD (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HATTIE O CLEMENTS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	WIDOW

6 (b) Name of husband or wife JOHN C.D. CLEMENTS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT 4 1864

8. AGE: Years	Months	Days	If less than one day
78	4	7	hr. min.

9. Birthplace MARYLAND. (Town, county, and state)

10. Usual Occupation AT HOME

11. Industry or business

FATHER

12. Name IGNATIUS GRIMES

13. Birthplace MARYLAND

MOTHER

14. Maiden Name MARY JOHNSON

15. Birthplace MARYLAND

16 (a) Informant MRS. EDGAR ALLEN

(b) Address ELLA, Md.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 9, 1943 (month) (day) (year)

(c) Cemetery or crematory ST. JOHNS.

Location ELLICOTT CITY Md.

18 (a) Funeral director E.C. HIGINBOTHOM

(b) Address ELLICOTT CITY, Md.

19 (a) JAN 12 1943 (Date received) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1943 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to Jan 8 1943, and that I last saw h on alive on Jan 8 1943.

Immediate cause of death

Cardiac failure — Duration 4 years

Due to (a)

Due to Hypertension — 3 years

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul Schofield

Address 201 Annapolis Date signed 1/13/43

VS 3

F 99799 ✓ F 99799

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

24 N Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5516 Harford Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Flora E Wilkins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife James W. Wilkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-31-1887

8. AGE: Years	Months	Days	If less than one day
55 56	9	10	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant James W. Wilkins
(b) Address 5516 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Leonard J. Reyes
(b) Address 5305 Harford Rd.

19 (a) Filed 1-16-1943 Huntington Hollingsworth Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/11/43 19 , at 8:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/18 1942 to 1/11 1943. and that I last saw h[illegible] alive on 1/11 1943.

Immediate cause of death: Cirrhoses of Liver. — Duration: 4 mo.
Due to: Chronic Alcoholism
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 12/31/42
Major findings of operations: abd Paracentesis - Removal of autopsy 1 3/4 gal ascitic fluid

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward J Krieg, MD
Address Bon Secours Hosp Date signed 1/13/43 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 99800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 99800 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4308 Powell Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4308 Powell Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen E. Schregel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-29-1859

8. AGE: Years	Months	Days	If less than one day
83	-	11	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name Christian F. Schregel
13. Birthplace Germany

MOTHER
14. Maiden Name Jennie
15. Birthplace Germany

16 (a) Informant Mrs Christian F. Diefel
(b) Address 4308 Powell Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-12-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J. Hupfeld
(b) Address 6305 Belair Rd

19 (a) JAN 12 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1943, at 7:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1942 to Jan 10 1943, and that I last saw [illegible] alive on 19

Immediate cause of death: Senile

Due to: Cerebral Sclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hubert J. Hupfeld M. D.
Address 5401 Belair Rd Date signed 1-11-43

VS 8

F 99801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99801 Registered No. 186a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga Streets
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Calvert
(c) City or town Lusby (RURAL)
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME. Nannie Sellers Chambers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife George Chambers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 17, 1864

8. AGE: Years	Months	Days	If less than one day
78	10	25	hr. min.

9. Birthplace Lusby, Calvert County, Maryland (Town, county, or state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Sellers
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Umack
15. Birthplace Washington, D. C.

16 (a) Informant Angela Chambers
(b) Address 1304 John Street, Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14 1943 (Month) (day) (year)
(c) Cemetery or crematory Our Lady Star of the Sea
Location Solomons, Md.

18 (a) Funeral director A. A. Thickens & Son
(b) Address Mutual Md.

19 (a) JAN 12 1943 (Date received by registrar) (b) Huntington Williams M.D. (Signature of registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12, 1943, at 2:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20-1942 to 1-12-1943, and that I last saw h[illegible] alive on 1-11-1943.

Immediate cause of death Cardio-respiratory failure — Duration
Due to Secondary Anemia
Due to Cystic Duodenal Ulcers
Other Conditions Fractured hip.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence November 2 1942 2 M
(c) Where did injury occur? Lusby, Calvert Co., Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no
(Specify type of place)
(e) Means of injury Fell from rocking chair

23. Signature John K. Davis, Jr. M. D.
Address Mercy Hospital Date signed 1/12/43

Howard J. Davis, M.D.

F 99802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 F 99802 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1310 Hollins St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1310 Hollins St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Rose Elizabeth Hayes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William T. Hayes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years | Months | Days | If less than one day
Abbut 65 years hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business At. Home

FATHER
12. Name Walter E. Anderton
13. Birthplace England

MOTHER
14. Maiden Name Victory McCarthy
15. Birthplace London

16 (a) Informant Mr. Charles A. Anderton
(b) Address 508 Chaplegate Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Baltimore, Md.

18 (a) Funeral director H. W. Meuusson
(b) Address 805 N. Calvert St.

JAN 12 1943 (Date rec'd by registrar) Harrington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1943 at 8.00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/21 1941, to 9/7 1942, and that I last saw her alive on Sept 7 1942.

Immediate cause of death	Duration
Cerebral Haemorrhage	1/10/43
Due to Hypertensive - Cardio Vascular Disease	?
Due to Auricular Fibrillation	?
Other Conditions Mitral Insufficiency	?

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Carey K. Rostling M. D.
Address 131 W. Lombard St. Date signed 1/14/43

VS 180

F 99803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 99803 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton + Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2406 Annor Court (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Patriarca (Birth F-661 32)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 30, 1942

8. AGE: Years	Months	Days	If less than one day
13 days	-	13	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Leonardo Patriarca
13. Birthplace Italy

MOTHER 14. Maiden Name Dora Pastora
15. Birthplace Md.

16 (a) Informant Dina D. Patriarca
(b) Address 2406 Annor Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director Martin Tabor & Sons
(b) Address 1827 W. North Ave. Baltimore, Md.

19 JAN 12 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12 1943 at 5:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 30 1942 to Jan 12 1943 and that I last saw he alive on Jan 12 1943.

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Arthur Nordberg
Address St. Agnes Hosp. Date signed 1/12/43

VS 180

F 99804 ✓ F 99804

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
83 W

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Northway Apartments
(b) Street address — 3700 N. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) — ---
(e) Length of stay in Baltimore (yrs., mos., or days) — 70 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State — Maryland (b) County — --------
(c) City or town — Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. — 3700 N. Charles
(If rural give location)
(e) Citizen of foreign country? — ----- (Yes or No)
If yes, name country — -----

3 (a) FULL NAME — Florence Basshor

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife — --------
6 (c) If alive, give age — -- years

7. Birth date of deceased (mo., day, yr.) — -------- 18[illegible]

8. AGE: Years	Months	Days	If less than one day
70	---	---	-- hr. --- min.

9. Birthplace — Baltimore, Maryland (Town, county, and state)
10. Usual Occupation — None
11. Industry or business — ----

FATHER
12. Name — Thomas C. Basshor
13. Birthplace — Pennsylvania

MOTHER
14. Maiden Name — Emily A. Wedge
15. Birthplace — Baltimore, Maryland

16 (a) Informant — Miss Mary Graham Basshor
(b) Address — 3700 N. Charles Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/43 (month) (day) (year)
(c) Cemetery or crematory — Loudon Park
Location — Baltimore, Md.

18 (a) Funeral director — H. W. Mears and Son
(b) Address — 80[illegible] Huntington Williams, M.D.

19 (a) JAN 12 19[illegible] (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH — January 12 1943, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1943, to Jan 12 1943, and that I last saw h[illegible] alive on Jan 11 1943.

Immediate cause of death — Cerebral Hemorrhage — Duration 6 days.
Due to —
Due to —
Other Conditions — Hypertension arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation — none
Major findings of operations —
of autopsy — none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide — no
(b) Date of occurrence — — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —
23. Signature — Francis W Glenn M. D.
Address — 715 Park ave Date signed 1/12/43

(over)

VS 150

F 99805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. F 99805

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1300 Homewood ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Althoff

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-7453

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Althoff
6 (c) If wife, give age 49 years

7. Birth date of deceased (mo., day, yr.) June 26-1889

8. AGE: Years	Months	Days	If less than one day
53	6	14	12 hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Telephone Operator
11. Industry or business Wholesale Clothing

FATHER
12. Name Louis Althoff
13. Birthplace Balto City

MOTHER
14. Maiden Name Florence McAtee
15. Birthplace Balto City

16 (a) Informant Mary Althoff
(b) Address 1300 Homewood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Wagner
(b) Address 3000 E. Baltimore St.

19 (a) (Date rec'd by registrar) JAN 12 1943 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-9-1943, at 9:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular	
Due to Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 1-9-43

F 99806

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93d F 99806 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 3314 Piedmont Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3314 Piedmont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Elizabeth Peatz

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband ~~or wife~~ Charles B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9 1898

8. AGE: Years	Months	Days	If less than one day: hr.	min.
44	8	2		

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Ferdenand Seifert
13. Birthplace

MOTHER
14. Maiden Name Mary A. Vey
15. Birthplace Baltimore, Md.

16 (a) Informant Charles B. Peatz
(b) Address 3314 Piedmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director John D. Hyde
(b) Address 3000 E. Baltimore St.

19 (a) JAN 12 1943 (Date rec'd by registrar) Huntington Williams, R.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/11 1943, 11:29 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to natural death on the day stated above.

Immediate cause of death: Hypertensive Cardio-vascular disease — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McCarthy M.D. Medical Examiner.
Date signed 1/12/43

VS 6

F 99807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 99807 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 611 N. Lakewood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 611 N. Lakewood Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Marie Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or ~~wife~~ William deceased
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1857

8. AGE: Years	Months	Days	If less than one day
85 yrs	1	23	hr. min.

9. Birthplace North Carolina
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Sarrah I. Kane (Daughter)
(b) Address 611 N. Lakewood Avenue

17 (a) Burial (b) Date thereof 1/12/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Pere Lamaise Gates Co.
Location Sherwin Avenue Road

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) JAN 12 1943 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to Jan 10 1943 and that I last saw him alive on Jan 10 1943

Immediate cause of death Edema of lungs — Duration 1/8/43

Due to Chr Hyp and Art Dis — 2 yrs

Due to Arteriosclerosis — 1935

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J. Kane Jr. M.D.
Address 611 N Lakewood Ave Date signed 1/11/43

VS 3

F 99808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 99808

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison
(c) Hospital or institution: Maryland Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4848 Pimlico Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Kutlik (Birth F-43589)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1942

8. AGE: Years	Months	Days	If less than one day
0	11	14	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Kutlik
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Rose K utlik
15. Birthplace Baltimore, Md.

16 (a) Informant Parents
(b) Address 4848 Pimlico Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/43 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Philadelphia Road

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison St.

19 (a) 1/11/43 (Date received by registrar) (b) Huntington Williams M.D. Registrar

JAN 12 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10 1943, at 1:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-7-43 1943, to 1-10 1943 and that I last saw her alive on 1-10 1943.

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions Eczema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. T. McGarrigan M. D.

Address Md. Gen. Hosp. Date signed 1-10-43

Please write the causes of death clearly and legibly. Physicians: please write in especially important cases. Please give age if less than one year.

Bovee

F 99809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 99809 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2819 Kennedy Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2819 Kennedy Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME OLIVIE O. BOVEE (Olivia O. Bovee)

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Robert J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept 5 1899

8. AGE: Years: 43 Months: 4 Days: 4 If less than one day: hr. min.

9. Birthplace: Jersey City, N. J.
(Town, county and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Carl Byer
13. Birthplace: Kansas Unknown

MOTHER
14. Maiden Name: Katherin Downey Unknown
15. Birthplace: Wisconsin Unknown

16 (a) Informant: Robert J Bovee
(b) Address: 57 Lawson Ave Raymond Cal

17 (a) Removal (b) Date thereof: 1-12-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: Rose Hills Mem. ~~Park Los Angeles~~
Location: East Los Angeles Cal

18 (a) Funeral director: Wilson & Sons
(b) Address: 124 E. St. Paul St Huntington Indiana

JAN 12 1943
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 9 1943 at 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions Uo	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
Where did injury occur?
(City or town) (County) (State)
(c) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(c) Means of injury

23. Signature H. J. W. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-12-43

VS 6

F 99810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 99810 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 wk.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1147 Hanover (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Stanley Stanley WALZAK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13 42

8. AGE: Years	Months	Days	If less than one day
	7	26	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Stanley Walzak
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Anne M. Liveny
15. Birthplace Balto Md

16 (a) Informant Stanley J. Walzak
(b) Address 1147 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Q. A. Co

18 (a) Funeral director C. Howard Evans
(b) Address 1400 S. Charles St

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 12 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/11 19 43 at 0.28 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/31 19 42 to 1/11 19 43, and that I last saw him alive on 1/11 19 43

Immediate cause of death Lobar pneumonia.

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Mazzanobro, M. D.
Address 1713 Light Street Date signed

F 99811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99811

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 - Forest St.
(c) Hospital or institution: Md. Penitentiary Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 days
(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Staunton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarkston Small

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1910

8. AGE: Years	Months	Days	If less than one day
32	1	15	hr. min.

9. Birthplace Staunton, Va.
(Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Aubrey Small
13. Birthplace Nelson County, Va.

MOTHER
14. Maiden Name Nora Chandler
15. Birthplace Augusta County, Va.

16 (a) Informant Penitentiary Records
(b) Address Balto., Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/12/43 (month) (day) (year)
(c) Cemetery or crematory
Location Staunton, Va.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto.

19 (a) JAN 13 1943 (b) Registrar Huntington Hill

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1943, at 12:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 7 1943, to Jan. 12 1943, and that I last saw him alive on Jan. 12 1943.

Immediate cause of death: Lung abscess — Duration

Due to

Due to (over)

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address 1123 - St. Paul St. Date signed 1-12-43

VS 180

99812 IMA CATHERINE SANDERS F 99812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5139 Frederick ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ima Catherine Sanders

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-03-1508

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Herman E Sanders

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1907

8. AGE: Years	Months	Days	If less than one day
35	2	22	21 hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Saleswoman

11. Industry or business Notions

FATHER 12. Name Ernest H Hasselberger

13. Birthplace Virginia

MOTHER 14. Maiden Name Gertrude Quinn

15. Birthplace Maryland

16 (a) Informant Herman E Sanders

(b) Address 5139 Frederick Ave

17 (a) Burial, cremation, or removal Interment (b) Date thereof Jan 16 43 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Balto Md

18 (a) Funeral director Geo A Fuhrman

(b) Address Fulton & Fayette

19 JAN 13 1943 Huntington Williams, M.D. (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11- 1943, at 3:50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to her death on the day stated above.

Cause	Duration
Immediate cause of death: Cerebral Hemorrhage, spontaneous	
Due to:	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Mueller M.D. Medical Examiner.

Date signed 1-12-43

VS 6

99813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 59 ✓

Registered No. F 99813

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 - N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 N Monroe St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE J. FRENTZ (Birth F 6-997)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 22 1942

8. AGE: Years | Months 1 | Days 2 | 20 hr. min. | If less than one day

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name George Frentz
13. Birthplace Miss

MOTHER 14. Maiden Name Ada Alathia Bourgeois
15. Birthplace Miss

16 (a) Informant George Frentz
(b) Address 1100 N Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director George Farley
(b) Address Fulton & Fayette

JAN 13 1943 Huntington Williamsport Md.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12 1943 at 2:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-6 1942 to 1-12 1943, and that I last saw him alive on 1-12 1943.

Immediate cause of death Exhaustion — Duration

Due to Prematurity

Due to Dehydration.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Supik M. D.
Address St Joseph's Hosp Date signed 1-12-43

VS 3

F 99814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94 a

Registered No. F 99814

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 6 or W. Lanvale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY P. OREM

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
—	216-10-1960	F	W	Divorced

6 (b) Name of husband or wife: Samuel B. Orem
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12, 1885

8. AGE: Years	Months	Days	If less than one day
57	8	28	hr. min.

9. Birthplace Baltimore County, Md. (Town, county, and state)
10. Usual Occupation Car Cleaner
11. Industry or business Baltimore Transit Co.

FATHER
12. Name William Phillips
13. Birthplace Baltimore County Md

MOTHER
14. Maiden Name Annie Clark Riff
15. Birthplace Maryland

16 (a) Informant Arthur B. Orem
(b) Address 213 E. Mt. Royal Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Maryland

18 (a) Funeral director William Cook Dye
(b) Address 1217 St. Paul St.

19 (a) JAN 10 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1943, at 5:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Wallenmeyer M.D.
Acting Medical Examiner.
Date signed Jan 12 1943

99815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99815 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and Slat St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 N. Wolfe Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRED ANDREW WEBER

3 (b) If veteran, name war: Veteran

3 (c) Social Security Account No. 218-09-2450

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Ida Josephine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1. 1891

8. AGE: Years	Months	Days	If less than one day
52	0	10	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/43 (month) (day) (year)
(c) Cemetery or crematory U.S. National
Location Balto. Md.

18 (a) Funeral director Wm Cook Inc
(b) Address 127 St. Paul St.

JAN 13 1943 (c) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11, 1943 at 4:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8, 1943 to Jan. 11, 1943 and that I last saw him alive on Jan. 11, 1943

Immediate cause of death	Duration
Bronchopneumonia	1 day
Peritonitis chemical	3 days
Due to Perforated duodenal ulcer	4 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 1/9/43
Major findings of operation: Exploratory lap. and suturing of perforated ulcer
Autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. McCartin
Address US Marine Hospital Baltimore, Maryland. Date signed 1/12/43 M.D.

99816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99816
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 3113 E. Baltimore St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3113 E. Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Betty Lou Carr F 52804

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1942

8. AGE: Years | Months 6 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name David Carr
13. Birthplace Penn.

MOTHER
14. Maiden Name Bertie Danville
15. Birthplace Penn.

16 (a) Informant Mother
(b) Address 3110 E. Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Avenue

18 (a) Funeral director Frank V. Pipestone
(b) Address 2448 E. Baltimore

19 JAN 13 1943 Huntington Williams M.D. Registrar
(Date rec'd by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/12 1943 at 5:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to natural death on the day stated above.

Cause	Duration
Immediate cause of death: Broncho-pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 1/12/43

F 99817

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99817

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 N. Caroline St., 10 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Charles Smith 7-4

If U. S. Veteran specify WAR _____

(a) Residence: No. 1023 N. Caroline St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced S. S. 211-09-6140
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 8 1895

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
47	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Janitor

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Bals. Md.
(State or country)

FATHER

13. NAME Charles Smith Sr.

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Gray

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Elizabeth Howard
(Address) 1023 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date Jan. 13. 1943

19. UNDERTAKER Jos. Peter A. Elliott & Dgtr.
(Address) 1129 N. Caroline St.

20. FILED _____, 19___ _____, M.D.

JAN 13 1943

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 9 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4 1943 to Jan. 9 1943

I last saw h__ alive on Jan. 9 1943. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Jan 4 43
Staphylococcic infection of throat	Jan 5 43
Acute Nephritis	Jan 7 43
Other contributory causes of importance:	
Acute Myocarditis	Jan 9 43

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
_____ If so, specify _____

(Signed) Dale A. Berry M. D.

(Address) 1420 E. Eager

OCCUPATION is very important. See instructions on back of certificate.

VS 8

N. D. S. 1938-9

99818

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 99818

CERTIFICATE OF DEATH

1310

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1145 N. Carey St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary Jane Archer

(a) Residence: No. 1145 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paris Archer.

6. DATE OF BIRTH (month, day, year) Aug. 11, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) When ... 1935

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Colesville Maryland

FATHER

13. NAME Thomas Jones.

14. BIRTHPLACE (city or town) (State or country) Montgomery Co. Maryland

MOTHER

15. MAIDEN NAME Eliza Jackson.

16. BIRTHPLACE (city or town) (State or country) Montgomery Co. Maryland

17. INFORMANT Mrs. Clara G. Handley

(Address) 1145 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1/13/ 19 43

19. UNDERTAKER Mrs. George A. Hollan & Son

(Address) Huntington Philadelphia

JAN 13 1943

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 10., 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6- 1943 to Jan. 10- 1943

I last saw h.e.r alive on Jan. 6- 1943 Death is said to have occurred on the date stated above, at 8:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis - about	1928
Interstitial nephritis "	1933
Cardiac Hypertrophy "	1935
Angina Pectoris "	1943

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, when? ...

(Signed) J. Bond Brown M. D.

(Address) 213 S. Broadway, City

OCCUPATION is very important. See instructions on back of certificate.

T.N 72288 F 99819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

302

F 99819 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 9 months
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1347 N.Gilmor St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Stanley Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No. ?

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 7th 1888

8. AGE: Years 54 | Months 10 | Days 4 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business W.P.A

FATHER
12. Name George Johnson (D
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Washington (D
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/43 (month) (day) (year)
(c) Cemetery or crematory Mt Peles
Location Md

18 (a) Funeral director Wm. H. Kelson
(b) Address 1303 Pleasant St Huntington Williams, Md

19 JAN 13 1943 (b) Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11 1943 at 6 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1943 to 1-11 1943 and that I last saw h[illegible] alive on 1-11 1943

Immediate cause of death: Cardiac failure — Duration: ?

Due to: ? Syphilitic aortic insufficiency — Duration: ?

Due to — Duration:

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature N. K. Rathbun M. D.
Address Balt. City Hosp Date signed 1-11-43

F 99820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 99820 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 218 N. Payson St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 218 N. Payson St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mordecai M. Jacobs.

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-07-7941

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Dora E. Schuman

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Sept 26, 1877

8. AGE: Years	Months	Days	If less than one day
65	3	1615	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation B & O. R.R.

11. Industry or business Boiler Maker

FATHER 12. Name James A. Jacobs

13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Mary E. Bains

15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Dora E. Jacobs,

(b) Address 218 N. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/43 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Old Frederick Rd.

18 (a) Funeral director John F. Bowman & Son

(b) Address 901 Hollins St.

19 (a) (Undertaker) (b) Address Huntington Maryland, Md.

JAN 13 1943

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1943, at 11:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 29 1942 to Jan 11 1943 and that I last saw him alive on Jan 11 1943

Immediate cause of death Pulmonary Infarct as result of Erysipelas

Due to Thrombophlebitis of veins of right thigh & left thigh.

Due to

Other Conditions Arteriosclerotic Heart Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Jan 8, 43
1 year
5 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Albert J. Schuman M. D.

Address 2302 Edmondson Ave Date signed 1/12/43

F 99821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 99821 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 845 Washington Blvd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 845 Washington Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary R. Kane

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife John W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26, 1863

8. AGE: Years 79 | Months 2 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housework.

11. Industry or business At Home

FATHER 12. Name John Andrews
13. Birthplace Baltimore

MOTHER 14. Maiden Name Lottie Richards
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Gertrude Fellerman
(b) Address 845 Washington Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem't.
Location Greenmount Ave.

18 (a) Funeral director John J. Logan & Son
(b) Address 901 Baltimore St.

19 (a) JAN 13 1943 (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11th 1943, at 5 00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941 to Jan 11, 1943 and that I last saw h alive on Jan 11, 1943

Immediate cause of death: Acute Heart Failure — Duration: 1 day
Due to: Arteriosclerosis
Due to: Senility
Other Conditions: — (over)
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis [illegible] M. D.
Address 574 Union Ave Date signed 11 19 43

VS 3

F 99822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99822 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3410 Elliott St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3410 Elliott St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Anna M. Wachter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife George Wachter
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) April 30, 1892

8. AGE: Years	Months	Days	If less than one day
50	8	11	10 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name John Doelfel
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Heineman
15. Birthplace Germany

16 (a) Informant George Wachter
(b) Address 3410 Elliott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O. Donnell St.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) (b) Registrar

JAN 13 1943 Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 - 1943 at 2.39 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1943 to Jan 10 1943 and that I last saw h. alive on Jan 10 1943

Immediate cause of death External Hemorrhage Pulmonary Embolism Jan 10 — Duration 1943

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arnold R. Loehnen M. D.
Address 3507 Fleet Date signed 1-12-43

H. L. Wollenweber M D Cor Hartford & Fleet

Correct age if apparently important. Punctuate. Please write the causes of death clearly and legibly.

F 99823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99823

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 745 N. Kenwood Ave.
(c) Hospital or institution: 7-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 745 N?Kenwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME August Gerecht

3 (b) If veteran, name war ---
3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Caroline Gerecht
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1878

8. AGE: Years	Months	Days	If less than one day
64	0	24	23 hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Tavern Keeper
11. Industry or business (Self)

FATHER
12. Name Charles Gerecht
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Sauerwine
15. Birthplace Germany

16 (a) Informant Mrs. Caroline Gerecht
(b) Address 745 N. Kenwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lwane Cem.
Location Balto. Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St.

19 (a) (Date received) JAN 13 1943 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11th 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1942 to Jan 11 1943, and that I last saw h[e] alive on Jan 10 1943.

Immediate cause of death Hypostatic Pneumonia — Duration 1/7/43
Due to Carcinoma of Stomach — Duration Oct. 1/42
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Roarke M.D.
Address 901 E. Kenwood Ave. Date signed 1/13/43

VS 3

F 99824 ✓ ✓ ✓ HF 99824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH: St. Joseph's Hosp. ✓
(a) Baltimore City, Maryland
(b) Street address 1400 - N. Caroline St
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Rosedale (If outside city or town limits, write RURAL and give town)
(d) Street No. 7916 Shirley Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANDREW MILLER

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-7646

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie Zeller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26-1887

8. AGE: Years 55 | Months 1 | Days 15 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Butcher

11. Industry or business Evert G. Berletts

FATHER
12. Name Louis Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Mueller
15. Birthplace

16 (a) Informant Annie Miller
(b) Address 7916 Shirley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Taylor Ave

18 (a) Funeral director John G. Miller
(b) Address 2334 Jefferson St.

19 JAN 13 1943 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION ✓

20. DATE OF DEATH 1-10 1943 at 8 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1943 to 1-10 1943 and that I last saw h[illegible] alive on 1-10 1943.

Immediate cause of death	Duration
Congestive Heart Failure	
Due to Portal Cirrhosis of Liver	6 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Hurst M.D.
Address St Joseph Hosp. Date signed 1/10/43

VS 3

F 99825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 F 99825 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 3017 McElderry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3017 McElderry
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theresa Twist

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Stephen Twist
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7-1874

8. AGE: Years	Months	Days	If less than one day: hr.	min.
68	6	10		

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Robert Capie
13. Birthplace Pa.

MOTHER
14. Maiden Name Margaret McCluskey
15. Birthplace Ireland

16 (a) Informant Mrs. Margaret Herzog
(b) Address 402 N. Streeper St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-14-43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director John H. Miller
(b) Address 5334 Harford Rd

19 (a) [illegible] Registrar

JAN 13 1943

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1943 at 11P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942 to Jan 1943 and that I last saw alive on Jan 10 1943

Immediate cause of death Coronary Occlusion

Due to Chronic Myocarditis

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration	
1/10/43	
2 yrs	
1937	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J Roane M. D.
Address 501 Kenilworth Date signed Jan 12 1943

F 99826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 99826
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4506 Hutton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4506 Hutton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JERRY CAPARELLA (F65471)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 28, 1942

8. AGE: Years	Months	Days	If less than one day
		14	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Caparella
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Katherine Zell
15. Birthplace Baltimore, Md.

16 (a) Informant Katherine Caparella
(b) Address 4506 Hutton Ave

17 (a) Burial (b) Date thereof 1/13/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Taylor Ave

18 (a) Funeral director Howard M. Blight Jr
(b) Address 4914 Belair Road

19 (a) (Date received) JAN 13 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1943 at 8:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, Lobular primary	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-12-43 Am

VS 6

F 99827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99827

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2422 W Franklin st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2422 W. Franklin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles D Hissong (Birth # F 5677)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3. 1942

8. AGE: Years | Months 4 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William C Hissong
13. Birthplace St Marys W Va

MOTHER
14. Maiden Name Helen A. Vincent
15. Birthplace Rocford W Va

16 (a) Informant William Hissong
(b) Address 2422 W Franklin st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/43 (month) (day) (year)
(c) Cemetery or crematory Meadow ridge
Location Washington Blvd

18 (a) Funeral director Arthur Funeral Inc
(b) Address 414 N Franklintown rd

19 (a) Huntington Williams, M.D. Registrar
(Date received by Registrar) JAN 13 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12-1943, at 7.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3, 1942 to 1-12 1943, and that I last saw h alive on 1-12 1943.

Immediate cause of death Congestive Heart Disease — Duration

Due to —

Due to

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis J Gross M.D.
Address 876 W Lexington St Date signed 1/12/43

F 99828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

F 99828 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1727 Scott St
(c) Hospital or institution: 21
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 Scott St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Harry Falk

3 (b) If veteran, name war | 3 (c) Social Security Account No. 103-09-2986

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2, 1884

8. AGE: Years 58 | Months 3 | Days 28 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Helper on Truck

11. Industry or business

FATHER 12. Name William Falk

13. Birthplace Maryland

MOTHER 14. Maiden Name Agnes Walters

15. Birthplace Unknown

16 (a) Informant Margaret E. Falk

(b) Address 1727 Scott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-43 (month) (day) (year)

(c) Cemetery or crematory Western Cemetery

Location Edmondson Ave

18 (a) Funeral director Lanham Jones

(b) Address 414 N. Frankletown Rd, Baltimore, Md

19 (a) (Date rec'd) JAN 13 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1943, at 3:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1942 to Jan 10 1943 and that I last saw h[illegible] alive on Jan 10 1943

	Duration
Immediate cause of death: Coronary Occlusion	1 day
Due to: Arterio Sclerosis	
Due to: Chronic Vascular Renal Disease	1941
Due to: Arterio Sclerosis	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO

(a) Accident, suicide, or homicide —

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

Signature Edward F Mellon MD M. D.

Address [illegible] Date signed 1-12-43

VS 8

F 99829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11-7 F 99829 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1241 Williams St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN TYLER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
—	NONE	M	W	M.

6 (b) Name of husband or wife LILIAN TYLER.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) NOV 2. 1887

8. AGE: Years	Months	Days	If less than one day
55	2	9	hr. min.

9. Birthplace BALTO MD (Town, county, and state)
10. Usual Occupation LABORER
11. Industry or business U.S. GOVERMENT

FATHER
12. Name DANIEL W TYLER
13. Birthplace MD

MOTHER
14. Maiden Name JOHANNA Keeley
15. Birthplace BALTR MD

16 (a) Informant Lillian Tyler
(b) Address 1241 Williams St

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 14 43 (month) (day) (year)
(c) Cemetery or crematory GREEN LAWN CEM.
Location CAMBRIDGE MD

18 (a) Funeral director Bernard C Hale
(b) Address 1[illegible] E Madison St

19 (a) JAN 13 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1943, at 6 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Abdominal ulcer ruptured	
Due to	
Due to	
Other Conditions NO	

(Include pregnancy within 3 months of death)
Date of operation NO
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. T. Wallenmeyer M.D. Medical Examiner.
Date signed 1-12-43

F 99830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93c

✓ F 99830 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rushwood & Green Sts.
(c) Hospital or institution: University Hospital 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 9 dy
(e) Length of stay in Baltimore (yrs.) mos., or days) /

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 154 W Cross St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Genevieve Thames

3 (b) If veteran, name war .

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Albert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1921

8. AGE: Years	Months	Days	If less than one day
21	5	25	hr. min.

9. Birthplace Sumter S C
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name William Francis
13. Birthplace S C

MOTHER
14. Maiden Name Angie Francis
15. Birthplace S C

16 (a) Informant Albert Thames
(b) Address 154 W Cross St

17 (a) Removal (b) Date thereof 1-13-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sumter
Location 2 S C

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JAN 13 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1943 at 5:18 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 12 1942 to Jan. 9 1943 and that I last saw h C T alive on Jan. 9 1943

Immediate cause of death	Duration
Embolism - pulmonary (?)	
Due to, mural thrombus	
Due to Rheumatic cardio-vascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: 1-25-42 embolus, ? brachiofactory
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard Carey M.D.
Address University Hosp. Date signed 1-2-43
M. D.

F 99831

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

F 99831 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 15 12
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1721 Westwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-2243

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: M.

6 (b) Name of husband or wife: William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/7/1893

8. AGE: Years 49 | Months 10 | Days 5 | If less than one day hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation Presser

11. Industry or business

FATHER 12. Name Ned Davis
13. Birthplace md

MOTHER 14. Maiden Name Priscilla Ogle
15. Birthplace md

16 (a) Informant Geo. H. Kelson
(b) Address 1303 Pressman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/43 (month) (day) (year)
(c) Cemetery or crematory Annapolis md
Location

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pressman

19 (a) JAN 13 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12 1943, at 2 00 p. m.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27 1942 to Jan 12 1943, and that I last saw h er alive on Jan 12 1943.

Immediate cause of death: Hypertensive Heart Disease
Congestive Failure

Due to

Due to

Other Conditions Cardiac Hypertrophy

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G L Banfield M. D.
Address Provident Hospital Date signed 1-12-43

VS 8

F 99832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99832

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1017 Calhoun St.
(c) Hospital or institution: 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 Calhoun St (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) **FULL NAME** Charles Edward White

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-2861

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	married

6 (b) Name of husband or wife Vernice White
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) April 9 1906

8. AGE: Years	Months	Days	If less than one day
36 35	9	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Clerk & Musician
11. Industry or business Arbons Stores

FATHER
12. Name Charles White
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Alice Douglass
15. Birthplace Md

16 (a) Informant Mrs Vernice White
(b) Address 1017 Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md

18 (a) Funeral director Geo. H. Kelly
(b) Address 1303 Pleasant St

19 (a) (Date received by local registrar) (Signature of local registrar) Lexington Williams Asst.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12-1943, at 6:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-10-1942 to 1-12-1943, and that I last saw him alive on 1-11-1943.

Immediate cause of death: Tuberculous Pneumonia — Duration: Since 12-10-42 / Since 12-10-42

Due to: Exposure

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A. Samuels M. D.
Address 1029 N. Stricker St Date signed 1-12-43

VS 3

F 99833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43N

Registered No. F 99833

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1449 McCulloh St.
(c) Hospital or institution:

15

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1562 Woodyear
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

(Day Adams Counsel)

3 (a) FULL NAME Mazie Bailey

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Wm. Bailey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1913

8. AGE: Years	Months	Days	If less than one day
29 30	-	29	hr. min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Harry Day
13. Birthplace

MOTHER
14. Maiden Name Mazie Counsel
15. Birthplace

16 (a) Informant Juanita Butler
(b) Address 1424 N. Mount St.

17 (a) Burial (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Md

18 (a) Funeral director Geo. H. Kelly
(b) Address 1303 Pennsylvania Ave

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/11 1943 10:25 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to (Autopsy or Inquiry) death on the day stated above.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 1/12/43

VS 6

F 99834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99834 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 400 Wilson H
(c) Hospital or institution:
14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 400 Wilson H
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BENJAMIN A GNEW

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Frances

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24 1870

8. AGE: Years	Months	Days	If less than one day
66	8	13	hr. min.

9. Birthplace S. Carolina
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James Agnew
13. Birthplace S Carolina

MOTHER
14. Maiden Name Unknown
15. Birthplace S Carolina

16 (a) Informant Edward Litmore
(b) Address 400 Wilson Blvd

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-13-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Cemt.
Location Md

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Prest manager Ave. Thurlington Williams, Md

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1943 at 12 00 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Carcinoma of stomach	
Due to	
Due to	
Other Conditions Leo	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Leo
of autopsy: Leo

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. T. Wallenmeier M.D.
Asst Medical Examiner.
Date signed 1-12-43

VS 6

JL - F 99835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

F 99835 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3da
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2206 Maryland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patrick Treacy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 24, 1887

8. AGE: Years	Months	Days	If less than one day
55	11	18 17	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business Supported by Sister

FATHER
12. Name James Treacy
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Harrington
15. Birthplace Ireland

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Dunward D. Covington
(b) Address 21 W. 25th St. Williamsport

19 (a) (Date rec'd by Reg.) (b) Huntington Registrar

JAN 13 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-11 1943 at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-9 1943, to 1-11 1943, and that I last saw him alive on 1-11 1943

Immediate cause of death Hypertension cardio-vascular renal disease. — Duration Chronic

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gladys F. Dillon M. D.
Address Balto. City Hosp. Date signed 1-11-43

F 99836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1938 F 99836 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5233 Park Heights
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5233 Park Heights ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Sherman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ida Rae Baker

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 53 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Confectionary Store

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Russia

MOTHER 14. Maiden Name Unknown

15. Birthplace Russia

16 (a) Informant Wife

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-43 (month) (day) (year)

(c) Cemetery Beth Tefilah Cemetery

Location Rosedale

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Baltimore St.

19 (a) JAN 13 1943 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12 1943, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug- 1931, to Jan-12-1943, and that I last saw h. alive on Jan 12 1943.

Immediate cause of death Cerebral edema

Due to hypertension

Due to cardiovascular disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: about 12 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Herman Seidel M.D.

Address 24 Park Ave Date signed 1/12/43

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1490 Registered No. F 99837

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 - N. Caroline St
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 70 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1108 N. Patterson Pk Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DORIS DICKMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) June 10, 1928

8. AGE: Years	Months	Days	If less than one day
14	7	3	hr. min.

9. Birthplace Balto Md. (Town, county and state)

10. Usual Occupation School girl

11. Industry or business

FATHER
12. Name Abraham Dickman
13. Birthplace Russia

MOTHER
14. Maiden Name Mary
15. Birthplace Balto.

16 (a) Informant Hospt. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Pratt Ext & Hamilton Ave

18 (a) Funeral director Jas C Lewis Jr
(b) Address 1439 E. Baltimore St

19 (a) (Date received by Local Registrar) (b) Registrar

JAN 13 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13 1943, at 12:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-4 1942, to 1-13 1943, and that I last saw her alive on 1-13 1943.

	Duration
Immediate cause of death Pneumonia	
Metastasis of chronic epithelioma of ovary	5 months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fuesting M.D.
Address St. Joseph's Hosp Date signed 1-13-43

F 99838

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1/31 AT 99838

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1629 Druid Hill Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Lloyd Wright

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widower

6 (b) Name of husband or wife Sadie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1889

8. AGE: Years	Months	Days	If less than one day
53	7	27	hr. min.

9. Birthplace Charles Co., Md.
(Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER 12. Name Isaac Wright

13. Birthplace Carters Grove, Md.

MOTHER 14. Maiden Name Lucy Carter

15. Birthplace West Moreland Co. Va.

16 (a) Informant L. Victor Wright

(b) Address 1629 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. H. Holland

(b) Address 1631 Druid Hill Ave.

19 (a) JAN 13 1943 (b) [illegible] Washington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1943, at 12 59 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to Jan 9 1943, and that I last saw him alive on 1.9. 1943.

Immediate cause of death	Duration
(a) Pulmonary edema	15 hrs
Due to cardiac decompensation	3 days
Due to hypertensive cardiovascular-renal disease	3 yrs
Other Conditions Myocardial asthma	3 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James L. Carr M. D.

Address 515 Morley St Date signed 1/11/43

F 99839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

330

F 99839 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 N. Washington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 N. Washington st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Virginia Torres

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Samuel Torres
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) March 2 - 1880

8. AGE: Years 62 | Months 10 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace Baltimore County (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name Wm Richards
13. Birthplace Baltimore County

MOTHER
14. Maiden Name Julia Germain
15. Birthplace Baltimore County

16 (a) Informant Samuel Torres
(b) Address 1211 N. Washington st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North ave at Rossl st

18 (a) Funeral director Henry Lutz
JAN 13 1943 3 N. Broadway

19 (a) ... (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11, 1943, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7, 1943, to Jan 11, 1943, and that I last saw her alive on Jan 10, 1943.

Immediate cause of death: Bronchopneumonia — Duration: 4 days
Due to: Influenza — 5 days
Due to:
Other Conditions: Strangulated Umbilical Hernia — 1 day
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert E. Singewald M. D.
Address 613 E. North Pl Date signed 1-14-43

VS 2

F 99840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1932

F 99840 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1512 W. North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 W. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELIZABETH SCHARNAGL

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Lorenz Scharnagl
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1849

8. AGE: Years	Months	Days	If less than one day
93	7	23	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John F. Hesse
13. Birthplace Germany

MOTHER
14. Maiden Name Christina --
15. Birthplace Germany

16 (a) Informant Mrs. Christina M. Hess
(b) Address 1512 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/43 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) (Date received by local registrar) JAN 13 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 10, 1943 at 11.30 P M

21. I certify that death occurred on the date above-stated; that I attended deceased from Dec 31 1942 to Jan 10 1943, and that I last saw h-e alive on Jan 9 1943.

Immediate cause of death	Duration
(a) Myocarditis, Acute	
Due to (b) Dilatation of Heart	✓
Due to (c) General Arteriosclerosis	
Due to (d) Senility	✓
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy: none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature Julia A. Trahan M.D.
Address 1219 Eutaw Place Date signed 1/13/43

F 99811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 99811 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3030 Belmont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3030 Belmont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Leonard Wennagel

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	None	M	W	Widower

6 (b) Name of husband or wife Sarah Jane
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1861

8. AGE: Years	Months	Days	If less than one day
81	6	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired - Office
11. Industry or business Manufacturer

FATHER 12. Name Frederick Wennagel
FATHER 13. Birthplace Germany
MOTHER 14. Maiden Name Louise Ahrens
MOTHER 15. Birthplace Germany

16 (a) Informant Mr. George F. Wennagel
(b) Address Wyman Park Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-43 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location

18 (a) Funeral director Wm J. Tinkman & Son
(b) Address North & Penna Ave

19 (a) (Date received by Registrar) JAN 13 1943 (b) Huntington Williams M.D.

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/12 1943, at 3:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Generalized Arteriosclerosis	
Due to	
Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Was autopsy?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh H. McNally M.D. Medical Examiner.
Date signed 1/12/43

F 99842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 944 of F 99842

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5503 Benzinger Park
(c) Hospital or institution: Sanitary

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6614 Windsor Mill Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BELLE GODINE

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Wm. H. Godine
6 (c) If alive, give age
7. Birth date of deceased (mo., day, yr.) 12-16-186[illegible]
8. AGE: Years 74 | Months 0 | Days 26 | If less than one day: hr. min.
9. Birthplace Brooklyn New York
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Prime
13. Birthplace New York

MOTHER
14. Maiden Name Sabal Crandall
15. Birthplace New York

16 (a) Informant Mr. Leonard V. Godine
(b) Address 6202 Pinehurst Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-43 (month) (day) (year)
(c) Cemetery or crematory Fairmount Cem.
Location Newark, N. J.

18 (a) Funeral director Wm. J. Schmidt & Son
(b) Address South & Penna Ave

19 (a) JAN 13 1943 (Date rec'd by Registrar) Worthington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1943, at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions: None

(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operation:
Was autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. L. Wollenmann M.D.
Medical Examiner.
Date signed 1-12-43

VS 6

F 99843

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99843 Registered No. 930

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 512 N Schroeder
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 512 N Schroeder (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife James Lewis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Perry Alcorn
13. Birthplace ? Md

MOTHER
14. Maiden Name Frances ?
15. Birthplace Md

16 (a) Informant Elizabeth Battle
(b) Address 512 N Schroeder St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12 43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Wm Yates Phillips
(b) Address 322 N Schroeder St.

19 (a) JAN 13 1943 (Date rec'd by registrar) (b) Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1943 at 9:37 AM

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 10 1943 to Jan 10 1943 and that I last saw h alive on 19

Immediate cause of death	Duration
Myocarditis	yrs
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 74 [illegible] Date signed 1/13/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

99814

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 43-59

Registered No. E 99814

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6210 Beechwood Rd.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore 19 Govanstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6210 Beechwood Rd.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Noell (F 65394)

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-42

8. AGE: Years — | Months | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, County, and state)

10. Usual Occupation None
11. Industry or business None

FATHER
12. Name John Marshall Noell
13. Birthplace

MOTHER
14. Maiden Name Claudia Dora Baker
15. Birthplace Campbell Co, Va.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 JAN 13 1943 (Date filed by registrar) Huntington Williams, M.D. Registrar

JOHNS HOPKINS MEDICAL SCHOOL JAN 13 1943 Commissioner of Health

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4 1943 at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/25 1942 to 1/4 1943.
and that I last saw h. l. alive on 1/4 1943.

Immediate cause of death Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Brea Harlan, M.D.
Address Franklin Square Hosp. Date signed 1/13/43

VS 159

9734

F 99845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 93N

F 99845 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5402 Elsrode Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5402 Elsrode ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Baumeister

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Wm. H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-1-1876

8. AGE: Years	Months	Days	If less than one day
66	10	9	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER 12. Name Wm Schwartzkopf

13. Birthplace Germany

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Mary B. Weiss

(b) Address 5402 Elsrode ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto

18 (a) Funeral director Leonard Johnston

(b) Address 1315 Eutaw St (b) Huntington Hollins 3644

JAN 13 1943

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 10 1943 at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Summer 1922 to Jan 10 1943 and that I last saw h[illegible] alive on Jan 10 1943.

	Duration
Immediate cause of death Hypertensive Cardio-vascular disease	Over 20 yr.
Due to Cerebral apoplexy.	4 hrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ferdinand A. Ries M.D.

Address 825 E. 41st St. Date signed 1/12/43

F 99846 41919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99846 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 846 Pratt St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patrick Hogan

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17th, 1850

8. AGE: Years	Months	Days	If less than one day
92	9	23	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Hogan
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Seehan
15. Birthplace Ireland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) (Burial, cremation, or removal) (b) Date thereof 1 14 43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Dermon Hill Rd

18 (a) Funeral director D. J. Fahey & Sons
(b) Address 13 S Light St

19 JAN 13 1943 Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10 1943 at 7.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-23 1942 to 1-10 1943, and that I last saw h/M alive on 1-10 1943.

Immediate cause of death Cardiac Failure — Duration 2 days
Due to Arteriosclerosis
Heart disease
Due to
Other Conditions Ca Prostate
(Include pregnancy within 3 months of death)
Date of operation 1-6-43
Major findings of operations: Orchidectomy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Vogel Jr. M. D.
Address Balto City Hosp. Date signed 1-11-43

VS 250

99847 S 65043

BALTIMORE CITY HEALTH DEPARTMENT 159 F 99847 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2926 Westwood Ave
(c) Hospital or institution: Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 day
(e) Length of stay in Baltimore (yrs., mos., or days) 5 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2926 Westwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Birth F 65043

3 (a) FULL NAME Dix

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-20-42

8. AGE: Years | Months | Days 5 day | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Otho Martin Dix
13. Birthplace Cape Charles Va.

MOTHER
14. Maiden Name Mary E Barnhart
15. Birthplace Westminster Md.

16 (a) Informant Mrs. Rae
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 13 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JAN 13 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-25 1943 at 5 20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/20 1942 to 12/25 1942
and that I last saw h[illegible] alive on 12/25/1942

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Asa Hartman, M.D. M. D.
Address Franklin Square Hosp Date signed

VS 180

9737

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 99848 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2702 Whitney ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town "
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2702 Whitney ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hulsaus Lee Merriken

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ruth Farr
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Apr 9. 1898

8. AGE: Years	Months	Days	If less than one day
44	9	3	hr. min.

9. Birthplace Balto Md.
(Town, county and state)
10. Usual Occupation Real Estate
11. Industry or business "

FATHER
12. Name Hulsaus Merriken
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Julia B. Hearn
15. Birthplace Md

16 (a) Informant Dr. A. S. Chatfante
(b) Address 6210 York Road
17 (a) Burial (b) Date thereof Jany 14/43
(Burial, cremation, or removal) (Month, day) (Year)
(c) Cemetery or crematory Loudon Park
Location 3501 Frederick Road
18 (a) Funeral director John A. Mitchell Balto.
(b) Address 1900 Eutaw Place
19 (a) (Date received by Registrar) Jan 13 1943 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 I 1943, at 8:00 p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 11 1930 to Jan 12 1943, and that I last saw h[illegible] alive on January 8 1943

	Duration
Immediate cause of death: Coronary Occlusion	2 Months
Due to: Embolism from Osteomyelitis of Metatarsal bone	2 yrs.
Due to: Diabetes Mellitus.	15 yrs.
Other Conditions: Chronic nephritis moderate.	

Amputation of toe.
(Include pregnancy within 3 months of death)
Date of operation March 26 1942
Major findings of operation: Osteomyelitis
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Not
(b) Date of occurrence ____, ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. S. Chatfant M. D.
Address 6210 York Rd Date signed Jan 13/43

F 99849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31a

F 99849 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Amberley Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4703 Amberley Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma V. Gooding

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow

6 (b) Name of husband or wife Franklin M. Gooding
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/8/1852

8. AGE: Years	Months	Days	If less than one day
90	1	4	hr. min.

9. Birthplace Peachbottom, Pa.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Layman
13. Birthplace Pa.

MOTHER
14. Maiden Name Maria Ward
15. Birthplace Md.

16 (a) Informant Miss. Ethel G. Ford
(b) Address 4703 Amberley Ave.

17 (a) Burial (b) Date thereof 1/14/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lombardi Cemy.
Location Wilmington, Del.

18 (a) Funeral director John O. Mitchell's Sons Co.
(b) Address 1900 Eutaw Place

19 (a) (b)
(Date received by Local Registrar)

JAN 13 1943

WP 200

Huntington — Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12, 1943 at 5:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1938 to Jan 12 1943, and that I last saw h er alive on Jan 9 1943.

Immediate cause of death	Duration
Pneumonia Hypostatic	2 days
Terminal	
Due to Cardio Vascular Renal disease	4 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Elliot W. Johnson M. D.
Address 3432 Frederick Road Date signed

F 99850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

F 99850 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1720 N. Calvert
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) About 70 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 N. Calvert
(If rural give location)
(e) Citizen of foreign country? ---
If yes, name country ---

3 (a) FULL NAME Joseph C. Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Frances Slingluff
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) March 6, 1861

8. AGE: Years	Months	Days	If less than one day
81	10	6	-- hr. --- min.

9. Birthplace Bryantown, Md. (Town, county, and state)
10. Usual Occupation Retired Vice President
11. Industry or business Eaton Burnett Business College

FATHER
12. Name John C. Thompson
13. Birthplace Alabama

MOTHER
14. Maiden Name Mary Ellen Queen
15. Birthplace Maryland

16 (a) Informant Joseph Trueman Thompson
(b) Address 3802 Juniper Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) (Registrar) (b) Huntington Williams, M.D.

JAN 13 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1943, at 2:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1942 to Jan 12 1943, and that I last saw h[illegible] alive on 1/12 1943.

	Duration
Immediate cause of death Bronchial pneumonia (terminal)	1/10/43
Due to Hypertensive, arterio-sclerotic cardio vascular	?
Due to diabetes	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Helen G. Magruder M. D.
Address 1445 N. Gray St. Date signed 1/12/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 13

F 99851 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County --------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1842 Wilkens Ave.
(If rural give location)
(e) Citizen of foreign country? -------- (Yes or No)
If yes, name country --------

3 (a) FULL NAME Mr. Laurence J. Rogan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie Fenhour
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) ---------- 1856

8. AGE: Years	Months	Days	If less than one day
About 83	---	---	-- hr. --- min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Hugh Rogan
13. Birthplace Ireland

MOTHER
14. Maiden Name Julia ------
15. Birthplace Ireland

16 (a) Informant Mrs. Annie F. Rogan
(b) Address 1842 Wilkens Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) JAN 12 1943 (b) Huntington Williams, M.D. Registrar

VS 2

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12 1943, at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-28 1942 to 1-12 1943 and that I last saw h/M alive on 1-12 1943.

Immediate cause of death	Duration
Hemorrhage from G.I. Tract	
Due to Carcinoma of Stomach	1 yr.
Due to	
Other Conditions arteriosclerosis	

(Include pregnancy within 3 months of death)
Date of operation 1-4-43
Major findings of operation: Carcinoma of Stomach
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McCafferty M.D.
Address Bon Secours Hosp. Date signed 1-11-43

F 99852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99852 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1603 Cherry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 Cherry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Oden J. Mallonee

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-6149

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary A. Hickey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 17, 1873

8. AGE: Years 69 Months 9 Days 29 If less than one day hr. min.

9. Birthplace A. A. Co. Md.
(Town, county, and state)

10. Usual Occupation Carpenter - Retired

11. Industry or business

FATHER
12. Name Geo. Mallonee
13. Birthplace Md.

MOTHER
14. Maiden Name Henrietta Anderson
15. Birthplace Md.

16 (a) Informant Mrs. Mary Mallonee
(b) Address 1603 Cherry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A. A. Co.

18 (a) Funeral director C. D. Sapienza & Son
(b) Address 1938 E. Fayette ave.

19 (a) Registered JAN 13 1943 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 11 1943 at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2 1942 to Jan 11 1943, and that I last saw h[illegible] alive on Jan. 10 1943.

Immediate cause of death Arteria-Sclerotic Cardio-Vascular Renal Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Date signed Jan. 11, 43

F 99853

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1780

F 99853

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00h
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 345 N. Paca St
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME NEWTON Kenneth TRESIZE

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
M	W	Divorced

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 23, 1898

8. AGE: Years	Months	Days	If less than one day
44	2	16	..... hr. ..... min.

9. Birthplace Beatystown N.J.
(Town, county, and state)
10. Usual Occupation Pipefitter
11. Industry or business Shipbuilding

FATHER
12. Name Wm. Dressing
13. Birthplace Cornwall Eng.

MOTHER
14. Maiden Name Hannah Hall
15. Birthplace Hackettstown N.J.

16 (a) Informant Harry & Edwin M. Tresize
(b) Address Easton Pa. Virginia

17 (a) Burial (b) Date thereof 1/12/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory .....
Location Belvidere New Jersey

18 (a) Funeral director Geo. D. Kenney
(b) Address 1600 Hollins St.

19 (a) ..... Huntington Williams M.D.
(Date rec'd by registrar)
JAN 13 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9 1943, at 9P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to h.. death on the day stated above.

Immediate cause of death	Duration
Carbon monoxide poisoning	
Due to	
Due to	
Other Conditions Acute alcoholism	

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
Autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-9-43 at ..... M
(c) Where did injury occur? Home address
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Kitchen stove gas burner

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-10-43

99854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5K

F 99854
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 317 Patapsco Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 317 Patapsco Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Lowe Day

3 (b) If veteran, name war: WW
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Martha Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2nd 1860

8. AGE: Years	Months	Days	If less than one day
82	11	11	hr. min.

9. Birthplace Harford Co. Md.
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Self

FATHER
12. Name Amos T. Day
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden Name Harriett Lowe
15. Birthplace Harford Co. Md

16 (a) Informant Rev Raymond Day
(b) Address 317 Patapsco Ave

17 (a) Buried (b) Date thereof 1/15/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~crematory~~ Mt. Olivet
Location Roslyn Md.

18 (a) Funeral director William Cook Inc
(b) Address Balto Md.

19 JAN 14 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13th 1943 at 6:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1943 to Jan 13 1943 and that I last saw him alive on Jan 5th 1943.

Immediate cause of death	Duration
Congestive heart failure	
Due to	
Due to	
Other Conditions carcinoma prostate	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Philip W. Kreiter M.D.
Address 3545 Hooton Ave Date signed Jan 13 '43

VS 150

99855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 99855 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5712 Oakshire Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5712 Oakshire Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida S. Grundel

3 (b) If veteran, name war 10
3 (c) Social Security Account No. Forf

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of husband: Julius N. Grundel
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 8th 1862
8. AGE: Years 80 | Months 3 | Days 5 | If less than one day hr. min.
9. Birthplace Sweden (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Unknown Grundel
13. Birthplace Sweden

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Robert S. Pape
(b) Address 5712 Oakshire Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/43 (month) (day) (year)
(c) Cemetery or crematory Laurel Grove
Location Savannah Sta.
18 (a) Funeral director William Ott Inc
(b) Address 12 St. Paul St
19 (a) JAN 14 1943 (Date rec'd by registrar) Registration District No. Wellington-Williams Sub-

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13th 1943 at 8:30 a.m.
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1942 to Jan 13 1943, and that I last saw h. alive on Jan 9 1943.

Immediate cause of death: Cerebral hemorrhage — Duration 1 wk
Due to: Arterio Sclerosis Generalized
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury
23. Signature Nathaniel M. Beck M. D.
Address 2727 N. Charles Date signed Jan 13-43

VS 150

99856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 V Registered No. 99856

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 922 E. 20th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 922 E. 20th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emmett Banks Loane

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of ~~husband or~~ wife: Ella Loane
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 24th 1873
8. AGE: Years 69 | Months 5 | Days 12 | If less than one day hr. min.
9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Loane
13. Birthplace Balto Md.

MOTHER
14. Maiden Name E. Dennis
15. Birthplace Md

16 (a) Informant Ella Loane
(b) Address 922 E. 20th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/43 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Mt. Olivet
Location Balto. Md.

18 (a) Funeral director Wm Bok Sons
(b) Address 1217 St. Paul St

19 JAN 14 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11th 1943, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15, 1937 to Jan 11, 1943. and that I last saw ~~him~~ alive on Jan 10, 1943

Immediate cause of death — Duration

Cardio-vascular renal disease — Unknown
Due to
Due to Arteriosclerosis — Unknown
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. B. Sylvester M. D.
Address 2867 Harford Rd Date signed 1-12-43

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99857

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison
(c) Hospital or institution: Maryland Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2nd day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 6823 Dunhill Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Captain Ernest L. Nash

3 (b) If veteran, name war: W
3 (c) Social Security Account No. [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1864

8. AGE: Years	Months	Days	If less than one day
79	0	1	hr. min.

9. Birthplace Harrington, Maine (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Master Mariner

FATHER
12. Name Alonzo Nash
13. Birthplace Harrington, Maine

MOTHER
14. Maiden Name Emily Dorman
15. Birthplace Harrington, Maine

16 (a) Informant Daniel Donovan
(b) Address 6823 Dunhill Rd - Dundalk

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/14/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Harrington
Location Maine

18 (a) Funeral director William Cook Inc
(b) Address St. Paul St.

JAN 14 1943
19 (a) (Date rec'd by registrar) (b) Huntington Williams Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12 1943, at 10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2/43 1943, to 1/12 1943, and that I last saw him alive on 1/12 1943.

Immediate cause of death	Duration
Hypostatic pneumonia	
Gallstones	
Due to Diabetes mellitus	
Due to	
Other Conditions Rheumatoid arthritis	

(Include pregnancy within 3 months of death)

Date of operation 12/23/42 & 1/4/43
Major findings of operation: 1st oper. - Gang. Insfl. Lap Tm; 2nd oper. - Gang. Lap Tm
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. T. McHenry M. D.
Address Maryland Gen. Hosp. Date signed 1/13/43

VS 3

99858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83A

F 99858 Registered No.

correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd. & Calvert
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 Cambria St. Brooklyn (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Schmick

3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-01-9510

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs. Katherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17th 1902

8. AGE: Years	Months	Days	If less than one day
40	5	25	hr. min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation Still Operator
11. Industry or business Schmick Co.

FATHER — 12. Name John Schmick
FATHER — 13. Birthplace Balto. Md.
MOTHER — 14. Maiden Name Hedwig Loeffler
MOTHER — 15. Birthplace Germany

16 (a) Informant Mrs. Katherine Schmick
(b) Address 1325 Cambria St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director Wm Cook Inc.
(b) Address 1217 St. Paul St.

19 JAN 14 1943 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12 1943 at 1055 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10, 1943 to Jan 12 1943 and that I last saw him alive on Jan 12 1943

Immediate cause of death Respiratory failure and hypostatic pneumonia — Duration
Due to Subarachnoid hemorrhage
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Douglas Packard M. D.
Address Union Memorial Hosp. Date signed 1/12/43

VS 150

99859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46h

Registered No. F 99859

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 33 E. Hamburg st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Watson

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Late John T. Watson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13 - 1883

8. AGE: Years	Months	Days	If less than one day
59	3	30	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business "

FATHER
12. Name —
13. Birthplace Unknown

MOTHER
14. Maiden Name Hartenstine
15. Birthplace "

16 (a) Informant John Watson
(b) Address 33 E. Hamburg st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 16 43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location "

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans st

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1943 at 7 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 10 1942 to Jan 12 1943, and that I last saw her alive on Jan 12 1943

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Retroperitoneal Sarcoma?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Nov 16, 1942

Major findings of operation: Retro-peritoneal Sarcoma?

of autopsy:

PHYSICIAN
Underline the one to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Mangano, M. D.
Address 1213 Light Street Date signed 1-12-43

99860 C-60421 × ✓ F 99860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 19
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore Middle Rm
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rt 14 - Box 186
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Baby Girl Crum (Birth F-60421)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-5-42

8. AGE: Years	Months	Days	If less than one day
		20	hr. min.

9. Birthplace Franklin Square Hospital, Baltimore (county) (state) Md

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Carroll W. De Bury
13. Birthplace Md.

MOTHER
14. Maiden Name Mary K. Crum
15. Birthplace Md.

16 (a) Informant Mrs. Rice
(b) Address

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 13 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 JAN 14 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-25- 1942 at 12 35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-5- 1942 to 10-24 1942 and that I last saw her alive on 10/25/ 1942.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman M.D.
Address Franklin Square Hosp Date signed 1/13/43

VS 8

9738

F 99861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

F 99861 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 622 N. Monroe St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 - 4
(e) Length of stay in Baltimore (yrs., mos., or days) 65 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 622 N. Monroe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gustav R. Kretzschmar,

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-16-0776

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Ida R. Kretzschmar.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21. 1861

8. AGE: Years	Months	Days	If less than one day
81	8	22	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Lyno-Type

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Miss Bertha M. Kretzschmar,
(b) Address 622 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15. 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director Robert S. Little,
(b) Address 2700 Edmondson Ave.

19 (a) (Signature of local registrar) (b) JAN 14 1943 Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 12 1943 19 . at 6 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1942 to Jan 12 1943. and that I last saw h[illegible] alive on Jan 12 1943.

Immediate cause of death Left Hemiplegia
Chronic Myocarditis — Duration

Due to

Due to

Other Conditions Chr. Nephritis
Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. E. Hammer M.D.
Address 701 N. Fulton Ave. Date signed 1/13/43

F 99832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 99862 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days.
(e) Length of stay in Baltimore (yrs., mos., or days) To grave.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1406 Eutaw Place.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME LAETITIA B. KELLY

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Dr. Howard A. Kelly
6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) July 12, 1862

8. AGE: Years	Months	Days	If less than one day
80	6	0	hr. min.

9. Birthplace Germany (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Dr. Justus Bredow
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Hein
15. Birthplace Germany

16 (a) Informant Hosp. Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14 43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Henry M. Jenkins Sons Co.
(b) Address McCulloh & Orchard Sts

19 (a) (Date rec'd by registrar) JAN 14 1943 (b) Registrar Huntington Hillsdale, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12 1943, at 8:23 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1943 to Jan 12 1943, and that I last saw h[er] alive on Jan 12 1943.

Immediate cause of death	Duration
Myocardial failure	
Due to Arteriosclerosis, General.	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard B. Miller M.D.
Address Union Memorial Hospital Date signed 1-12-43

F 99863

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

97 Registered No. F 99863

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 75 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1406 Eutaw Place, City (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME Howard Atwood Kelly

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W	Married.

6 (b) Name of husband or wife Mrs. Howard A. Kelly
6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1858

8. AGE: Years	Months	Days	If less than one day
84	10	23	____ hr. ____ min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

FATHER
12. Name Henry K. Kelly
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Louisa Warner
15. Birthplace Pennsylvania

16 (a) Informant — Hosp Record
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14 43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn.
Location Woodlawn Md

18 (a) Funeral director Henry W. Jenkins Sons Co
(b) Address McCulloh & Orchard Sts

19 (a) JAN 14 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1943, at 2:55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1943, to Jan 12 1943, and that I last saw him alive on Jan 12 1943.

Immediate cause of death
Uremia.
Due to Arteriosclerosis, generalized.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B. Mills M.D. M. D.
Address Union Memorial Hospital Date signed 1-12-43

F 99864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

F 99864 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1372 N. Carey St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1372 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jefferson Jones
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Laura C.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
79	28		hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Wm A. Jones
13. Birthplace Virginia

MOTHER 14. Maiden Name Amanda Peter
15. Birthplace Virginia

16 (a) Informant Laura C. Jones
(b) Address 1372 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 14, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Cas. B. Holland
(b) Address 1600 Druid Hill Ave.

19 (a) JAN 14 1943 (Registrar's signature) (b) Date received by registrar Washington Williams Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/11 1943, at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/28 1942 to 1/11 1943
and that I last saw h[illegible] alive on 1/9 1943

Immediate cause of death Chronic Myocarditis

	Duration
Due to	6 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible]
Address 1450 W. Biddle St. Filed 1/14/43 D.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 468 F 99865

F 99865

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard + Madison
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2601 Garrison Blvd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sally Andrews (Sally A. Andrews)

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/15/1863

8. AGE: Years	Months	Days	If less than one day
79	2	28	hr. min.

9. Birthplace Lakeville, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John R. Andrews
13. Birthplace Lakeville, Md.

MOTHER
14. Maiden Name Amelia Jones
15. Birthplace Lakeville, Md.

16 (a) Informant Mrs. Elsie R. Alexander
(b) Address 2601 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address 2601 Garrison Blvd.

19 (a) (Date rec'd by Registrar) Huntington Hollins, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 1943, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13 1942 to Jan 13 1943, and that I last saw her alive on Jan. 13 1943.

Immediate cause of death Heart Failure — Duration

Due to Carcinoma of Stomach & metastasis to Lung

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lou M. Zimmerman M.D.
Address Md. Gen. Hosp. Date signed 1/13/43

VS 3

F 99866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940

Registered No. F 99866

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 41 S. Pulaski St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 41 S. Pulaski St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louise A. Stasmeda

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Frank Stasmeda
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 12 1867

8. AGE: Years 75 | Months 6 | Days 1 | If less than one day hr. min.

9. Birthplace Brooklyn N.Y.
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Francis Corcoran
13. Birthplace Scotland

MOTHER
14. Maiden Name Mary Dorgan
15. Birthplace Scotland

16 (a) Informant Mrs. Catherine Ireland
(b) Address 2708 N. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 15-43 (month) (day) (year)
(c) Cemetery or Crematory Western
Location Baltimore, Md.

18 (a) Funeral director F. A. Waybright
(b) Address 300 Eutaw Place

JAN 14 1943 Huntington Williamsport, Md.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13th 1943 at 12:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/7 1941, to 1/13 1943, and that I last saw her alive on 1/13 1943.

Immediate cause of death Coronary Thrombosis — Duration 2 days.
Due to Arteriosclerosis — ?
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Daniel B. Brocard, Asst.
Address 1905 W. Baltimore St. Date signed 1/14/43.

VS 3

F 99867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99867 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 62 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1902 Dukeland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE W. WEBER

3 (b) If veteran, name war

3 (c) Social Security Account No. 228-18-5597

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years	Months	Days	If less than one day
62	4		hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Not Known

11. Industry or business

FATHER
12. Name Jacob Weber
13. Birthplace Germany

MOTHER
14. Maiden Name Eva Seibert
15. Birthplace Germany

16 (a) Informant Mrs Margaret Bank
(b) Address 1902 Dukeland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-43 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location Edmondson Ave

18 (a) Funeral director William J. Porter
(b) Address 2836 W. North Ave

19 (a) (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1943 at 7.09 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pulmonary embolism	
Due to Fracture of left femur	15 days
Due to	
Other Conditions Hd	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 29 1942 at 8 P M
(c) Where did injury occur? Granby St & East Falls Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work?
(e) Means of injury Pedestrian struck by auto

23. Signature W. E. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-12-43

VS 6

F 99868

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

3|A

F 99868 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 630 N Carrollton ave
(c) Hospital or institution: 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 630 N Carrollton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katie Dough

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem	Col	Widowed

6 (b) Name of husband or wife Thomas Dough
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-23-86

8. AGE: Years	Months	Days	If less than one day
56		20	hr. min.

9. Birthplace Greenwood S C (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jesse Proctor
13. Birthplace South Carolina

MOTHER
14. Maiden Name
15. Birthplace South Carolina

16 (a) Informant Mattie Caldwell Davis
(b) Address Rehoboth Beach Del

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. G. Co.

18 (a) Funeral director Samuel M. Chase & Son
(b) Address 638 N. Richmond St

19 (a) (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12 1943 at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 8 1942 to Jan 12 1943 and that I last saw h[illegible] alive on Jan 12 1943

Immediate cause of death: Hypertensive Cardio-Vascular renal — Duration: 1 yr.
Due to Disease
Due to
Other Conditions Arthritis Varicose Ulcers
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Atwell Jones M. D.
Address 5354 Dolphin St Date signed 1-14-43

VS-3

Duplicate F 99869

BALTIMORE CITY HEALTH DEPARTMENT 944 Registered No. F 99869

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hosp. 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christopher Kernan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace unk (Town, county, and state)

10. Usual Occupation unk

11. Industry or business unk

FATHER
12. Name unk
13. Birthplace unk

MOTHER
14. Maiden Name unk
15. Birthplace unk

16 (a) Informant Claimed for Burial
(b) Address By A. Lee Cohn Undr. 1/16/43

17 (a) Burial (b) Date thereof 1/16/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltimore Natl.
Location Frederick Road

18 (a) Funeral director
(b) Address

JAN 11 1943
(Date rec'd by registrar)

JOHNS HOPKINS MEDICAL SCHOOL JAN 11 1943
Commissioner of Health
Walter Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 20 1942, at 4:25 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Cohn M.D.
Medical Examiner.
Date signed Dec 20 1942

VS 6

99870

BALTIMORE CITY HEALTH DEPARTMENT V 08 F 99870 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 Eastern Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALBERT WILLIAM SEELERT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace Md

MOTHER
14. Maiden Name
15. Birthplace Md

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

JAN 17 1943
(Date rec'd by registrar)

JOHN HOPKINS MEDICAL SCHOOL JAN 11 1943
Commissioner of Health
Huntington Williams, M.D.
Registrar

9:40

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22, 1943 at 3 55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobar, left	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: no
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 1-22-43

F 99871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 1a

F 99871 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. City
(c) City or town Baltimore C.T. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1826 Caroline St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Belle Dennann

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
F	W	Widowed

6 (b) Name of husband or wife Thomas E. Dennann
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3/17/1866

8. AGE: Years	Months	Days	If less than one day
76	9	25	— hr. — min.

9. Birthplace Va. Cherrystone, Va. (Town, county, and state)
10. Usual Occupation — at Home
11. Industry or business

FATHER
12. Name William Lurgo
13. Birthplace Maryland

MOTHER
14. Maiden Name Lurgo
15. Birthplace Maryland

16 (a) Informant Mrs. Catherine Hunt
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Md.
Location North Ave Balto Md

18 (a) Funeral director George J. Ruth Inc
(b) Address 1726 E. Hoffman Ave

19 (a) JAN 14 1943 Registrar
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1943, at 1:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 11 1943, to Jan. 12 1943, and that I last saw her alive on Jan 10 1943.

Immediate cause of death	Duration
Bronchial Pneumonia	
Due to Uremia	
Due to Hypertension Arteriosclerosis Cardiac Vascular renal disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William G. Graham M. D.
Address Mercy Hospital Date signed 1/13/43

VS 150

F 99872

AB-69148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 18 dea F 99872

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Yr. 3 Months
(e) Length of stay in Baltimore (yrs., mos., or days) 43 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 W. 25 th., Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME (Firstname) Fritz Schmidt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: Selma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3-1861

8. AGE: Years 81 | Months 3 | Days 10 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name Frederick Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Fredricka Tillon
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director George J. Roth Son
(b) Address 3 Hoffman Ave Balto

19 (a) JAN 14 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12, 1943, at 11 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5-43 19 . to 1-13 1943, and that I last saw him alive on 1-13 19 43.

Immediate cause of death acute cardiac failure with pulmonary edema and bronchopneumonia — Duration 1 day

Due to Generalized arteriosclerosis — 1 day

Due to Intracapsular fract. of left femur — 3 wks

Other Conditions — yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(a) Accident, suicide, or homicide Leg fract

(b) Date of occurrence 12-10- at 12 M

(c) Where did injury occur? Balto. City Hosp (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Hospital (Specify type of place) While at work?

(e) Means of injury Fell

23. Signature Paul Schneider M.D.

Address Balto. City Hosps Date signed 1-13-43

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 99873 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 - N. Carlton St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 - E. Lafayette Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME ROBERT L. MITCHELL (North F 59353)

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10-12-1942

8. AGE: Years	Months	Days	If less than one day
—	3	—	— hr. — min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Francis L. Mitchell
13. Birthplace Balto Md

MOTHER
14. Maiden Name Estella Tietz
15. Birthplace Balto Md

16 (a) Informant Francis L. Mitchell
(b) Address 1515 E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director George J. Roth Inc
(b) Address 1244 Harlem Ave Washington Blvd

19 JAN 14 1943 (Date rec'd by registrar) (b) Washington Blvd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 12 1943, at 10:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-22 1942, to 1-12 1943, and that I last saw h[illegible] alive on 1-12 1943.

Immediate cause of death Bronchopneumonia, Respiratory failure — Duration 26 days
Due to Lobar pneumonia
Due to —
Other Conditions Pneumococcal meningitis ? (Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy Lobar pneumonia, Meningitis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature William H. Fuerling M.D.
Address St. Joseph's Hosp. Date signed 1-13-43

VS 8

F 99874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

24 F 99874 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Catonsville Wilkens
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Kuper Place (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Henry H. McKelvy

3 (b) If veteran, name war None

3 (c) Social Security Account No. 220-07-0168

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Lena S. McKelvy

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Oct 5- 1871

8. AGE: Years 71 | Months 3 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (town, county, and state)

10. Usual Occupation Farmer Grocer

11. Industry or business

FATHER
12. Name Marion McKelvy
13. Birthplace Maryland

MOTHER
14. Maiden Name Agnes Shutler
15. Birthplace Maryland

16 (a) Informant Lena S. McKelvy
(b) Address 1415 Kuper Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18-1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location City

18 (a) Funeral director Roth & Co-B. M. Walter
(b) Address Paca & Lexington Sts

19 (a) JAN 14 1943 (b) Registrar
Date Received by Registrar Huntington Hollins, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13, 1943, at 5:14 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1943, to Jan 13 1943, and that I last saw him alive on Jan 13 1943.

	Duration
Immediate cause of death Arteriosclerosis C-V-D	
Due to	
Due to	
Other Conditions Cirrhosis of Liver	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Catherine Rosenberg M. D.

Address St. Agnes Hosp. Date signed 1/13/43

F 99875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 Reg

F 99875 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (Brooklyn)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 808 Stoll St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MATTIE KAINGAS (Matti Kangas)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Lois V. Kangas
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Sept 2 - 1890

8. AGE: Years	Months	Days	If less than one day
52	4	10	hr. min.

9. Birthplace Finland (Town, county, and state)
10. Usual Occupation Ensign
11. Industry or business U.S. Coast Guard

FATHER
12. Name Unknown
13. Birthplace Finland

MOTHER
14. Maiden Name Marie —
15. Birthplace Finland

16 (a) Informant Lois V. Kangas
(b) Address 808 Stoll St

17 (a) Removal (b) Date thereof Jan 15-1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arlington Natl Cem
Location Arlington Virginia

18 (a) Funeral director Robt C & B.M. Walker
(b) Address Butler & Stocker Sts

19 (a) JAN 14 (b) 1943
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1943, at 10:20 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Fracture of skull — Duration

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)
Date of operation 8-12-42
Major findings of operation: None

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-12-43 at 8:00 PM
(c) Where did injury occur? Home Baltimore Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Fell down cellar steps

23. Signature J. J. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-13-43

VS 6

F 99876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 99876

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 633 Gorsuch ave St. 83 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Sallie M. Cole 95

If U. S. Veteran specify WAR _____

(a) Residence: No. 633 Gorsuch ave St. _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Cole

6. DATE OF BIRTH (month, day, year) Mar. 1 1867

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
75	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Balto Co, Md

FATHER

13. NAME Abraham Cole

14. BIRTHPLACE (city or town) (State or country) Balto. Co., Md

MOTHER

15. MAIDEN NAME Matilda Sparks

16. BIRTHPLACE (city or town) (State or country) Balto Co, Md

17. INFORMANT Frank Cole

(Address) 633 Gorsuch Ave

18. BURIAL, CREMATION OR REMOVAL

Place Black Rock, Balto. Co. Date Jan 16 1943

19. UNDERTAKER London M Brooks

(Address) Sparks, Md.

20. FILED JAN 14 1943 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 13, 1943

22. I HEREBY CERTIFY, That I attended deceased from June 13 1942 to _____ 19__

I last saw h[illegible] alive on June 13 1942 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sudden
Other contributory causes of importance: Arteriosclerosis	6-8 yrs

Was an operation performed? Yes Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) F. Leslie Ewell M. D.

(Address) 2945 St. Paul St

OCCUPATION [illegible] See instructions on back of certificate.

VS 3

F 99877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

F 99877 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 110 N. Durham St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Orem Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Florence (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12-1853

8. AGE: Years	Months	Days	If less than one day
89	1	1	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Forrester Wilson
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Ann Reynolds
15. Birthplace Pa.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 1943 (Month) (day) (year)
(c) Cemetery or ~~cemetery~~ Mt. Vernon
Location Harford County Md.

18 (a) Funeral director Albert W. Pugsley
(b) Address 440 E. Northern

19 (a) JAN 14 1943 (b) Registrar M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13 1943 at 6 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4 1943 to 1-13 1943 and that I last saw h alive on 1-13 1943

Immediate cause of death Bronchopneumonia — Duration 2 Days

Due to

Due to

Other Conditions Hypertensive C.V. disease — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rotten M. D.
Address Balt. City Hosp. Date signed 14-43

F 99878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. F 99878

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 E. Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pete Langos

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years: 63 | Months | Days | If less than one day: hr. min.

9. Birthplace: Greece (Town, county, and state)

10. Usual Occupation: cook

11. Industry or business

FATHER
12. Name: John Langos
13. Birthplace: Greece

MOTHER
14. Maiden Name
15. Birthplace: Unknown

16 (a) Informant: James Theodorakos
(b) Address: 1520 W. Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-43 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn Md

18 (a) Funeral director: Albert N. Bengo
(b) Address: 440 E. north Ave Baltimore, Md

19 (a) JAN 14 1943 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10-43 19 , at 6:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4 1943, to 1-10 1943, and that I last saw him alive on 1-10 1943.

Immediate cause of death: Coronary Occlusion ? — Duration

Due to: Empyema & gall bladder

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Louis E. Goodman M.D.

Address: Franklin Sq. Date signed 1-10-43

F 99879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 99879

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1806 E. Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 E. Baltimore (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Manolaros

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Despina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) nov 2 1881

8. AGE: Years	Months	Days	If less than one day
61	2	3	hr. min.

9. Birthplace Greece (Town, county and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Andrew Manolaros
13. Birthplace Greece

MOTHER
14. Maiden Name Kaliopes ?
15. Birthplace Greece

16 (a) Informant Mrs Despina Manolaros
(b) Address 1806 E. Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn md

18 (a) Funeral director Albert W Berger
(b) Address 440 E North Ave

19 (a) [illegible] (b)

(Signature of local registrar)

Huntington Mills Baltimore Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1943, at 6 55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from January 7 1943 to Jan 12 1943, and that I last saw him alive on January 7 1943.

Immediate cause of death Bronchio-Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Silverstein M. D.
Address W. Baltimore Date signed 1/15/43

F 99880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99880 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 407 N Poppleton
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 N Poppleton (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Cornish

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892.

8. AGE: Years 50 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md. (Town, county and state)
10. Usual Occupation Domestic.
11. Industry or business

FATHER
12. Name Charles Cornish.
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mr Herman Cornish.
(b) Address 737 Pierce St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1-16-1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie A Williams
(b) Address 322 N Schroeder St Washington Hotel Annex, Md.

19 (a) JAN 14 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1943 at 3:46 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1943 to Jan 13 1943 and that I last saw ... alive on Jan 13 1943.

Immediate cause of death: Coronary Thrombosis — 4 Days
Due to: Influenza — 7 days
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible]
Address Date signed 1/15/43 M. D.

VS 8

F 99881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 99881 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2916 Westfield Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 Westfield Av (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertha K Adair

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Gordon H. Adair
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-3-1870

8. AGE: Years	Months	Days	If less than one day
72	2	10	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Christian Mathai
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Spielman
15. Birthplace Germany

16 (a) Informant Mrs Fred Kennedy
(b) Address 2916 Westfield Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-43 (month) (day) (year)
(c) Cemetery or crematory Balto
Location

18 (a) Funeral director Leonard Hurst
(b) Address 5305 Harford Rd

19 (a) (Date of removal) (b) Huntington, West Virginia

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1943 to Jan 17 1943 and that I last saw h alive on Jan 17 1943.

Immediate cause of death	Duration
Bronchio-pneumonia	3 days
Due to Acute cardiac dilatation	1 day
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frances L. Bayh M.D.
Address 6077 Harford Rd Date signed 1/17/43

F 99882

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95B F 99852 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Rayner +
(b) Street address Parkland ave
(c) Hospital or institution:
West Balto General Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 27
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2100 Whittier ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William P. Grossman

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Rose
6 (c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Grocery Merchant

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-43 (month) (day) (year)
(c) Cemetery ~~Cremation~~ Adas
Location Rosedale

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Balto St

19 (a) JAN 14 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/13 1943, at 11:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/17 1942 to 1/13 1943, and that I last saw h~~im~~ alive on 1/13 1943.

Immediate cause of death	Duration
Coronary Failure	
Due to Bronchopneumonia	
Due to Rheumatic Heart Disease	20 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. V. Thompson M.D.
Address 2100 Whittier Ave Date signed 1/13/43

VS 8

F 99833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930 F 99833 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1733 E. Baltimore St
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 E. Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) **FULL NAME** Mendel Schleifer

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
70			hr. 6.5 min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Clothing Presser

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mrs Fabrid Lasnin
(b) Address 842 Koning St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore St (funeral home)

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 14 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1943, at 8.50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy & inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Jan 14 1943

F 99884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 G

Registered No. F 99884

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1037 Wilmot Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1037 Wilmot Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sylvia Bekowitz

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Aaron Bekowitz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1914

8. AGE: Years 29 | Months | Days | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Abraham Kitt
13. Birthplace Russia

MOTHER
14. Maiden Name Rayah —
15. Birthplace Russia

16 (a) Informant Judye Kitt
(b) Address 2210 N. Nicholson St. N.E. Washington D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-43 (month) (day) (year)
(c) Cemetery or crematory Pikesdale
Location Phila. Pa.

18 (a) Funeral director Jack Peirce Inc
(b) Address 1439 E. Baltimore St. Hunterstown Pennsylvania

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 14 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1943, at 12 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Acute sodium fluoride poisoning — Duration

Due to ingestion of sodium fluoride

Due to

Other Conditions mental depression

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence Jan. 13 1943 at M
(c) Where did injury occur? 1037 Wilmot Court (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Self ingestion of poison

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Jan 14 1943

F 99885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45 B

F 99885
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 803 S. Charles St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Hardesty
If U.S. Veteran specify WAR

(a) Residence: No. 803 S. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Minnie Hardesty
6. DATE OF BIRTH (month, day, year): 1880
7. AGE: Years 63 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Govt Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): Dec 1942
11. Total time (years) spent in this occupation: 4

12. BIRTHPLACE (city or town) (State or country): Chester Town Md

FATHER
13. NAME: unknown
14. BIRTHPLACE (city or town) (State or country):

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Minnie Hardesty
(Address) 803 S. Charles

18. BURIAL, CREMATION, OR REMOVAL: Lakeway Cr
Place Burial Date 1/15/43

19. UNDERTAKER: Isaiah L. Brown & Son
(Address) 108 W Montgomery St

20. FILED: Hunting Registrar.

JAN 14 1943

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/12/43

22. I HEREBY CERTIFY, That I attended deceased from 11/10/42 to 1/12/43
I last saw him alive on 1/11/43 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
of Sigmoid (18 mos.)	
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Scarlett M. D.
(Address) 1226 W Lee St

OCCUPATION is very important. See instructions on back of certificate.

F 99886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

630 Registered No. F 99886

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto City
(b) Street address 1014 Peach St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1014 Peach St
(If rural give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3 (a) FULL NAME Mary Spence

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	C	Widow

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/10/1873

8. AGE: Years	Months	Days	If less than one day
69	11	01	hr. min.

9. Birthplace Md.
(Town, county and state)
10. Usual Occupation Housewife
11. Industry or business Housework

FATHER
12. Name Christopher Collins
13. Birthplace Md.

MOTHER
14. Maiden Name Addie Johnson
15. Birthplace Md.

16 (a) Informant Walter Spence (Son)
(b) Address 1014 Peach St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A.Co. Md.

18 (a) Funeral director Isaiah D Brown Jr
(b) Address 108 W Montgomery Street

19 (a) (Date rec'd by registrar) (b) Registrar's No. 1943
Registered by Wellington Williams, MD JAN 14 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 — 11 — 1943, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-3-1943 to 1-11-1943, and that I last saw him alive on 1-11-1943.

Immediate cause of death Cerebral Hemorrhage

Duration

Due to Hypertension

Due to

Other Conditions Age

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James G. Carlson M. D.
Address 1016 E. Monument St Date signed 1-13-43

F 99887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117b F 99887 Registered No.

PRESS WHITE PLANLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Armstead Hotel
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Herbert Manning

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No.	None	Male	White	Married

6 (b) Name of husband or wife Dorothy Rooney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1900

8. AGE: Years	Months	Days	If less than one day
42	10	18	hr. min.

9. Birthplace Scranton, North Carolina
(Town, county, and state)
10. Usual Occupation Chief Engineer
11. Industry or business

FATHER
12. Name William Allen Manning
13. Birthplace North Carolina

MOTHER
14. Maiden Name Carrie Eliz.
15. Birthplace North Carolina

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Removal (b) Date thereof Jan 14 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Washington Memorial Park

18 (a) Funeral director A. Reiley Slade
(b) Address [illegible] Harford Road

19 (a) (Date rec'd by registrar) (b) JAN 14 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13, 1943, 8:05a.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 7, 1943 to Jan. 13, 1943 and that I last saw him alive on Jan. 13, 1943

Immediate cause of death: Duodenal ulcer, perforated — Duration: 2 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] S. Beam / [illegible] Duncan
Address US Marine Hospital Baltimore, Maryland. Date signed 1/13/43

VS 150

Transcriber's F 99888 ✓ 13 W F 99888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2216 Garrison Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2216 Garrison Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma C. Whitney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife George W. Whitney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2-1858

8. AGE: Years 84. Months 11. Days 11. If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business Home Duties

FATHER
12. Name Henry J. Quick.
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Catherine Smith
15. Birthplace Balto. Md.

16 (a) Informant Jas. Margaret M. Anderson
(b) Address 4305 Garrison Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 1943 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Baltimore

18 (a) Funeral director Ingram Cook Lyser
(b) Address 1600 N. North Ave.

19 (a) JAN 14 1943 Huntington Hill Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 1943, at 11:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1942 to Jan 13 1943, and that I last saw her alive on 1/13 1943.

Immediate cause of death — Duration

Arteriosclerotic
Due to Reticular renal disease
Due to Arterio-sclerosis
Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature E. D. Volinick M. D.
Address 4710 Liberty Hts. Date signed 1/14/43

VE 8

F 99889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

F 99889 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6308 Old Harford Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Ebbert

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Susan Ebbert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 27, 1885

8. AGE: Years 87 | Months 11 | Days 16 | If less than one day: hr. min. 5

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Wheelwright

11. Industry or business

FATHER
12. Name Fredrick Ebbert
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Schwartz
15. Birthplace Germany

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 1 (month) 16 (day) 43 (year)
(c) Cemetery or crematory Parkwood
Location Balto City Md

18 (a) Funeral director Frazier Funeral Home
(b) Address 7401 Belair Rd Hillcrest

19 (a) JAN 14 1943 **(b)** Registrar

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1943, at 5:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1 1943 to January 13 1943, and that I last saw him alive on January 13 1943

Immediate cause of death	Duration
Uremia	
Due to Fracture of Right femur	
Due to	
Other Conditions Senility; hypertension Chronic Bronchitis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence December 30 at 4:45 M
(c) Where did injury occur? Baltimore (City or town) Maryland (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Fell in bedroom

23. Signature James G. Stegmaier M. D.
Address Mercy Hospital Date signed January 13, 1943

Approved Robert E. Preston M.D.

F 99890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99890 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Eaton Avenue
(c) Hospital or institution: Jenkins Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 7 Glenwood Ave., Catonsville (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Nancy Johnnie Bohannan

3 (b) If veteran, name war: No
3 (c) Social Security Account No. No

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Jeanetta V Bohannan
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 27 1856

8. AGE: Years 86 | Months 1 | Days 24 | If less than one day: 16 hr. ____ min.

9. Birthplace Huntington W Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Patrick Henaley
13. Birthplace

MOTHER
14. Maiden Name Gertrude Bowen
15. Birthplace

16 (a) Informant Jenkins Memorial Hosp.
(b) Address 1000 Eaton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/1943 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Ave

18 (a) Funeral director Edw. A. Mac Nabb
(b) Address Catonsville, Md

19 (a) 1943 (b) Huntington W Va (Registrar)

LAB. FORM 1 (Rev. 1-42)
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1943 at 1 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1943 to Jan 13 1943. I saw her alive on Jan 5 1943

	Duration
Immediate cause of death: Lobar pneumonia	
Due to:	
Due to:	
Other Conditions: Arteriosclerosis C-V-D	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rawlings M.D.
Address St. Agnes Hosp. Date signed 1/31/43

F 99891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 W

F 99891 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Card. Spring Lane
(c) Hospital or institution:
Card Spring Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1035 Hollen Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis F. Schuman

3 (b) If veteran, name war No
3 (c) Social Security Account No. No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11 — 1866

8. AGE: Years	Months	Days	If less than one day
76	1	1	hr. min.

9. Birthplace Baltimore Md.
(Town, county and state)
10. Usual Occupation Laborer R. R.
11. Industry or business Pa. R.R.

FATHER
12. Name Frederick Schuman
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Schultz
15. Birthplace Germany

16 (a) Informant Minnie Schuman
(b) Address 1035 Hollen Rd (Same)

17 (a) Burial (b) Date thereof 1-14-43.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Wendell E. Humphreys
(b) Address 1[illegible] N. Broadway.

19 (a) [illegible] (b)
(Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1943, at 10 am M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to Jan 12 1943, and that I last saw him alive on Jan 10 1943

Immediate cause of death: Cerebral Hemorrhage — Duration 12

Due to: arteriosclerosis — 12 yrs.
Hypertension — 12 yrs.
Due to: Chr. Interstitial Nephritis — 12 yrs.

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Wm. F. Strauss M.D.
Address 2878 Harford Rd Date signed 1-14-43

F 99892

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99892 — Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 38 S. Hanover St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Mundy

3 (b) If veteran, name war

3 (c) Social Security Account No. 237-10-4847

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Pattie Mundy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15 1892

8. AGE: Years	Months	Days	If less than one day
45	6	14	hr. min.

9. Birthplace Danville Virginia (Town, county, and state)
10. Usual Occupation Brakeman
11. Industry or business Fairfield Shipyard

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Pattie Mundy
(b) Address Route #6 Box 378 Greensboro, N.C.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Greensboro, N.C.

18 (a) Funeral director Loring Byers
(b) Address 5005 Park Heights Ave.

19 (a) [illegible] (b) [illegible]
Received [illegible] Willis Bowen M.D.
JAN 14 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1943, at 6:50 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
acute coronary thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. (Medical Examiner.)
Date signed Jan 14 1943

F 99893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99893 Registered No. 109

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland or County Kent
(c) City or town Chestertown R F D
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grover Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 14-1890

8. AGE: Years 52 53 | Months 5 | Days | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name James R. Coleman
13. Birthplace Maryland

MOTHER
14. Maiden Name Armetta Godfrey
15. Birthplace Maryland

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17 1943 (month) (day) (year)

(c) Cemetery or crematory Christ Ch.
Location Chestertown Md

18 (a) Funeral director J. Willis Wells
(b) Address Chestertown, Md

19 Jan 16 1943 Filed by registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1943 at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1943 to Jan 14 1943 and that I last saw h alive on Jan 14 1943

Immediate cause of death Heart Failure

Due to Overwhelming Infection

Due to (a) Osteomyelitis of R Leg (b) Chronic hypertrophic Arteriosclerosis (c) Pneumonitis, R.L. Lower

Other Conditions Hemorrhage into Bladder & False Passage to Urethra

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: (a) (b)

of autopsy: above.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert E. Bartlett Jr.
Address University Hosp. Date signed Jan 17 1943

(Over)

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 99894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 99894 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Sts.
(c) Hospital or institution: South Balto. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1296 Riverside Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME John Edward KROTH.

3 (b) If veteran, name war none

3 (c) Social Security Account No. 213-05-7690

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1897

8. AGE: Years 45 | Months 11 | Days 12 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Dairy Products.

FATHER 12. Name John Kroth

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Anna Loeser

15. Birthplace Europe

16 (a) Informant Mrs. Anna Kroth

(b) Address 1296 Riverside Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore City.

18 (a) Funeral director E. Schloeman & Son.

(b) Address 1039 S. Hanover St.

19 (a) (Date received) (b) Huntington Williams (Registrar)

JAN 13 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12- 1943 at 12:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10-1943 to 1-12-1943, and that I last saw h[illegible] alive on 1-12- 1943.

Immediate cause of death: Bilat. lobar pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature C. Landrew

Address 1213 Light St. Date signed 1/12/43 M.D.

48 180

STRAUSS

F 99895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 1a

F 99895 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Williams St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 William St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna J. Strauss

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Edward A.

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Feb 28, 1894

8. AGE: Years 48 | Months 10 | Days 13 | If less than one day hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John G Ebelmann
13. Birthplace Balto.

MOTHER
14. Maiden Name Margaret Mieler
15. Birthplace Balto.

16 (a) Informant Family
(b) Address 1708 William St

17 (a) Burial (b) Date thereof 1/15/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mayo Haven
Location Catonsville Md

18 (a) Funeral director J. Fus McFaul
(b) Address 120 E Fayette St.

JAN 14 1943
(Date rec'd by registrar)

(b) Registrar

VS 180

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11, 1943, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942 to Jan 11 1943 and that I last saw her alive on Jan 5 1943.

Immediate cause of death
(a) Apoplexy
Due to Hypertension
Due to Chr. Nephritis

Duration
(a) 2 hrs
(b) 7 yrs
(c) 2 yrs

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. J. Kinsman M. D.
Address 1 E Read St Date signed 1/14/43

Age at last birthday in case of infants under one year, state age in months, days, or hours. Every item of information should be carefully supplied. Cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

F 99896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99896 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2
(c) Hospital or institution: St. Agnes' Hospital 2500
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. Rockwell Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Uebel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary Anna Boswell Uebel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1874

8. AGE: Years	Months	Days	If less than one day
69	—	12	hr. min.

9. Birthplace Towsons Lane Balto. Co. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John H. Uebel
13. Birthplace Germany

MOTHER 14. Maiden Name Anna Mabry Fissmer
15. Birthplace Germany

16 (a) Informant Mrs. John Uebel
(b) Address Ellicott City, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16, 1943 (month) (day) (year)
(c) Cemetery or crematory Good Shepherd Cem.
Location Rockland, Md.

18 (a) Funeral director Easton Sons
(b) Address Ellicott City, Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JAN 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 1, 13 1943, at 4 08 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/4 1943 to 1/13 1943 and that I last saw h[im] alive on 1/13 1943.

Immediate cause of death Carcinoma of sigmoid

Due to (a)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1/11/43

Major findings of operations: Carcinoma of sigmoid

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D.
Address James M. Cain Date signed 1/13/43

F 99897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99897 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Dogmal Hotel Balto. St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Johnson 78994

3 (b) If veteran, name war

3 (c) Social Security Account No. 197-07-5597

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1902

8. AGE: Years	Months	Days	If less than one day
40	3	27	hr. min.

9. Birthplace Mass. (Town, county, and state)

10. Usual Occupation ship fitter

11. Industry or business

FATHER
12. Name John Johnson
13. Birthplace Sweden

MOTHER
14. Maiden Name Bessie ?
15. Birthplace Sweden

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Removal - Burial (Burial, cremation, or removal) (b) Date thereof 1/15/43 (month) (day) (year)
(c) Cemetery or crematory
Location Quincy, Mass.

18 (a) Funeral director A. Le Oder
(b) Address 4644 York Road.

19 Filed JAN 15 1943 (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 9 1943, at 5:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6 1943 to Jan. 9 1943, and that I last saw h[im] alive on Jan. 9 1943.

Immediate cause of death — Duration

Pulmonary tuberculosis — 2 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Hart M.D.
Address Balto City Hosp Date signed 1/15/43

VS 180

Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT PLAINLY, WITH UNFADING INK.

99898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 99898

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1017 Sterrett St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL, and give town)

(d) Street No. 1017 Sterrett St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Joan D. Conroy

3 (b) If veteran, name war W

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 9th 1935

8. AGE: Years	Months	Days	If less than one day
7	6	3	hr. min.

9. Birthplace Balto. Md

(Town, county, and state)

10. Usual Occupation Student

11. Industry or business School

FATHER 12. Name James W. Conroy

13. Birthplace Md.

MOTHER 14. Maiden Name Mary Dixon

15. Birthplace Md

16 (a) Informant James W. Conroy

(b) Address 1017 Sterrett St

17 (a) Burial (b) Date thereof 1/14/43

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location A. A. Co. Md.

18 (a) Funeral director Williams Cook Sec

(b) Address 217 St. Paul St

19 (Date received by Registrar) JAN 15 1943 (Signature of Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12th 1943 9:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/9 1943 to 1/12 1943.

and that I last saw her alive on 1/12 1943.

Immediate cause of death Lobar Pneumonia — Duration 3 da

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Joseph J. Lankartis M. D.

Address 1 E Washington Blvd signed 1/13/43

VS 150

99899
AB-79066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 99899

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: BALTIMORE CITY HOSPITALS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 Hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3120 St. Paul St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Hoyt. (Birth F 67257)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			6 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Foster Hoyt
13. Birthplace Md.

MOTHER
14. Maiden Name Evelyn Daugherty
15. Birthplace Ala.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-12-43 (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director Balto City Hosp.
(b) Address

19 JAN 15 1943 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1943 at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-9 1943 to 1-9 1943, and that I last saw her alive on 1-9 1943.

Immediate cause of death Congenital Atelectasis — Duration 12 hrs.
Due to
Due to
Other Conditions Cremation

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louise C. Garesi M. D.
Address Balto. City Hosp. Date signed 1-11-43

99930
AB-78801

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 1600a

Registered No. E 99930

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
BALTIMORE CITY HOSPITALS 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Middle River 212
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 307 Seneca Park
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Baby Boy Lancaster (Birth F 65911)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 27-1942

8. AGE: Years — Months — Days 2 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Francis Lancaster
13. Birthplace Pa.

MOTHER 14. Maiden Name Elizabeth Foley
15. Birthplace Pa.

16 (a) Informant BALTIMORE CITY HOSPITALS
(b) Address RECORDS

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11 4 P.M. 1-11-43 (month) (day) (year)

(c) Cemetery or crematory
Location 4940 Eastern Ave

18 (a) Funeral director Balto City Hosp
(b) Address
JAN 15 1943 Huntington Williams, MD
(Date received) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28 1942 at 4 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-27 1942 to 12-28 1942 and that I last saw him alive on 12-29 1942

Immediate cause of death Intracranial Hemorrhage — Duration 1 day.
Due to birth injury
Due to
Other Conditions Anoxemia due to premature placental separation
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis C. Garcia M. D.
Address Baltimore City Hosp Date signed 12-31-42

99991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 99901 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 122 Scott st
(c) Hospital or Institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 122 Scott st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Louise Bloomer

3 (b) If veteran, name war W | 3 (c) Social Security Account No. NINE

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband Lankhart Bloomer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29 1860

8. AGE: Years	Months	Days	If less than one day
82	7	15	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER 12. Name Mayshack Biddison
13. Birthplace Balto Md.

MOTHER 14. Maiden Name Sherlock
15. Birthplace Balto Md

16 (a) Informant Helena Seals
(b) Address 122 Scott st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/16/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Wm Cook Sons
(b) Address 127 St. Paul st

JAN 5 1943 (b) Huntington Williams M.D. Registrar
(Registered by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1943, at 12-30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1942 to Jan 14 1943. and that I last saw her alive on Jan 14 1943

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to Arteriosclerosis	2 Years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stephen L Hynson M. D.
Address 227 Druid Hill Ave Date signed 1/14/43

F 99902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

F 99902 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette and Johns Hop...
(c) Hospital or institution:
Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 916 West University Parkway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Emma Stauffer

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	None	Female	White	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12, 1863.

8. AGE: Years	Months	Days	If less than one day
79	3	2	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Frederick Kaiser
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Grabefelder
15. Birthplace Germany

16 (a) Informant Mrs Frederick Stauffer
(b) Address 2220 Brookfield Ave.

17 (a) Burial (b) Date thereof 1/16/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Wm Ebaugh Cook Inc
(b) Address 217 St Paul St

19 JAN 15 1943 (b) Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1943, at 5:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1943, to Jan 14 1943, and that I last saw h[illegible] alive on Jan 14 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	6 days
Due to Hypertension	years
Due to	
Other Conditions Arteria sclerosis cardiovascular disease	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Mildred Lee M. D.
Address Maryland Hospital Date signed 1/14/43

VS 3

99903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47 D

F 99903 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 529 N. Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Franklin P. Barrett

3 (b) If veteran, name war — W
3 (c) Social Security Account No. — NHF

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Della L. Barrett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26 1902

8. AGE: Years	Months	Days	If less than one day
40	4	5 19	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Attorney
11. Industry or business Self

FATHER
12. Name William L. K. Barrett
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Fannie Jones
15. Birthplace Fredericksburg Va.

16 (a) Informant Wm L. K. Barrett Jr
(b) Address 2543 W. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Md

18 (a) Funeral director William Cook Inc
(b) Address 217 St. Paul St
(c) (Huntington Williams, M.D.) Registrar

JAN 15 1943 (Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14 1943, at 5 45/60 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1943 to Jan 14 1943, and that I last saw him alive on Jan 14 1943.

Immediate cause of death: Carcinoma of lung, ret.

Duration: 7

Due to

Due to

Other Conditions Hematuria
Secondary anemia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. J. Coffman, M.D.
Address Md. General Hosp. Date signed 1/14/43

99904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99904
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert Street
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 235 St. Helena Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac Cohen

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ?

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Cohen
6 (c) If alive, give age ?, years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 58 | Months ? | Days | If less than one day ____ hr. ____ min.

9. Birthplace ? Russia
(Town, county, and state)

10. Usual Occupation Hat maker.

11. Industry or business

FATHER 12. Name Abba Cohen
13. Birthplace Russia

MOTHER 14. Maiden Name Minnie
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (b) Date thereof 1-15-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery Beth Jacob Agudas Achim
Location Rosedale

18 (a) Funeral director Jos. Louis Joel
(b) Address 1439 E. Baltimore St.

19 (a) ____ (b) ____
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1943 at 7:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 11 1943 to 1/14 1943.
and that I last saw living on 1/14 1943.

Immediate cause of death Cerebral Vascular Accident — Duration 3 days
Due to Hypertension — yrs.
Due to ____
Other Conditions None.
(Include pregnancy within 3 months of death)
Date of operation None.
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Matthew M Cohen M.D.
Address Mercy Hospital Date signed 1/15/43

VS 250

99905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

F 99905

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Gatewood

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1115 N. Montford Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida S Schmidt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) ~~Single, married, widowed,~~ or divorced. Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29th 1887

8. AGE: Years 55 Months 5 Days 17 If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name George —

13. Birthplace Md.

MOTHER 14. Maiden Name Margaret Taylor

15. Birthplace Md

16 (a) Informant Harry L. Schmidt Sr

(b) Address 1116 N. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18th 1943 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Gaylor Ave

18 (a) Funeral director Geo G. Cook

(b) Address 1701-03 N. Patterson Park Ave

19 (a) 1/15/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14- 1943 at 4:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1943 to Jan 14 1943 and that I last saw her alive on Jan 14 1943.

Immediate cause of death Hypertensive C-V-D — Duration

Due to Severe Equatorial Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature G. Luther Kosiberg D

Address St. Agnes Hosp. Date signed 1/14/43

VS 8

99906 MPR 77531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99906 Registered No. 93

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 8
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
~~Rooming House~~ ~~Camden & Shot St~~
(d) Street No. Cold Spring Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Kenny

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 26 97

8. AGE: Years	Months	Days	If less than one day
50	9	3	hr. min.

9. Birthplace Texas (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Kenny
13. Birthplace Texas

MOTHER
14. Maiden Name Anna Turner
15. Birthplace Oklahoma

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 14 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (Date rec'd by registrar) JAN 15 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-29 1942 at 11 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-21 1942 to 11-29 1942, and that I last saw h[illegible] alive on 11-29 1942

Immediate cause of death Cardiac failure — Duration ?

Due to Pulmonary emphysema — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp Date signed 12-9-42

VS 150

9741

9907 F 99907

E.S. (32073)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospital 2717
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 9 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3013 Paten Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louise Waters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
53	?	?	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 14 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 JAN 15 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2 1943 at 10 02 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1939 to 1-2 1943, and that I last saw h. alive on 1-2 1943.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Encephalomalacia	7
Due to Hypertension C.V. disease	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Ballentine M. D.
Address Balt. City Hosp. Date signed 1-11-43

VS 150

9742

99908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99908

Registered No. 157 P

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2003 E. Eager St (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Veney Jr (Birth F 66 173)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-29-41

8. AGE: Years | Months | Days: 5 | If less than one day: hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Heary Veney
13. Birthplace Virginia

MOTHER
14. Maiden Name Ida Bouldin
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 14 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JAN 15 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1943, at 9.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1942 to Jan 3 1943, and that I last saw him alive on Jan 3 1943.

Immediate cause of death — Duration
Meningocele
Meningitis due to Meningocele
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Zantzinger M. D.
Address The Johns Hopkins Hospital Date signed 1/5/43

VS 8

9743

99909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 99909
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 E. Lombard St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME "Baby" Gabbin (Birth F 66029)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day: 16 hr. 40 min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name John Gabbin
13. Birthplace Virginia

MOTHER 14. Maiden Name Dorothy Johns
15. Birthplace Virginia

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JAN 14 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JAN 15 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1943, at 7.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1943 to Jan 3 1943, and that I last saw him alive on Jan 3 1943.

Immediate cause of death: Prematurity (26 weeks) — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Taylor M.D.
Address The Johns Hopkins Hospital Date signed 1/5/43

VS 3

9-44

99910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B

F 99910 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1050 S. Hillen Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fernand Piehl

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) —

8. AGE: Years	Months	Days	If less than one day
38?			hr. min.

9. Birthplace Luxembourg
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 14 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 JAN 15 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-2- 1943, at 11 45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Portal Cirrhosis of Liver	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Walden M.D.
Medical Examiner.
Date signed 1-14-43

VS 6

D 7.15

9911

BALTIMORE CITY HEALTH DEPARTMENT 1937 F 99911
Registered No.

CERTIFICATE OF DEATH

Found in a Vault. - Home Forest Home Cemetery

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Fleet Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 1 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Unknown
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Conrad

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) —

8. AGE: Years	Months	Days	If less than one day
52?			hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 14 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 JAN 15 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-22- 1937 at 12 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy / inquiry thereon and from the evidence obtained by said autopsy / " / " find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Chronic Myocardial Degeneration	
Due to Acute Alcoholism	
Due to	
Other Conditions Exposure	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Partial

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed 1-14-43

VS 6

9746

F 99912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

F 99912 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution: Calvert & Saratoga Sts 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto City
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. Wyman Park Apts (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Charles A. Ferguson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 4, 1873

8. AGE: Years	Months	Days	If less than one day
69	11	29	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Lawyer.

11. Industry or business

FATHER
12. Name Ferguson
13. Birthplace Md.

MOTHER
14. Maiden Name McDonald
15. Birthplace Baltimore

16 (a) Informant Mrs. Charles A. Ferguson
(b) Address Balto.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 15 43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto.

18 (a) Funeral director Wm. Cook Sons
(b) Address 1217 N. Paul

19 (a) [illegible] (b) [illegible]

JAN 15 1943 Registrar Huntington Hillsboro, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13 1943, at 5:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1943 to Jan 13 1943, and that I last saw him alive on Jan 13 1943.

Immediate cause of death: Cerebral Vascular Accident

Due to: Arteriosclerotic cardio vascular disease with

Due to: Cerebral Thrombosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William G. Jackson M. D.
Address Mercy Hospital Date signed 1/15/43

F 99913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99913 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1115 Myrtle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 Myrtle Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN W. DOWNS

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma Downs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1871

8. AGE: Years 71 | Months 7 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace " "

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant Mrs Emma Downs
(b) Address 1115 Myrtle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) [illegible] (Registrar) (b) [illegible] Registrar

JAN 15 1943

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

P

20. DATE OF DEATH Jan. 13, 1943 19 , at 12:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec -1- 19 43 to Jan 12 19 43 and that I last saw h[illegible] alive on Jan 12 19 43

Immediate cause of death

Duration

Cardiac Vascular Renal Disease — 7

Due to

Due to — 1

Other Condition Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. B. Stephens
Address 1st Lt. David Hill Ave Date signed Jan 14-43 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No. F 99914

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2929 St. Paul St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2929 St. Paul St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie A. Warfield

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife E. Howard Warfield
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) November 21, 1875

8. AGE: Years	Months	Days	If less than one day
67	1	22	hr. min.

9. Birthplace York, Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Saylor
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Henrietta Sheerer
15. Birthplace Pennsylvania

16 (a) Informant Mr. E. Howard Warfield
(b) Address 2929 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director E. W. Bowman
(b) Address 1003 W. Baltimore St.

19 (a) JAN 15 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15 1943 at 2.50A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1942 to Jan 13 1943 and that I last saw her alive on Jan 14 1943

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to: Hypertension	?
Due to:	
Other Conditions: Arteriosclerosis	2

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Lee M. D.
Address 1261 E. North Ave. Date signed

VS 2

F 99915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99915 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 626 Scott Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 Scott Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Daniel P. Duvall

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sarah R.
6 (c) If alive, give age 76 years
7. Birth date of deceased (mo., day, yr.) Jan. 23, 1864

8. AGE: Years	Months	Days	If less than one day
78	11	20	hr. min.

9. Birthplace Frederick, Maryland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Sarah R. Duvall
(b) Address 626 Scott Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Avenue

18 (a) Funeral director Ambrose Inc.
(b) Address 414 N. Franklintown Rd.

19 (a) [illegible] (b) 1943 Huntington Williams, M.D.

VS 1M

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 17 1941 to Jan. 13 1943 and that I last saw him alive on Jan. 13, 1943

Immediate cause of death	Duration
Myocarditis	
Due to Cardiovascular-renal disease	2 or 3 years
Due to Generalized Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation April, 1941
Major findings of operation: Prostatic Hypertrophy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A. Krupp
Address 3030 Edmondson Ave. Date signed 1/14/43

F 99916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1/31a

Registered No. 99916

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3317 FOSTER AVE.
(c) Hospital or institution:

26-11

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3317 FOSTER AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA STAHL

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife JOHN STAHL
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 25 1887

8. AGE: Years	Months	Days	If less than one day
55	2	1718	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name GEORGE GOELLER
13. Birthplace GERMANY

MOTHER
14. Maiden Name VIRGINIA MUELLER
15. Birthplace GERMANY

16 (a) Informant JOHN STAHL (HUSBAND)
(b) Address 3317 FOSTER AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 16/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lillyand Zieler INC
(b) Address 403 S. WOLFE ST. Williamsport

19 (a) JAN 15 1943 Registered Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 12 1943 at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1942 to Jan 12 1943. and that I last saw her alive on Jan 10 1943

Immediate cause of death Hypertensive Cardiovascular Renal Disease — Duration

Due to Chronic Nephritis — 10-15-42

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature
M. D.
Address 842 N. East Ave. Date signed 1-13-43.

VS 3

F 99917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/3/a

F 99917

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 805 N. CASTLE ST.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County BALTO.

(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)

(d) Street No. 805 N. CASTLE ST.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME KATHERINE M. WEBER

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: HENRY WEBER

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): JUNE 30 1872

8. AGE: Years: 70 | Months: 6 | Days: 15 | If less than one day: hr. min.

9. Birthplace: BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation: HOUSE WIFE

11. Industry or business: AT HOME

FATHER

12. Name: FRANK ROESCH

13. Birthplace: GERMANY

MOTHER

14. Maiden Name: UNKNOWN

15. Birthplace: GERMANY

16 (a) Informant: MARY JOURS (DAUGHTER)

(b) Address: 16 S. WASHINGTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 18/43 (month) (day) (year)

(c) Cemetery or crematory: HOLY REDEEMER

Location: BELAIR ROAD.

18 (a) Funeral director: Reilly and Zeiler inc

(b) Address: 403 S. WOLFE ST.

19 (a) JAN 15 1943 Huntington Williams Registrar

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH: JAN. 14 1943 at 12/20M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1943 to Jan 13 1943 and that I last saw h alive on Jan 13 1943.

Immediate cause of death: Chronic Diffuse Nephritis — Duration: not known

Due to: uremia — Duration:

Due to: — Duration:

Other Conditions: Chronic Myocarditis, Degeneration — Duration: 10 yrs.

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence: at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: Frank J. Ayd M. D.

Address: 2005 E. Monument St Date signed: 1/14/43

VS 2

F 99918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1923

F 99918 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 580 W Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 580 W. Preston St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEWIS PEAKER

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1847
8. AGE: Years 76 | Months | Days | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Beatrice Bailey
(b) Address 580 W. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Laurel
Location

18 (a) Funeral director James A Hayes
(b) 142 W Pratt St

19 (a) JAN 15 1923 (Date rec'd by registrar) Huntington for Williams Registrar

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1923, at M.P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hypostatic pneumonia
Due to chronic myocarditis
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. F. L. Wollenweber M.D.
Medical Examiner.
Date signed 1-16-23

F 99919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99919 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital 14-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 McCulloh St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Augustus Figgs

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-22-7879

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-18-1898

8. AGE: Years	Months	Days	If less than one day
44	10	25 24	hr. min.

9. Birthplace Owings Mills Balto Co Md
(Town, county, and state)

10. Usual Occupation Dckauffuer

11. Industry or business

FATHER
12. Name James H. Figgs
13. Birthplace Md

MOTHER
14. Maiden Name Emma Smith
15. Birthplace Md

16 (a) Informant Sara Figgs
(b) Address 1403 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-1943 (month) (day) (year)
(c) Cemetery or crematory Owings Mills Balto Co Md
Location Riverview Balto Md

18 (a) Funeral director George T. A. Gibson Sr
(b) Address 1324 to mail Hall Ave

19 (a) 1-15-43 (Date rec'd by registrar) (b) Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12 1943 at 11 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death: Coronary Heart Disease? Probable Ruptured Aortic Aneurysm?

Due to

Due to

Other Conditions Lues - from history.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not obtained

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. G. Banfield M. D.
Address Provident Hospital Date signed 1-13-43

VS 2

424 24 19 99920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 99920
Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. TYPEWRITER OR PRINTING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 409 Roberts St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lula Powell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-20-84

8. AGE: Years	Months	Days	If less than one day
58	9	22	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Reuben Jordon
13. Birthplace Va.

MOTHER
14. Maiden Name Winnie Middleton
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Geo. W. Hyland
(b) Address 1625 Druid Hill Ave

19 (a) JAN 15 1943 (Date rec'd by registrar) (b) Huntington Pittman Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 12 1943 at 10 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 23 1942 to Jan. 12 1943 and that I last saw her alive on Jan. 12 1943.

Immediate cause of death Coronary occlusion

Due to Coronary artery disease

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: On Jan 13 Left ventricle & septum

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Krob
Address Johns Hopkins Hosp. Date signed Jan 13 1943 M. D.

F 99921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 99921 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3709 Belle Ave.,
(c) Hospital or institution:

15-11

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3709 Belle Ave., (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John William Krill

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Caroline L. Krill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1868

8. AGE: Years	Months	Days	If less than one day
74	8	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business None

FATHER
12. Name John W. Krill
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine E. Kline
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. George W. Krill
(b) Address 3709 Belle Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16, 1943 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, Md.

18 (a) Funeral director H. Howard Strong
(b) Address 3207 W. North Ave.,

19 (a) JAN 15 1943 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 13, 1943 at 10.00 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1943 to Jan 13 1943 and that I last saw him alive on Jan 13 1943

Immediate cause of death — Duration
Cerebral Hemorrhage — 3 days
Due to
Due to Hemiplegia — 3 days
Arteriosclerosis — 1 yr.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Chas Whelan MD
Address 1279 Mulberry St Date signed 1/15/43

1/16/43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1338

F 99922 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address U. S. Marine Hospital,
(c) Hospital or institution:
Wyman Park Driveway and 31st St., 27th
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5217 Linden Heights Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM DUKEHART SCHNICK

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 216 09 2679

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Pauline Ackerman
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) August 31, 1893

8. AGE: Years	Months	Days	If less than one day
49	4	12	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)

10. Usual Occupation SHOE SALESMAN

11. Industry or business

FATHER
12. Name GEORGE SCHNICK
13. Birthplace BALTIMORE, MARYLAND.

MOTHER
14. Maiden Name CATHERINE BALL
15. Birthplace BALTIMORE, MARYLAND.

16 (a) Informant RECORDS US MARINE HOSPITAL
(b) Address BALTIMORE, MARYLAND.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.,

18 (a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave.,

19 (a) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13, 1943, at 2:25a M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27, 1942 to Jan. 13, 1943, and that I last saw him alive on Jan. 13, 1943

Immediate cause of death	Duration
Uremia	2 years
Congenital	
Due to polycystic kidneys	Lifetime
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. C. Dutton

Address US Marine Hospital, Baltimore, Maryland. Date signed 1/13/43 M.D.

F 99923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 D

F 99923 Registered No.

Please write plainly and use ink or typewriter. Certificate of death must be filed with the Registrar before a burial permit can be issued.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2028 Jefferson St
(c) Hospital or institution: 7-13

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2028 Jefferson (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertha E Heise

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Clifton J Heise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 4 1874

8. AGE: Years	Months	Days	If less than one day
68	2	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Hoyt
13. Birthplace Balto

MOTHER
14. Maiden Name Elizabeth Brendel
15. Birthplace Balto

16 (a) Informant Clifton Heise
(b) Address 411 Woodbine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16/43 (month) (day) (year)
(c) Cemetery or crematory Oak Dale Cem
Location Dundalk

18 (a) Funeral director Wm H Zumwalt Home
(b) Address 2114 E Baltimore St

19 (a) JAN 15 1943 (Date filed by Registrar) (b) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1943, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to Jan 13 1943 and that I last saw h. alive on Jan 13 1943.

Immediate cause of death Carcinoma of uterus — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene Zeller, M.D.
Address 2739 Eastern Ave Date signed 1/14/43

F 99924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99924 Registered No. 83 V

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Pentwyn Lane, Carroll State
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28-4
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Pentwyn Lane, Carroll State, Balto.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Ruth Johnston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1865

8. AGE: Years	Months	Days	If less than one day
77 75	8	18	hr. min.

9. Birthplace Sparta, Georgia
(Town, county, and state)
10. Usual Occupation artist
11. Industry or business

FATHER
12. Name Richard Naloke Johnston
13. Birthplace Sparta Georgia

MOTHER
14. Maiden Name Mansfield
15. Birthplace —

16 (a) Informant Marjorie Ward
(b) Address 2618 N. Charles St. Balto.

17 (a) Burial (b) Date thereof 1/16/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Baltimore, Md.

18 (a) Funeral director H. W. Meaks and Son
(b) Address 802 N. Calvert St. Baltimore, Md.

19 (a) (b) Huntington Williams, M.D.
(Date received) Registrar

JAN 15 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1943, at 0120 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14 1943 to Jan. 14 1943, and that I last saw her alive on Jan. 14 1943.

Immediate cause of death Cerebral accident — Duration 9 hours

Due to —

Due to —

Other Conditions Heart condition — Years —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Roland C. Tandy M. D.
Address 5002 Frederick Rd. Date signed 1-14-43

F 99925

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1310

F 99925 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name)
(d) Street No. 2513 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Weber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary A. Collins
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) March 5th 1894

8. AGE: Years	Months	Days	If less than one day
48	10	9	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business B & O.R.R.

FATHER
12. Name Hugo Weber
13. Birthplace Germany

MOTHER
14. Maiden Name Hyderdorn
15. Birthplace Germany

16 (a) Informant Mrs Mary A Weber
(b) Address 2513 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/43 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location ~~Old~~ Frederick Ave

18 (a) Funeral director John J. Leonard & Son
(b) Address 1 Mulberry St.

JAN 15 1943

19 (a) (Date rec'd by registrar) (b) Huntington White, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14 1943, at 10 45 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy on Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and inspection find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Hypertension	
Cardiovascular disease	
Due to chronic nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Gresham M.D. (Medical Examiner)
Date signed Jan 14 1943

VS 6

F 99926

AB-76819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 99926

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Mo.-5Da.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 21 N. Wolfe St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy-Kory (Birth F 58130)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18-1942

8. AGE: Years	Months	Days	If less than one day
	3	5	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Joseph Kory

13. Birthplace N.J.

MOTHER

14. Maiden Name Ruth Meyer

15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals

(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/15/43 (month) (day) (year)

(c) Cemetery or crematory St. Peter's Cem.

Location off Conkling St.

18 (a) Funeral director M. A. Wilson Funeral Home

(b) Address Lombard & Fremont Sts.

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

Burial No 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13-43 1943 at 11 p M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-18 1942 to 1-13 1943 and that I last saw h. alive on Jan 13 1943.

Immediate cause of death

Duration

Due to prematurity -

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Robert Meyer M. D.

Address Balto City Hosp Date signed Jan 15 1943

F 99927 ✓ F 99927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 133 S. Catherine
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 133 S. Catherine St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick N. Fist

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Paula Fist
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8 1875

8. AGE: Years 67 | Months 6 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Gardener

11. Industry or business Retail Cut Flowers

FATHER 12. Name Philip Fist
13. Birthplace Germany

MOTHER 14. Maiden Name Mary Reinhardt
15. Birthplace Germany

16. (a) Informant Paula Fist
(b) Address S. Catherine St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md

18 (a) Funeral director J. A. Kuykendall & Son
(b) Address 300 Eutaw Place

19 (a) (Date received by Registrar) (b) Registrar

JAN 15 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1943, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1942 to Jan 12 1943 and that I last saw h— alive on Jan 12 1943.

Immediate cause of death	Duration
Pneumonia Lobar	2 days
Due to Chronic Myocarditis	4 yrs
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature James A. Kuykendall
Address 300 Eutaw Place Date signed Jan 14 1943

F 99928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 99928
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 921 Lyndhurst St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 921 Lyndhurst St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Straser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	widow

6 (b) Name of husband or wife John Straser
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1863

8. AGE: Years	Months	Days	If less than one day
79		2423	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER	12. Name Joseph Engle
	13. Birthplace Germany
MOTHER	14. Maiden Name Lerner
	15. Birthplace Germany

16 (a) Informant Mrs. John W. Elgin
(b) Address 921 Lyndhurst St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.
18 (a) Funeral director Harry H. Keitzke
(b) Address 4101 E. Monument Ave
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14 1943, at 2:20 a M
21. I certify that death occurred on the date above stated; that I attended deceased from 12/3 1942 to 1/14 1943, and that I last saw h alive on Jan 13 1943.

Immediate cause of death Coronary thrombosis
Due to arteriosclerotic cardiovascular disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration
12 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore E. Stacy M. D.
Address 3803 Edmondson Ave Date signed 1/16/43

VR 150
JAN 15 1943 Huntington Williams, M.D.

F 99929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

F 99929 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3825 Menlo Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3825 Menlo Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hilda Levin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Louis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1897

8. AGE: Years	Months	Days	If less than one day
45	1	24	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business House Wife

FATHER
12. Name Louis Lachs
13. Birthplace Poland

MOTHER
14. Maiden Name Bertha Sarah Selko
15. Birthplace Poland

16 (a) Informant Louis Levin
(b) Address 3825 Menlo Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 15, 1943 (month) (day) (year)
(c) Cemetery or crematory Shaarei Zion Cemetery
Location Rosedale

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) [illegible] (Date rec'd by registrar) Huntington Williams Reg.

MEDICAL CERTIFICATION 9.10

20. DATE OF DEATH January 14 1943 at p M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-17 1942 to Jan 14 1943, and that I last saw her alive on Jan 14 1943.

Immediate cause of death Cancer of ascending colon - polypoid degeneration of Colon - Metastasis in liver — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry D. McCarty M. D.
Address 27 W. Preston St Date signed 1-15-43

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F 99930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99930 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address MONUMENT & WOLFE
(c) Hospital or institution: SINAI HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Baltimore
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 814 DUNDALK AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HERMAN C. STEINERT

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 212-01-1418

4. Sex MALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife LOTTIE STEINERT

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 22, 1913

8. AGE: Years 29 | Months 5 | Days 21 | If less than one day 20 hr. min.

9. Birthplace BALTIMORE, MD.
(Town, county, and state)

10. Usual Occupation FOREMAN, PUNCH PRESS DEPT.

11. Industry or business WEATHER INSTRUMENTS

FATHER
12. Name HERMAN C. STEINERT
13. Birthplace BALTIMORE, MD.

MOTHER
14. Maiden Name NETTIE LONGHORST
15. Birthplace BALTIMORE MD.

16 (a) Informant LOTTIE STEINERT
(b) Address 814 DUNDALK AVE

17 (a) BURIAL (Burial, cremation, or removal) **(b) Date thereof** 1-16-43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. Md.

18 (a) Funeral director Frank Cronk & Son
(b) Address 1 E. Saratoga St

19 JAN 15 1943 (Date rec'd by registrar) (b) Thursday Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 13 1943 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & investigation thereon and from the evidence obtained by said autopsy & investigation find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Lobar pneumonia, right	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Scatchard M.D.
Medical Examiner.
Date signed Jan 14 1943

VS 6

F 99931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 31a

F 99931 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo23da
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
7-2
(d) Street No. 2436 E. Monument St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter G. Kelly

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
WW	213 16 6572	Male	White	Div.

6 (b) Name of husband or wife Theresa Kriner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1889

8. AGE: Years	Months	Days	If less than one day
53 52	6	20 22	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Henry Kelly
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Roche
15. Birthplace Maryland

16 (a) Informant Mrs M. Wetzel
(b) Address 2327 Bordley St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Memorial Park
Location —
18 (a) Funeral director Mary M. Hadfield
(b) Address 501 E. 22nd St
19 (a) JAN 15 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12, 1943, at 2:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 19, 1942, to Jan. 12, 1943, and that I last saw him alive on Jan. 12, 1943.

Immediate cause of death: Uremia — Duration 4 da.

Due to: Hypertensive cardiovascular renal disease — Duration Unk

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation: None
of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify)
(e) Means of injury
23. Signature J. Williams M.D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 1/12/43

F 99932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

F 99932 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5019 BELAIR Rd
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 5019 BELAIR Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CECILE KRIMSKI
3 (b) If veteran, name war
3 (c) Social Security Account No. NONE

4. Sex FEMALE-W. | 5. Color or race | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife JOSEPH
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years 42 | Months | Days | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business

FATHER 12. Name John NICKLES
13. Birthplace POLAND

MOTHER 14. Maiden Name POFFAL
15. Birthplace POLAND

16 (a) Informant Judith Krymski
(b) Address 5019 Belair Rd

17 (a) B (Burial, cremation, or removal) (b) Date thereof 1-16-43 (month) (day) (year)
(c) Cemetery or crematory Holy Rood
Location German Hill Rd

18 (a) Funeral director John J. Dwyer
(b) Address 2839 Hudson St

19 JAN 15 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1943, at 1205 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1943 to Jan 13 1943.
and that I last saw h alive on 19

Immediate cause of death	Duration
Carcinoma of Intestines	6 days
Due to —	
Due to —	
Other Conditions. Surgical Shock	2 days

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo L. Kubasky M. D.
Address 126 S. Patterson Pk Date signed Jan 14 1943

VS 8

F 99933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

F 99933 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 Linden ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rod Fourshee

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	—

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER — 12. Name	William Fourshee
FATHER — 13. Birthplace	Chatham County N.C.
MOTHER — 14. Maiden Name	Mattie Atwater
MOTHER — 15. Birthplace	Chatham Co. N.C.
16 (a) Informant	Julia Fourshee
(b) Address	Chapel Hill N.C.
17 (a) (Burial, cremation, or removal)	(b) Date thereof 1-15-43 (month) (day) (year)
(c) Cemetery or crematory	Raleigh
Location	North Carolina
18 (a) Funeral director	Adolphus Halstead
(b) Address	918 Druid Hill Ave.
19 (a) JAN 15 1943 (Local registrar)	(b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-12- 1943, at 2 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition - Autopsy thereon and from the evidence obtained by said Inquisition - Autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Toxemia	
Due to (a), (b), (c) Puerperal Uremia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-9-43 at 3.19 A M
(c) Where did injury occur? 1005 Linden ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Fell on 3rd floor of home

23. Signature Howard J. Whitehead M.D. Medical Examiner.
Date signed 1-12-43

VS 6

F 99934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33 F 9993

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 Light St.
(c) Hospital or institution: South Balto Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 902 N. Linwood Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Lawrence HANZLIK

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-9930

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1904

8. AGE: Years	Months	Days	If less than one day
38	1	9	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Printer

11. Industry or business

FATHER
12. Name Frederick Hanzlik
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Frances Schimunek
15. Birthplace Czechoslovakia

16 (a) Informant Margaret Hanzlik (wife)
(b) Address 902 N. Linwood Avenue

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 1/16/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave. & Rose St.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) 1/14/43 (b) Harrington Williams M.D. Registrar

JAN 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13- 1943 at 11:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/10 1943 to 1/13 1943, and that I last saw h alive on 1/13 1943.

Immediate cause of death	Duration
Uremia	
Due to Acute toxic nephritis	
Due to Acute toxic Nephritis	
Due to Sulfa thiazole poisoning?	
Other Conditions (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul A. Mangano
Address 1211 Light St. Date signed 1-13-43

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99935 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carlin St
(c) Hospital or institution: St. Joseph's Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3110 Woodbourne Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Vogler Vogler

3 (b) If veteran, name war: Retired
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	married

6 (b) Name of husband or wife Theresa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14 1874

8. AGE: Years	Months	Days	If less than one day
68	6		hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Nicholas Vogler
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Brady
15. Birthplace Md.

16 (a) Informant Teresa Vogler
(b) Address 3110 Woodbourne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-43 (month) (day) (year)
(c) Cemetery or crematory St. Matthews
Location

18 (a) Funeral director Leonard Funk
(b) Address 5305 Harford Rd

19 (a) JAN 15 1943 Huntington Williams, Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1943, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1943, to Jan 14 1943, and that I last saw him alive on Jan 14 1943

Immediate cause of death	Duration
Coronary Thrombosis	
Due to arteriosclerotic vascular disease	
Due to —	
Other Conditions (none)	

(Include pregnancy within 3 months of death)
Date of operation Jan 11/43
Major findings of operation Suprapubic prostatectomy
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Lynch M. D.
Address St. Joseph Hosp Date signed 1/14/43

F 99936
E.S.(79128)

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 99936
CERTIFICATE OF DEATH 117a
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Somerset
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1029 Somerset St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Owings

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Adam (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1880

8. AGE: Years	Months	Days	If less than one day
62	3	13	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Christopher Sebold
13. Birthplace Germany Bavaria

MOTHER
14. Maiden Name Barbara Schmidt
15. Birthplace Germany Bavaria

16 (a) Informant John L. Sebold
(b) Address 2617 Wycliffe Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Bush
(b) Address 6306 Harford Rd

JAN 15 1943
(Date received by Registrar) (b) Registrar Huntington Hillsville, Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/14/43 19 at 3 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/13 1943 to 1/14 1943
and that I last saw h[illegible] alive on 1/14 1943

Immediate cause of death	Duration
Shock	1 day
Due to Bleeding from Duodenal Ulcer	2 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Ulcer, duodenal

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Mattingly M. D.
Address Balt. City Hosp. Date signed 1/14/43

99937 F 99937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 176

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2343 Pelham Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph L. Fuchs

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of ~~husband or~~ wife Mary E
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-18-1897

8. AGE: Years	Months	Days	If less than one day
45	1	26	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Transportation Dept.
11. Industry or business (Bethlem Steel)

FATHER
12. Name Joseph Fuchs
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Seiber
15. Birthplace Germany

16 (a) Informant Mary E. Fuchs
(b) Address 2843 Pelham Ave

17 (a) Burial (b) Date thereof 1-18-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Peuler
(b) Address 5305 Harford Rd.

19 JAN 15 1943 Huntington Hillis
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14 1943, at 1 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Crushing injuries of chest and abdomen	Duration
Due to	accident	
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 25/6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 11 1943 at M
(c) Where did injury occur? Bethlehem - Fairfield shipyard
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? in dwelling While at work? yes
(Specify type of place)
(e) Means of injury Crushed between crane & wall
23. Signature Robert L. Grahowski M.D.
Medical Examiner.
Date signed Jan 14 1943

VS 6

F 99938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 156 B

F 99938 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5011 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5011 Harford Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Scafidi Scafidi

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-05-0272

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1918

8. AGE: Years	Months	Days	If less than one day
24	8	21	hr. min.

9. Birthplace Washington, D.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Salvador Scafidi

13. Birthplace Italy

MOTHER 14. Maiden Name Virginia Nogara

15. Birthplace Italy

16 (a) Informant Salvador Scafidi

(b) Address 5011 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-43 (month) (day) (year)

(c) Cemetery or crematory Pt-Kwood

Location

18 (a) Funeral director Leonard J. Ruff

(b) Address 5305 Harford Rd

19 (a) (Date received) (b) Registrar

JAN 19 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1943, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1939 to Jan 14 1943 and that I last saw h[illegible] alive on Jan. 14 1943.

Immediate cause of death — Duration

Myasthenia Gravis — May 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature S. A. Alessi M. D.

Address 6212 Harford Rd Date signed 1-19-43

F 99939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

944a

Registered No. F 99939

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 802 Rayner St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jose Prague

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
41			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL JAN 14 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) JAN 15 1943 (Date received by Registrar) Huntington Williams, M.D. 8:49

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1942, at 12:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & the Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy & the Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute coronary thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed Dec. 24 1942

VS 6

F 99940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

F 99940 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 747 Grantley
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 747 Grantley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Elmer Kearney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Pauline L. Kearney (nee Housmann) 6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) April 16, 1896

8. AGE: Years	Months	Days	If less than one day
46	8	28	hr. min.

9. Birthplace Ellicott City, Md. (Town, county, and state)
10. Usual Occupation Patrolman Balto.
11. Industry or business City Police Dept.

FATHER 12. Name Edw. Kearney
13. Birthplace District of Columbia

MOTHER 14. Maiden Name Maggie M. Smallwood
15. Birthplace Md.

16 (a) Informant Mrs. Pauline L. Kearney
(b) Address 747 Grantley St. (Wife)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18, 1943 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Balto., Md.

18 (a) Funeral director C. Howard Evans
(b) Address 1400 E. Eutaw St.

19 (a) (b) Huntington Williams M.D.

JAN 15 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14, 1943 at 10:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1942 to Jan 14 1943, and that I last saw him alive on Jan 12 1943.

Immediate cause of death Acute Pulmonary Oedema — Duration 6 hours

Due to chronic myocarditis — Duration unknown

Due to arteriosclerotic heart disease — Duration unknown

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Rosen M. D.
Address 206 S. Gilmor St. Date signed 1-14-43

F 99941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 99941 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2620-Llewelyn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 50-yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2620-Llewelyn Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME: Emil E. Preis

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 210-05-4249

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Katie (Weiss)

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Dec. 13th, 1873

8. AGE: Years 69 | Months 1 | Days - | If less than one day -hr. --min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Asst. Brew Master

11. Industry or business: Gunther's Brewery

FATHER
12. Name: Unknown
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Mrs. John Sellner
(b) Address: 2620-Llewelyn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/43 (month) (day) (year)
(c) Cemetery or crematory: Oaklawn Cem.
Location: Eastern Ave. Balto. Md.

18 (a) Funeral director: George J. Ruth Inc.
(b) Address: 1735-Harford Ave.

19 (a) Date received by registrar JAN 17 1943 (b) Registrar's No. Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 13- 1943, at 4:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2- 1942, to Jan 13 1943, and that I last saw him alive on Jan 13 1943.

Immediate cause of death	Duration
Acute Dilatation of Heart	1 day
Due to: Chronic Myocarditis	3 yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: E. Gill Hall M. D.
Address: 1631 E North Ave Date signed: 1/14/43

F 99942 ✓ × F 99942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. 15

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 103 E. Overlea avenue (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME IDA WINDIELD SCOTT

3 (b) If veteran, name war ----
3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife ---
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1859

8. AGE: Years	Months	Days	If less than one day
83	--	24	hr. min.

9. Birthplace Piedmont, W. Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Ephraim Scott
13. Birthplace West Virginia

MOTHER
14. Maiden Name Ellen -----
15. Birthplace West Virginia

16 (a) Informant Mrs. Edgar Countess, Jr.
(b) Address 103 E. Overlea avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Chas. J. Evans & Son
(b) Address 118 W. Mt. Royal Ave

19 (a) [illegible] (Registrar) Huntington Williams, M.D.
JAN 15 1943
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1943, at 11:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1942, to Jan 14 1943, and that I last saw her alive on Jan 12 1943.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other Conditions senility	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. N. Patterman M. D.
Address 7324 Rossiter Rd Date signed 1/14/43

99943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 B

Registered No. F 99943

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Streets
(c) Hospital or institution: Mercy Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore 12
(If outside city or town limits, write RURAL and give town)
(d) Street No. 560 Oxford Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie Madison Welborne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex FEMALE | 5. Color or race NEGRO | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife John Welborne

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/16/1889

8. AGE: Years 53 | Months 9 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Madison
13. Birthplace Virginia

MOTHER
14. Maiden Name Nellie Campbell
15. Birthplace Virginia

16 (a) Informant Mrs. Maudie Little
(b) Address 560 Oxford Street

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof 1-16-43 (month) (day), (year)
(c) Cemetery or crematory Glendenville
Location Virginia

18 (a) Funeral director Joseph Stanton Halstead
(b) Address 918 Druid Hill Ave.
(Date received) JAN 15 1943 (Registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14th 1943, at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 13 1943 to January 14 1943, and that I last saw her alive on January 14 1943.

Immediate cause of death	Duration
Cardio Respiratory Failure	2
Due to Uremia	2
Due to Chronic Nephritis	
Other Conditions Hypostatic Pneumonia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R. Davis, Jr., M.D.
Address Mercy Hospital Date signed 1/17/43

99944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 99944

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 W. Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Beatrice Day Felton

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2 1901

8. AGE: Years 41 | Months 6 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Frank Day
13. Birthplace Va

MOTHER
14. Maiden Name Sally Procter
15. Birthplace Md

16 (a) Informant John Felton
(b) Address 1017 W. Lafayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md

18 (a) Funeral director Charles G. Cooper
(b) Address 514 N. Calhoun St.

19 JAN 16 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1.13. 1943, at 8 59 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4, 1943 to Jan 13, 1943 and that I last saw he alive on 1.13. 1943.

Immediate cause of death: Lobar pneumonia — Duration: 10 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James D. Carr M. D.
Address 5 E Madison St Date signed 1.14.43

VS 3

F 99945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 99945 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 – N. Caroline St
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3410 Lyndale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GERTRUDE CLAYTON

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-16-6167

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Clarence Clayton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7 1882

8. AGE: Years	Months	Days	If less than one day
60	3	8	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Saleswoman
11. Industry or business Stiffler Ice Cream Co.

FATHER
12. Name John B Foos
13. Birthplace Unknown

MOTHER
14. Maiden Name — Favere
15. Birthplace Unknown

16 (a) Informant Clarence W. Clayton
(b) Address Md Training Sch for Boys Robbins Army Rifle Range

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18 1943 (Month, day, year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Harry H. Amrose
(b) Address 4204 Ridgewood Ave

19 (a) JAN 16 1943 Registrar Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 – 15 1943, at 7:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1 – 14 1943 to 1 – 15 1943, and that I last saw her alive on 1 – 15 1943.

	Duration
Immediate cause of death Respiratory failure	
Due to Cerebral vascular accident	about 13 hours
Due to	
Other Conditions Hypertension (Include pregnancy within 3 months of death)	?

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Fenton M. D.
Address St. Joseph's Hosp Date signed 1-15-43

99946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 99946 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1003 N. Mount St.
(c) Hospital or institution: University Hospital Acc. Room (Dead on Arrival) 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 1003 N. Mount St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Euna West (Birth F 64011)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 5, 1942

8. AGE: Years	Months	Days	If less than one day
0	1	1	hr. min.

9. Birthplace 1003 N. Mount St. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Elmer West
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Hilda Robinson
15. Birthplace Baltimore, Md.

16 (a) Informant Mother - Hilda West
(b) Address 1003 N. Mount St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 15 1943

18 (a) Funeral director Commissioner of Health
(b) Address
JAN 16 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 6 1943, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6 1943, to 1-6 1943, and that I last saw h ~~alive~~ on 19.

Immediate cause of death: Baby brought in Accident Room and was dead on Arrival — Duration

Due to: Possible aspiration pneumonia

Due to: Prematurity

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John David Rosa M. D.
Address Univ. Hosp. Date signed 1-7-43

VS 280

9750

Robert Lee Leyton M.D.
for Medical Examiner

F 99947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. F 99947

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3008 Orlando Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 69 3 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3008 Orlando Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Frances Anderson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Richard A. Anderson

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 5 1873

8. AGE: Years	Months	Days	If less than one day
69	3	10	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name William G.N. King

13. Birthplace Germany

MOTHER 14. Maiden Name Julia Conrad

15. Birthplace Germany

16 (a) Informant Mrs. Minnie Minahan

(b) Address 3008 Orlando Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/15/43 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Taylor ave.

18 (a) Funeral director George Schilling Home

(b) Address 3624 Greenmount Ave.

19 (a) JAN 16 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15, 1943, at 2:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1939, to Jan. 15, 1943, and that I last saw her alive on Jan. 14, 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Essential Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nathan Janney M.D.

Address 7101 Harford Rd. Date signed 1/15/43

V2 3

F 99948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

Registered No. F 99948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 819 Fersion (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Francis Columbus Clark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1896

8. AGE: Years	Months	Days	If less than one day
46.	7	23	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Domestic.

11. Industry or business

FATHER
12. Name Wallace Clark.
13. Birthplace St Marys Co Md

MOTHER
14. Maiden Name Lucie Holley.
15. Birthplace St Marys Co Md.

16 (a) Informant Mrs Eva R Clark.
(b) Address 583 Orchard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16, 1943 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) [illegible] (b) Huntington Williams M.D. Registrar

[illegible] 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1943 at 11:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1943 to 1-12 1943 and that I last saw her alive on 1-12 1942

Immediate cause of death Uremia

Due to Hypertensive arteriosclerotic Cardio Vascular renal disease

Due to

Other Conditions cerebro-vascular accident

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: none

of autopsy: none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard Carey M.D.
Address University Hosp Date signed 1-13-43

F 99919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

F 99919 Registered No.

Please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2100 Frankford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2100 Frankford Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNA M. KAHLER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife Joseph Kahler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1856

8. AGE: Years	Months	Days	If less than one day
86	1	3	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Alexander Kratz
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Kohler
15. Birthplace Germany

16 (a) Informant Mrs. Herman Nortrup
(b) Address 2100 Frankford Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Jan. 17, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Balto., Md.

18 (a) Funeral director Lazenby Funeral Home
(b) Address 7401 Belair Road

19 (a) JAN 16 1943 (b) Registered by Registrar Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15, 1943, at 1 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1942, to Jan. 15 1943 and that I last saw her alive on Jan. 14 1943.

Immediate cause of death Carcinoma of Liver — Duration 1 year

Due to —

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: —

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence — at M
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury none

23. Signature R. A. Gordy M. D.
Address 5106 Harford Rd. Date signed Jan 16-43

VS 2

F 99950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F-9950 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Box 178, R.F.D. - 9 Brooklyn, Md
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 9

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County Anne Arundel Baltimore
(c) City or town Rural Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. Box 178, R.F.D. - 9 Brooklyn, Md (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME William B Slick (Birth F 65841)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/27/42

8. AGE: Years | Months | Days 19 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation baby

11. Industry or business —

FATHER
12. Name Mr. Roy Slick
13. Birthplace Wilkensburg, Pa.

MOTHER
14. Maiden Name Mildred Nelson
15. Birthplace Detroit, Mich

16 (a) Informant Mr Roy Slick
(b) Address Box 178 R.F.D. - 9 Brooklyn, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/43 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Ritchie Hgh.

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (b) Huntington Williams M.D. Registrar

JAN 16 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/14/43 19 at 8:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/6/43 19 to 1/14/43 19 and that I last saw h. alive on 1/14/43 19.

Immediate cause of death: Diarrhea Neonatorum — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hallam J. McClafferty M.D.
Address Bon Secours Hosp. Date signed 1-14-43

Correct age if apparently improbable. Physicians: please write the causes of death clearly and legibly.

F 99951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99951 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4515 Garrison Blvd.
(c) Hospital or institution:
Ventura Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4515 Garrison Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA E. DUVALL

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife: Elmer E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 2, 1862

8. AGE: Years	Months	Days	If less than one day
80	8 9	13	hr. min.

9. Birthplace Lancaster, Pa. (Town, county, and state)
10. Usual Occupation --
11. Industry or business

FATHER
12. Name John Beck
13. Birthplace Lancaster, Pa.

MOTHER
14. Maiden Name Mary Hobbs
15. Birthplace Lancaster, Pa.

16 (a) Informant Mr. Robert D. Ridgely
(b) Address 2411 Poplar Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Registrar) JAN 16 1943 Huntingtown, Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15, 1943, at 6-9 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-1 1942 to 1-15 1943. and that I last saw h alive on Jan-12 1943.

Immediate cause of death: Carcinoma of Rectum and Pelvic contents — Duration: 3 mo.
Due to Intestinal Stasis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Wesley Cole M. D.
Address Towson Rt 6 Date signed 1/15/43

F 99952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 192 B

F 99952 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4212 Falls Road.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7-15
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4212 Falls Road. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie Bevan Pulham

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	White	Widowed

6 (b) Name of husband or wife Thos. W. Pulham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17/1863

8. AGE: Years	Months	Days	If less than one day
79	3	28	hr. min.

9. Birthplace Devonshire, England. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Joseph Bevan
13. Birthplace Ireland. (England)

MOTHER
14. Maiden Name Sallie Pengelly (Pinguella)
15. Birthplace England.

16 (a) Informant Sara P. Athey
(b) Address 2504 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) 1-16-1943 (Date received by local registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 9 1943, to Jan. 15 1943, and that I last saw h[illegible] alive on Jan. 15 1943.

Immediate cause of death	Duration
Acute Myocarditis Failure	5 days
Due to Intradiaphragmatic injury	3 yrs.
Due to Cerebral arteriosclerosis	3 years
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry O'Kelly M. D.
Address 2504 St. Paul St. Date signed 1/19/43.

VS 8

F 99953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943

Registered No. F 99953

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 30 Nunnery Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carol Lynn Mitchell

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	single	female	white	single

6 (b) Name of husband or wife Baltimore, Md.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/25/1941

8. AGE: Years	Months	Days	If less than one day
1	4	20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Audley G. Mitchell, Jr.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Evelyn Smith
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Audley G. Mitchell, Jr.
(b) Address 30 Nunnery Lane, Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 16 1943 (b) [illegible] for Williams, Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15-43 19 , at 8 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-13-43 19 , to 1-15-43 19 , and that I last saw h[illegible] alive on 1-15-43 19 .

Immediate cause of death Respiratory failure due to massive collapse of entire left lung - from foreign plugging of bronchus

Due to

Due to

Other Conditions (pulmonary)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Emergency tracheotomy 1-14-43

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. L. Byerly jr. M. D.
Address University Hospital Date signed 1-15-43

F 99954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. F 99954

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 13
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6201 Falls Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hester Scott

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Widowed

6 (b) Name of husband or wife George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1855

8. AGE: Years	Months	Days	If less than one day
87	7	7	hr. 18 min.

9. Birthplace Charles Co. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Chapman Bush
13. Birthplace Charles Co. Md.

MOTHER 14. Maiden Name Mary A. Cook
15. Birthplace Charles Co. Md.

16 (a) Informant Gertrude Ferguson
(b) Address 2529 Maisby Ave.

17 (a) Burial (b) Date thereof Jan. 16, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Johns Cemetery
Location Ruxton Md.

18 (a) Funeral director Wm. George W. Stallard
(b) Address 1601 Druid Hill Ave.

19 (a) JAN 16 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1943, at 2.40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-30-1942 to 1-14-1943, and that I last saw h alive on 1-14-1943.

Immediate cause of death	Duration
Arteriosclerotic hypertensive Cardio-Vascular Disease	
Due to Generalized Arteriosclerosis	
Due to	
Other Conditions Hypertrophied Arthritis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John E. S. Campbell M. D.
Address 6 30 N. Carey St. Date signed 1-14-43

VS 8

F 99955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 99955 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Gutman & Williams
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) ~~Street~~ No. 2305 W. Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mamie V. Burke 67058

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 13 1943

8. AGE: ~~Years~~ | Months | Days | If less than one day hr. min.
1 day

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name John P Burke
13. Birthplace Md.

MOTHER 14. Maiden Name Mary Burke (Smith)
15. Birthplace Md

16 (a) Informant Harper Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Balto Md

18 (a) Funeral director Geo. E. Talley
(b) Address Fulton & Fayette

19 (a) JAN 16 1943 (Date received by local registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14 1943 at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1943, to 1-14 1943. and that I last saw her alive on 1/14 1943

Immediate cause of death: Premature infant — Duration: 1 day
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Harper M.D. M. D.
Address St Agnes Hosp Date signed 1/14/43

VS 8

F 99956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/61

Registered No. F 99956

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1539 N.Pat.Park Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1539 N.Pat.Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frances A.Hare

3 (b) If veteran, name war: --
3 (c) Social Security Account No. --

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Chas.H.Hare
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept.3,1856

8. AGE: Years 86 | Months 4 | Days 12 | If less than one day: hr. min.

9. Birthplace Balto.Co. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Samuel Lovett
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs.Bertha Fuller
(b) Address 1539 N.Pat.Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan.18/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Balto.Md.

18 (a) Funeral director Philip Henry Sloan
(b) Address 2024 Orleans St. Huntington Williams, M.D.

19 (Date rec'd by registrar) JAN 16 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan.15/43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 19 43 to Jan 11 19 43 and that I last saw her alive on Jan 11 19 43

Immediate cause of death: Cardio Vascular Hypertension Disease — Duration: 1 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury

23. Signature Ted Bunting M. D.
Address 6017 Cutten Rd. Date signed JAN 16 1943

VS 2

F 99957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 C

F 99957 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3315 Richmond Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 1
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3315 Richmond Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert T Mohr

3 (b) If veteran, name war No
3 (c) Social Security Account No. 212-03-5282

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Emma W
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Apr 1 1877
8. AGE: Years 65 Months 9 Days 14 If less than one day hr. min.
9. Birthplace Dutch East Indies (Town, county, and state)
10. Usual Occupation Draftsman
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Dutch East Indies

MOTHER
14. Maiden Name Unknown
15. Birthplace Dutch East Indies

16 (a) Informant Emma W Mohr
(b) Address 3315 Richmond Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/43 (month) (day) (year)
(c) Cemetery or crematory Woodland Cem
Location Baltimore Md
18 (a) Funeral director Wilson & Colvin
(b) Address 1217 E Fayette St
19 (a) (Date rec'd by Local Reg.) JAN 18 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1943 at 9 50 M
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3 1942 to Jan 15 1943 and that I last saw him alive on Jan 15 1943.

Immediate cause of death: Cardiac Decompensation
Due to: Coronary Thrombosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W Wallace Walker M. D.
Address 422 Mulberry Date Jan 15 1943

VS 180

F 99958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 99958 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3612 Roland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LETTIA BLANCHE STOCKS DALE

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-10-7884

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18 1879

8. AGE: Years	Months	Days	If less than one day
63	10	25	hr. min.

9. Birthplace Carroll Co, Maryland (Town, county, and state)

10. Usual Occupation Saleslady

11. Industry or business Worthington Kohler

FATHER 12. Name Noah Stockdale

13. Birthplace Carroll Co. Md

MOTHER 14. Maiden Name Mary Ellen Hawkins

15. Birthplace Carroll Co. Md.

16 (a) Informant Mrs. Edna P. Almony

(b) Address 3612 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-43 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Balto. Co., Maryland

18 (a) Funeral director William Cook Inc

(b) Address 1217 St. Paul St

19 (a) JAN 16 1943 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1943, at 9:52 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.

Date signed 6-13-43

VS 6

F 99959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 99959 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 207 W. West ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 207 W. West ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florence O. Thomas ✓

3 (b) If veteran, name war N
3 (c) Social Security Account No. NIKE

4. Sex Male | 5. Color or race White | 6 (a) ~~Single, married, widowed, or divorced~~ Married

6 (b) Name of husband Harry Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, and yr.) April 23rd 1903

8. AGE: Years 39 | Months 8 | Days 12 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Of Home

FATHER
12. Name (Unknown) Yeager
13. Birthplace

MOTHER
14. Maiden Name Olivella Yeager
15. Birthplace Unknown

16 (a) Informant Harry Thomas
(b) Address 1726 N. Calvert ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto. Md

18 (a) Funeral director William Cook Inc
(b) Address 1617 St Paul ST

JAN 10 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14th 1943, at 9:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1942, to Jan 14 1943, and that I last saw h[illegible] alive on Dec 31 1942.

Immediate cause of death Bronchopneumonia — Duration 2 weeks (days)

Due to Respiratory Infection — 5 days

Bronchitis

Due to Respiratory Infection — 5 weeks

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward F Mulcahy M.D.
Address 682 W Lafayette Ave Date signed 1-13-43

F 99960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a

F 99960 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1059 Ralworth Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1059 Ralworth Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lena J Cochran

3 (b) If veteran, name war —

3 (c) Social Security Account No. NKP

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Daniel Wallace

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18 1882

8. AGE: Years 60 Months 5 Days 27 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Benjamin G Todd
13. Birthplace Baltimore Co Md

MOTHER
14. Maiden Name Sarah E Lynch
15. Birthplace Baltimore Co Md

16 (a) Informant Louis A Cochran
(b) Address 1509 Ralworth Rd

17 (a) Final (Burial, cremation, or removal) (b) Date thereof 1/18/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Wilson & Love
(b) Address 217 E Fort Ave

19 (a) JAN 16 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1943 at 3:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1942 to Jan 15 1943, and that I last saw her alive on Jan 14 1943.

Immediate cause of death Heart Failure — Duration 1 day

Due to Uterine Hemorrhages, — 1 week

Due to Carcinoma of Cervix involving uterus, bladder, rectum — 10 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William F. Pearce M. D.
Address 2105 N. Charles St Date signed 1/15/43

VS 150

F 99961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 99961 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 301 N. Payson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 301 N. Payson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella D. Holland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 1861

8. AGE: Years 81 | Months 10 | Days | If less than one day hr. min.

9. Birthplace Howard Co. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Joseph Holland
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Adeline Brown
15. Birthplace Howard Co. Md.

16 (a) Informant Mary Adelia Vettero
(b) Address 301 N Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/43 (month) (day) (year)
(c) Cemetery or crematory Savage
Location Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) JAN 16 1943 (Date Received by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13th 1943, at 4.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1943. to Jan. 13 1943. and that I last saw her alive on Jan. 13 1943.

Immediate cause of death: Arteriosclerotic Cardiac-Vascular Disease — Duration

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas Laughlin M.D.
Address 401 N. Payson St. Date signed 1/14/43

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99962 ✓ F 99962 Registered No. 170C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Cleveland
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Petzinger

3 (b) If veteran, name war W — | 3 (c) Social Security Account No. 297-03-2847

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Separated

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/5/1865

8. AGE: Years	Months	Days	If less than one day
57 55	7	9	hr. min.

9. Birthplace England
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name John H. Petzinger
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Tuill
15. Birthplace Germany

16 (a) Informant Mrs. Ruth Petzinger
(b) Address Cleveland Ohio

17 (a) Burial Removal (b) Date thereof 1/16/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cleveland
Location Cleveland Ohio

18 (a) Funeral director W. H. Cook Sons & Co.
(b) Address 247 E. Lexington Baltimore, Md.

JAN 16 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14-1943, at 1 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Bronchio-pneumonia	
Due to	
Due to	
Other Conditions Fractured femur, left tibia & fibula, internal contusions, abdominal wall.	

(Include pregnancy within 3 months of death)
Date of operation Jan. 1943
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-11-43 at 7:35 P. M
(c) Where did injury occur? Mech. Blvd, Hollins Ferry Balto. Co. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Pedestrian struck by auto-truck
23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 1-15-43

VS 6

F 99963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46F

F 99963 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edith E. Knox

3 (b) If veteran, name war W
3 (c) Social Security Account No. NHF

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband: Louis P. Knox
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Aug 11th 1880
8. AGE: Years: 62 Months: 4 Days: 29 If less than one day: hr. min.
9. Birthplace: Balto. Co. Md. (Town, county, and state)
10. Usual Occupation: housework
11. Industry or business: At Home

FATHER
12. Name: Robert Francis
13. Birthplace: Maryland

MOTHER
14. Maiden Name:
15. Birthplace:

16 (a) Informant: Louis P. Knox Jr.
(b) Address: Towson Md.
17 (a) Burial (Burial, cremation, removal) (b) Date thereof 1/18/43 (month) (day) (year)
(c) Cemetery: Parkwood
Location: Parkville Md.
18 (a) Funeral director: Wilkes Bok Inc
Address: 17 St. Paul St.
19 (a) JAN 16 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1/15/1943, at 12:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/29/42 19 to 1/15/43 19, and that I last saw h[illegible] alive on 1/15/43 19.

Immediate cause of death: Carcinoma of Gall Bladder — Duration
Due to:
Due to:
Other Conditions: Liver & C.V.S. Metastases
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: Louis E. Brandenburg M. D.
Address: Franklin Sq. Date signed:

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99964

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 139 N. Exeter (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Roosevelt Hammond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-22-04

8. AGE: Years	Months	Days	If less than one day
38	9	-	hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business

FATHER 12. Name Jack Hammond
13. Birthplace N.C.

MOTHER 14. Maiden Name Cora Febey
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location PUBLIC CEMETERY JAN 16 1943 Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) JAN 16 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1942 at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 4 1942 to Dec 22 1942 and that I last saw him alive on Dec 22 1942

Immediate cause of death	Duration
possibly Ventricular fibrillation — 1	
Due to ? trauma at operation	
Due to pericarditis, constrictive	
Other Conditions ventricular dilatation	

(Include pregnancy within 3 months of death)

Date of operation 12/22/42

Major findings of operation: constrictive pericarditis

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. L. Voak M. D.
Address Johns Hopkins Hosp Date signed 12/24/42

VS 180

428 363

F 99965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161B

F 99965 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1734 E. Eager St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Boyd
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1943

8. AGE: Years	Months	Days	If less than one day
		7	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name ? Boyd
FATHER 13. Birthplace Virginia

MOTHER 14. Maiden Name Ella Mae ?
MOTHER 15. Birthplace Virginia

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/16/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert F. Gregg
(b) Address 40 Hardy, Carlisle, Pa.

19 (a) JAN 16 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15, 1943, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1943 to Jan 15 1943, and that I last saw him alive on Jan. 15 1943.

Immediate cause of death: Pulmonary Hemorrhage — Duration 3 days
Due to Septicemia
Due to Umbilical contagion
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry L. Hunter M.D.
Address Johns Hopkins Hosp. Date signed 1-16-43

F 99966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No. F 99966

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Wyman Park Drive and 31st St.

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland.

(d) Length of stay in hospital or inst. (yrs., mos., or days): 10 days

(e) Length of stay in Baltimore (yrs., mos., or days): Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Maryland (b) County:

(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No.: 521 Chester Street, South (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country:

3 (a) FULL NAME: STEPHEN JOHN GACA

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: 213-05-2780

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 5, 1892

8. AGE: Years	Months	Days	If less than one day
50	10 3	10	hr. min.

9. Birthplace: Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation: Longshoreman

11. Industry or business:

FATHER — 12. Name: Felix Gaca

13. Birthplace: Germany

MOTHER — 14. Maiden Name: Mary Wojannoski

15. Birthplace: Germany

16 (a) Informant: Records-US Marine Hospital,

(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 19, 1943 (month) (day) (year)

(c) Cemetery or crematory: Baltimore National

Location: Frederick Road

18 (a) Funeral director: G. Lee Aden

(b) Address: 4644 York Road

19 (a) (Delivered by) (Registrar)

JAN 19 1943

vs 186

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 15, 1943, 8:45a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5, 1943 to Jan. 15, 1943 and that I last saw h. im alive on Jan. 15, 1943

Immediate cause of death	Duration
Tuberculous pneumonia, bilateral	1 mo.
Due to: Pulmonary tuberculosis, chronic, ulcerated	1 year
Due to:	
Other Conditions: Tuberculous enteritis, Unk tuberculous epididymitis, left (Include pregnancy within 3 months of death)	

Date of operation:

Major findings of operation: None

of autopsy: As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence: at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: U. S. Bldg.

Address: US Marine Hospital, Baltimore, Maryland. Date signed: 1/15/43

F 99967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99967 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St., 12 to
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo5da
(e) Length of stay in Baltimore (yrs., mos., or days) 1mo5da.

2. USUAL RESIDENCE OF DECEASED:
(a) State New Jersey (b) County
(c) City or town Merchantville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108 Volan Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ERNEST LINWOOD DUFFY

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 26, 1887

8. AGE: Years	Months	Days	If less than one day
55	3	17	hr. min.

9. Birthplace Randolph, Maine
(Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Alex. Duffy
13. Birthplace Quebec

MOTHER
14. Maiden Name Jennie Perry
15. Birthplace Quebec

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof Jan. 18, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balt. National
Location Frederick Road

18 (a) Funeral director A. Lee Adee
(b) Address 4644 York Road.

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 16 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13, 1943, 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 8, 1942, to Jan. 13, 1943, and that I last saw him alive on Jan. 13, 1943.

	Duration
Immediate cause of death --Bronchopneumonia	3 da.
Due to Myocardial infarction	3 wks.
Due to Arteriosclerotic heart disease	Unk.
Other Conditions Cholecystitis.	Unk.
Prostatic hypertrophy (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. S. Tracy, M.D.
Address US Marine Hospital Baltimore, Maryland. Date signed 1/15/43

F 99968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 ✓

F 99968 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1146 E. Lombard St
(c) Hospital or institution:

3

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1146 E. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Pollock Washington

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Seperated

6 (b) Name of husband ~~or wife~~ Albert Washington

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 189[illegible]

8. AGE: Years	Months	Days	If less than one day
52.	2	2	hr. min.

9. Birthplace Newberne, N.C. (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name Ruffin Midgette

13. Birthplace N.C.

MOTHER 14. Maiden Name Eliza ——

15. Birthplace N.C.

16 (a) Informant William Pollock

(b) Address 148 Calvin Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Poketh. County

18 (a) Funeral director

(b) Address 804 W. Carrollton St.

19 (a) [illegible] (Registrar) (b) [illegible] Huntington Ave Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/15 1943, at 5.55 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to death on the day stated above.

Immediate cause of death: Chronic Arteriosclerotic Cardiovascular-renal disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

(None) of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.

Date signed 1/15/43

VS 6

F 99963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5561 F 99963 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland St Agnes Hospital
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Roxmont - Hollathorpe
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2827 Penna. Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Louis B Harrison (Harrison)

3 (b) If veteran, name war No

3 (c) Social Security Account No. 214-18-5995

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 6th 1920

8. AGE: Years 22 | Months 4 | Days 8 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Shirt Tailor

11. Industry or business Brokaw Shirt Co

FATHER
12. Name Randolph C. Harrison
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary R. Gluck
15. Birthplace Balto. Md.

16 (a) Informant Rev. R. C. Harrison
(b) Address 821 Penna. Ave - Roxmont

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/43 (month) (day) (year)

(c) Cemetery or crematory Meadow Ridge
Location Md.

18 (a) Funeral director Wilkerson Bot Inc
(b) Address 1217 St. Paul St

19 (a) [illegible] (b) Huntington Williamsport
(Signature of local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/14 1943, at 9 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/14 1943 to 1/14 1943, and that I last saw h.s.m. alive on 1/14 1943.

Immediate cause of death Pituitary tumor — Duration 2 months

Due to

Due to (or)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1/14/43

Major findings of operation: Pituitary tumor

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J H Dennis MD M. D.
Address St Agnes Hosp Date signed 1/14/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 99970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 112

F 99970 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2639 Boone St
(c) Hospital or institution: 9-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2639 Boone St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Gassaway

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-7403

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12 - 1899

8. AGE: Years	Months	Days	If less than one day
44	-	1	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business Charles St

FATHER 12. Name Augustus Gassaway

13. Birthplace Md

MOTHER 14. Maiden Name Sarah Bocock

15. Birthplace Va

16 (a) Informant Celeste Hughes

(b) Address 2639 Boone St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 16 43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Baltimore

18 (a) Funeral director Rayner Sanders

(b) Address 1642 E. Preston St

19 JAN 16 1943 (Date received by registrar) (b) Huntington Williams M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1943, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1943, to June 13 1943, and that I last saw h[illegible] alive on June 13 1943.

Immediate cause of death: Bronchial Asthma — Duration: 2 yrs.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lucius A. Johnson M.D.

Address 2329 Jerusalem St Date signed June 15 1943

F 99971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 99971 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 611 Warner Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 Warner Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louise Pailin (Birth F 57682)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12 - 42

8. AGE: Years | Months: 4 4 | Days: 3 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Robert Garnett
13. Birthplace Md.

MOTHER
14. Maiden Name Estella Pailin
15. Birthplace Balto. Md.

16 (a) Informant Estella Pailin
(b) Address 611 Warner Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 1 16 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto.

18 (a) Funeral director Walter R. Griggs
(b) Address 139 W. Hamburg St.

19 (a) JAN 16 1943 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15- 1943, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry I find that said deceased came to her death on the day stated above.

Immediate cause of death: Broncho-pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Anderson M.D.
Medical Examiner.
Date signed 1-15-43

VS 6

33972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 99972 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1710 Park Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 Park Avenue (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME William Ingle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Harriet Page
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 27, 1858

8. AGE: Years	Months	Days	If less than one day
84	4	18	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name William P. Ingle
13. Birthplace Alexandria, Va.

MOTHER
14. Maiden Name Eliza Crummer
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Julia P. Ingle
(b) Address 1710 Park Avenue

17 (a) Bremation (Burial, cremation, or removal) (b) Date thereof 1/16/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Ave. & Oliver St.

18 (a) Funeral director John A. Mitchell & Son, Inc.
(b) Address 1900 Eutaw Place

19 (a) JAN 18 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1943 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1943 to Jan 14 1943 and that I last saw h[illegible] alive on Jan 14 1943

Immediate cause of death: Acute Myocardial Failure — Duration

Due to: Arteriosclerosis — Old age

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter R Bartlett M. D.
Address 1115 St. Paul St. Date signed

Dr. Walter Bartlett

99973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 99973 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 + 17
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 Overhill Rd (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Edward L. Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-1066

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Bessie
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) 5-3-64

8. AGE: Years	Months	Days	If less than one day
78	8	12	hr. min.

9. Birthplace VA (Town, county, and state)
10. Usual Occupation President
11. Industry or business Eutaw Savings Bank

FATHER
12. Name John Robinson
13. Birthplace VA

MOTHER
14. Maiden Name ? Cox
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/43 (month) (day) (year)
(c) Cemetery ~~Greenmount~~ Greenmount
Location Greenmount Ave. & Oliver St.

18 (a) Funeral director John A. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) JAN 16 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 15 1943 at 9:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 15 1943 to JAN 15 1943 and that I last saw HIM alive on JAN 15 1943.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Arteriosclerosis

Due to

Other Conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugo F. Mowatt
Address Johns Hopkins Hospital Date signed 1/15/43

99974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 99974

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 Park Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Maxwell Cathcart

3 (b) If veteran, name war —
3 (c) Social Security Account No. 217-14-1125

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/26/1873

8. AGE: Years	Months	Days	If less than one day
69	3	20	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Clerk -- bank
11. Industry or business Union Trust Co.

FATHER
12. Name John W. Cathcart
13. Birthplace Baltimore

MOTHER
14. Maiden Name Louisa Marine
15. Birthplace Md.

16 (a) Informant Mrs. Martha C. Elmer
(b) Address 1331 Park Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place Huntington Williams, Mgr.

19. JAN 16 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15 1943, at 10:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15 1943 to 1-15 1943, and that I last saw h[illegible] alive on 1-15 1943

Immediate cause of death — Duration

Coronary thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. T. B[illegible] M. D.
Address Md. Gen. Hosp. Date signed 1-15-43

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 or Registered No. E 99975

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied & correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Blackstone Apts.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Blackstone Apts. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

Charles + 32nd Sts

3 (a) FULL NAME Robert Wilbur Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-12-0729

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Lida Ensor
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Apr. 26, 1872

8. AGE: Years	Months	Days	If less than one day
71 ~~70~~	8	20	hr. min.

9. Birthplace Baltimore County, Md. (Town, county, and state)
10. Usual Occupation proprietor
11. Industry or business Miller Fertilizer Co.

FATHER
12. Name Grafton Miller
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Hester Gorsuch
15. Birthplace Balto. Co., Md.

16 (a) Informant Mrs. Lida E. Miller
(b) Address Blackstone Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/43 (month) (day) (year)
(c) Cemetery ~~Greenmount~~ Mt. Carmel
Location near Hereford, Balto. Co., Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19. JAN 16 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15th 1943 at 10 35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1st 1942 to Jan 15th 1943 and that I last saw him alive on Jan 15th 1943

Immediate cause of death
Acute Cardiac Failure
Myocardial Insufficiency
Due to Hypertension
Due to Arterio Sclerosis
Chronic Nephritis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

Duration
Not known
1 year
4 yrs.
Long
Long

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. A. Blackford M. D.
Address 1300 N. Calvert St. Date signed

VS 150

(over)

99976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 99976

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1618 Latrobe St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 + 5

(e) Length of stay in Baltimore (yrs., mos., or days) 17 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1618 Latrobe St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) ✓

If yes, name country

3 (a) FULL NAME Laura Doughty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Douglas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1884

8. AGE: Years 58 | Months 9 | Days 5 | If less than one day hr. min.

9. Birthplace Accomac County Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Henry Rodgers

13. Birthplace Va.

MOTHER 14. Maiden Name Emma West

15. Birthplace Va.

16 (a) Informant Bessie Carter

(b) Address 1618 Latrobe St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 17 1943 (month) (day) (year)

(c) Cemetery or crematory

Location Painter Virginia

18 (a) Funeral director Mrs Zorah Sycamore

(b) Address 1129 N. Carrollton St.

19 JAN 16 1943 (Date received by local registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9, 1943, to Jan 15 1943, and that I last saw h e alive on Jan 14 1943.

Immediate cause of death Bronchopneumonia — Duration 6 days

Due to

Due to

Other Conditions R.H. Sided Hemiplegia (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Marie Odom M. D.

Address 312 E 23rd St Date signed 1-16-43

VS 180

99977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

F 99977 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 281 N. Eutaw St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET BROWN FLOYD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John Floyd

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3 1843

8. AGE: Years 99 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Georgia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Rose Hardy (Friend)
(b) Address 818 Eden Street.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 17, 1943 (month) (day) (year)
(c) Cemetery or crematory
Location Covington Georgia

18 (a) Funeral director Mrs Robert A. Elliott & Daughter
(b) Address 129 N. Carrollton St

19 JAN 16 1943 (Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1943, at 10 20 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death Pneumonia, lobular	
Due to Chronic alcoholism	
Due to	
Other Conditions Wound, lacerated scalp (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 27 1942 at 4 45 PM
(c) Where did injury occur? at home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury fell down stairway

23. Signature H. T. Wollenmuller M.D.
Medical Examiner.
Date signed 1-13-43

VS 6

99978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1318

F 99978 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1905 N. Pulaski St.
(c) Hospital or institution:
15-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1905 N. Pulaski St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louise R. Potter,

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Karl Potter,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 1. 1865

8. AGE: Years	Months	Days	If less than one day
77	1	14	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Frederick Sackman
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Miss Martha A. Potter,
(b) Address 1905 N. Pulaski St.

17 (a) Burial (b) Date thereof Jan. 18. 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore City

18 (a) Funeral director Robert S. Little,
(b) Address 2700 Edmondson Ave.

19 (a) JAN 16 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14. 1943 19 at 10 34 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1/42 19 to 1/14/43 19, and that I last saw her alive on 1/13/43 19

Immediate cause of death	Duration
Cardiac Collapse.	10 hrs
due to Chronic nephritis	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry C. Houck
Address 1929 W. Lafayette Ave Date signed 1/15/43

VS 8

99979 F 99979

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 108 ½ Pulaski Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 ½ Pulaski Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fred Yarborough

3 (b) If veteran, name war –

3 (c) Social Security Account No. None

4 Sex Male | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Grace Yarborough

6 (c) If alive, give age yrs.

7. Birth date of deceased (mo., day, yr.) Feb 6 1882

8. AGE: Years 60 | Months 11 10 | Days 25 27 | If less than one day hr. min.

9. Birthplace Fort Mill S.C. (Town, county, and state)

10. Usual Occupation Watch Maker

11. Industry or business

FATHER
12. Name Thomas Yarborough
13. Birthplace S.C.

MOTHER
14. Maiden Name Unknown
15. Birthplace N.C.

16 (a) Informant Fred Yarborough
(b) Address 108 ½ Pulaski St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16, 1943 (month) (day) (year)
(c) Cemetery or crematory Winnsboro
Location South Carolina

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 ½ Schroeder St

19 (a) JAN 16 1943 (Date rec'd by registrar) (b) Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1943 at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1943 to Jan 13 1943 and that I last saw him alive on Jan 13 1943.

Immediate cause of death: Bronchio-pneumonia — Duration 3 days

Due to

Due to

Other Conditions Myocarditis — 2

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged ultimately.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Watts M.D.

Address 515 ½ Lexington Date signed 1/14/43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99930 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 202 N. Gilmor St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 202 N. Gilmor St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARIAH MOYER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	widow

6 (b) Name of husband or wife John Moye
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Snow Hill, N.C. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Jack Moye
13. Birthplace N.C.

MOTHER
14. Maiden Name Lucinda
15. Birthplace N.C.

16 (a) Informant Alonzo Adams
(b) Address 202 N. Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie P. Williams
(b) Address 322 N Schroeder St

JAN 16 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1943 at 11 30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Williams M.D.
Medical Examiner.
Date signed 1-13-43

F 99931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 99931

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct spelling. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 S. Green St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Conyer 79032

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: black | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1884

8. AGE: Years 58 | Months 7 | Days 19 | If less than one day ... hr. ... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation cook

11. Industry or business

FATHER
12. Name Scipio Conyer
13. Birthplace Md.

MOTHER
14. Maiden Name Laura ?
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location

18 (a) Funeral director Adolphus Babstad
(b) Address 918 Druid Hill Ave.

JAN 16 1943 (Date received by Registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14 1943, 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8 1943, to Jan. 14 1943, and that I last saw h im alive on Jan. 14 1943

Immediate cause of death: Pulmonary tuberculosis — Duration: 9 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Hartz M.D.
Address Balto City Hosp Date signed 1/16/43

F 9982 428376, 28666 H

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 56D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D C (b) County
(c) City or town WASHINGTON (If outside city or town limits, write RURAL and give town)
(d) Street No. 1630 Webster St NW (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Pauline Hein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	MARRIED

6 (b) Name of husband or wife MORRIS

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) 11-18-00

8. AGE: Years	Months	Days	If less than one day
42	1	28	hr. min.

9. Birthplace WASH D.C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Abraham Levy
13. Birthplace RUSSIA

MOTHER
14. Maiden Name CARRIE ARRON
15. Birthplace Wash D.C

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1, 16, 43 (month) (day) (year)

(c) Cemetery or crematory
Location Washington Lee

18 (a) Funeral director B Dalmanahy
(b) Address 3501-14 Rhode

JAN 17 1943

(Date rec'd by Registrar) (b) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 16 1943, at 5:01 M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 14 1943 to JAN 16 1943. and that I last saw h[illegible] alive on JAN 16 1943.

Immediate cause of death: Brain Hem-hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Jan 15-1943

Major findings of operation: Hem

of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address J.H.H. M. D.
Date signed 1-16-43

F 99983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99983 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33-35th
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 85 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 103 Enfield Rd. (If rural, give location)
(e) Citizen of foreign country? N. D. (Yes or No) If yes, name country

3 (a) **FULL NAME** Beulah Reynard. Thumm.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Clarence A. Thumm.
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) 11-20-1889.

8. AGE: Years	Months	Days	If less than one day
53 52	1	27	____ hr. ____ min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles H. Reynard.
13. Birthplace Virginia

MOTHER
14. Maiden Name Katherine L. Burke.
15. Birthplace Virginia

16 (a) Informant Mr. C. A. Thumm (husband)
(b) Address 103 Enfield Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director Stewart & Company
(b) Address 108 W. Mt. Royal Ave.

19 (a) JAN 17 1943 (b) Registrar Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1943 at 8:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-24 1942 to 1-16 1943, and that I last saw h~~e~~r alive on 1-16 1943.

Immediate cause of death	Duration
Cardiac failure	
Due to Cachexia	
Due to Lymphoblastoma	2 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
If autopsy: ~~Anatomical findings justify~~ findings

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Hartzell Jr. M.D.
Address Union Memorial Hosp. Date signed 1-16-43

F 99984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99984 Registered No. 8230

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Rd
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-6-15
(e) Length of stay in Baltimore (yrs., mos., or days) 7-10-7

2. USUAL RESIDENCE OF DECEASED:
(a) State Louisiana (b) County
(c) City or town Monroe (If outside city or town limits, write RURAL and give town)
(d) Street No. #11 Hood Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Leontine Dinkgrave

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1859

8. AGE: Years	Months	Days	If less than one day
83	11	5	hr. min.

9. Birthplace Monroe, Louisiana (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry Dinkgrave
13. Birthplace New Orleans, Louisiana

MOTHER
14. Maiden Name Duncan Madden
15. Birthplace Monroe, Louisiana

16 (a) Informant Mount Hope Retreat
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Hope.
Location Mt. Hope Avenue

18 (a) Funeral director Sherwood Mangold Co.
(b) Address 108 W. Madison St.

19 JAN 17 1943 Registered [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1943, at 3:04 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to Jan. 16 1943, and that I last saw her alive on Jan. 16 1943.

Immediate cause of death	Duration
Right Cerebral Hemorrhage	1 wk.
Due to	
Due to	
Other Conditions Senile Psychosis	2 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Danway P. Magna M. D.
Address 536 Virden St. Date signed

VS 2

Physician writes plainly, with UNFADING INK. Every item of information should be given if known. Use "unknown" if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99985

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4021-Lock Raven Boulv.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1826-N. Broadway
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie E. Keagle

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife J. Howard Keagle

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 3/27/1877

8. AGE: Years 65 | Months 9 | Days 19 | If less than one day -- hr. ------ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Mathew Schiermyer
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline (Decker)
15. Birthplace Baltimore, Md.

16 (a) Informant Dr. J. Walter Keagle
(b) Address 4021-Lock Raven Boulv.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth Inc.
(b) Address 1735-Harford Ave.

19 (a) JAN 17 1943 (b) Registrar Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1943 at 7 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1942 to Jan 15 1943 and that I last saw h-- alive on Jan 14 1943.

Immediate cause of death

Uremia - Chr.
Bright Disease

Duration 6 mos

Due to General Arteriosclerosis 10 yrs.

Due to

Other Conditions Diabetes -

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. E. Nolan M.D.
Address 3 W. Biddle Date signed 1-16-43

correct age is especially important. Physicians: please write the causes of death clearly and

F 99986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 99986 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1210-E. Biddle Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1210-E. Biddle Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Port Fester

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife ----
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 5/7/1859

8. AGE: Years	Months	Days	If less than one day
83	8	6	- hr. - min.

9. Birthplace Huntingdon, Pa. (Town, county, and state)
10. Usual Occupation Retired - Cooper
11. Industry or business Penna. R.R.Co.

FATHER
12. Name John Fester
13. Birthplace Pa.

MOTHER
14. Maiden Name Martha (Forshie)
15. Birthplace Pa.

16 (a) Informant Mrs. Georgia Wiedefeld
(b) Address 1210-E. Biddle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/1943 (month) (day) (year)
(c) Cemetery or crematory Riverview Cemetery
Location Huntingdon, Pa

18 (a) Funeral director George J. Ruth Inc.
(b) Address 1735-Harford Ave.

JAN 17 1943 (Date received by Registrar) (b) Huntingdon Williams Co. Pa.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15, 1943, at 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1943, to Jan 15 1943, and that I last saw him alive on Jan 14 1943.

Immediate cause of death: Arteriosclerotic Cardio-Renal Disease. — Duration: 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Bluem M. D.
Address 1266 E. Fayette St. Date signed Jan 16, 1943

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99987

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 830

F 99987

Reg. Dist. No. _____

1. PLACE OF DEATH:

County _____

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? _____

Hospital, institution, or street address where death occurred: 4902 York Rd. 27

How long in hospital or institution? 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County _____

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4902 York Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME Margaret D. Bowman

3.(b) Social Security Number _____

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	Widowed

6.(b) Name of husband or wife William Bowman

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1864

8. AGE: Years	Months	Days	If less than one day
78	1 0	1 5	20 hrs. ____ min.

9. Birthplace Harford County (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

FATHER 12. Name Shisdack Street

13. Birthplace Harford Co.

MOTHER 14. Maiden name Rebecca Evans

15. Birthplace Harford Co.

16. Informant Margaret Bowman

Address 4902 York Rd.

17. _____ Date thereof _____

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bethel, Harford Co.

Location Md.

18. Funeral director A. Raley Slade

Address 4907 York Rd.

JAN 17 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15th. 19 43. at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 9th. 19 42. to Jan. 15th. 19 43.

and that I last saw h. alive on January 14th. 19 43.

Immediate cause of death Cerebral Hemorrhage — DURATION 3 days

Due to Arteriosclerosis — DURATION unknown

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Geo. Morgan Otis M.D.

Address 401 E. 25th. St., M. D. or other

Date signed 1/16/43.

F 99988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

F 99988 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2 E. Montgomery St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 E. Montgomary (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Josephine Monaco

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband Liberato Monaco

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6 1887

8. AGE: Years 55 Months 10 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Campagna Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Pantaleone Granite
13. Birthplace Italy

MOTHER
14. Maiden Name Rosaria Mirra
15. Birthplace Italy

16 (a) Informant Liberato Monaco (Husband)
(b) Address 2 E. Montgomery St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Old Frederick Rd. Baltimore Md.

18 (a) Funeral director Frank Dallas Noce
(b) Address 52 N. Morley St.

19 (a) [illegible] Practitioner from Williams MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1943 at 4A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1942 to Jan 16 1943. and that I last saw h[illegible] alive on Jan 5 1943.

	Duration
Immediate cause of death General Carcinomatosis	?
Due to Cancer of rectum	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. H. Damasco

Address 436 E Fort Ave Date signed M. D. 1/16/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 99989 F 99989 F 99989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

132 Registered No. 9

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2632 Puget St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 64

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2632 Puget Street (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country

3 (a) FULL NAME James Connor
3 (b) If veteran, name war None
3 (c) Social Security Account No. 213-09-7145
4. Sex M
5. Color or race Col
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Josephine
6 (c) If alive, give age 62 years
7. Birth date of deceased (mo., day, yr.) 1/7/1879
8. AGE: Years 64 Months + Days 25 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Glass factory

FATHER
12. Name Joseph C Connor
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Water
15. Birthplace Md

16 (a) Informant Josephine Connor
(b) Address 2632 Puget St
17 (a) Elkridge (Burial, cremation, or removal) (b) Date thereof 1/17/43 (month) (day) (year)
(c) Cemetery or crematory Elkridge Burial
Location Md
18 (a) Funeral director Isaiah R Brown Son
(b) Address 108 W Montgomery St
19 (a) 1-17-1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

JAN 17 1943

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17 19 43, at 10 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 1/7/43 to 1/17/43 and that I last saw h alive on 1/17/43
Immediate cause of death: Pulmonary Oedema
Due to: Pneumonia
Due to: Bronchitis
Other Conditions: None
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
6 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(c) Means of injury
23. Signature Thos Connor M.D.
Address 519 W Camden Date signed 1/17/43

"Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully obtained. Every item of information should be carefully obtained. The

F 99990

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 107

F 99990

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or Institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 Sharp St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Clarabelle Simms (Birth F 55034)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 13 42

8. AGE: Years	Months	Days	If less than one day
	4 5	2	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Infant.

11. Industry or business

FATHER — 12. Name Henry Simms
13. Birthplace Va

MOTHER — 14. Maiden Name Louise Love
15. Birthplace Va

16 (a) Informant Henry Simms
(b) Address 1105 Sharp St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 18 43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A Co Md

18 (a) Funeral director Isaiah L Brown Sons
(b) Address 109 W Monument St

19 (a) [redacted] 1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1943, to Jan 15 1943, and that I last saw her alive on Jan 11 1943

Immediate cause of death: Bronchopneumonia — Duration: 2 Weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G H Bamford M. D.
Address Provident Hospital Date signed 1-15-43

correct age is especially important. Physicians: please write the causes of death clearly and

F 99991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99991

Registered No. 97

correct age is especially important. Physicians: please write the causes of death clearly and l

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1617 Sexton. ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 Sexton ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME VERONIKA ZEKAS (JACOBS)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	married

6 (b) Name of husband or wife Joseph Zekas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Lith
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lith

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith

16 (a) Informant Frank Zekas
(b) Address 1617 Sexton ST

17 (a) Burial (b) Date thereof 1 16 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph Kasmakas Inc.
(b) Address 602 Washington Blvd.

JAN 17 1943 Huntington Williams MD
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1943 at 1250 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to Jany 15 1943
and that I last saw h alive on 19

Immediate cause of death	Duration
Cardiac failure	
Due to Arterio sclerosis general	
Due to Gangrene L Leg	
Other Conditions Amputation L Leg	
Gangrene	
(Include pregnancy within 3 months of death)	

Date of operation Sept 42
Major findings of operation Gangrene foot
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Dr. M. Tierstein M. D.
Address 1470 Mad Blvd Date signed 1-16-43

VS 3

F 99932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 99932
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15 2 Fremont Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 2 Fremont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY VENZE

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lillian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years 47 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Grocery Merchant

11. Industry or business

FATHER
12. Name Hirsh Venze
13. Birthplace Russia

MOTHER
14. Maiden Name Lobisi
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (b) Date thereof 1-17-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Meth Pt. c Furman Hill Rd
Location Same

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E Baltimore St

19 (a) JAN 17 1943 (b) Huntington Terrace, Md.
(Registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1943 at 11:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wohlmuther M.D.
Medical Examiner.
Date signed 1-15-43

Please write as especially important. Physicians: please write the causes of death clearly and legibly

F 99993

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 99993 / 939 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere Ave
(c) Hospital or institution:
Hebrew Home for the Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvedere (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minna Berman Berman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife Baer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years 80 | Months - | Days - | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ✓
13. Birthplace Russia

MOTHER
14. Maiden Name ✓
15. Birthplace Russia

16 (a) Informant William Berman
(b) Address 5035 Denmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-43 (month) (day) (year)
(c) Cemetery or crematory TOVRA CONG.
Location Washington Rd.

18 (a) Funeral director Jack Jewes
(b) Address 1454 E Baltimore St

19 (a) ... (Signature of registrar) Huntington Williams M.D.

JAN 17 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16- 1943, at 1:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/5/1939 to 1-16-1943, and that I last saw h[illegible] alive on 1-16-1943

Immediate cause of death Bronchopneumonia
Due to Chr. card. vascular disease
Due to Arteriosclerosis Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

30 Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Levin M. D.
Address Levindale Date signed 1/17/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly

F 99994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 99994 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2910 Springhill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Mrs. Fannie Raffel (SARAH)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Wolfe Hurwitz
13. Birthplace Russia

MOTHER
14. Maiden Name Jeannette Figurtz
15. Birthplace Russia

16. (a) Informant Rose Lazerow
(b) Address 2910 Springhill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-43 (month) (day) (year)

(c) Cemetery or crematory Bnai Israel
Location Druid Hill Ave.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto. St

JAN 17 1943 Harrington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 1943 at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1942 to Jan 16 1943 and that I last saw h[illegible] alive on Jan 16 1943.

Immediate cause of death	Duration
Circulatory failure	
Due to Coronary thrombosis	
Due to Arteriosclerotic Cardiovascular Disease	
Other Conditions Atherosclerosis - Left Bundle [illegible]	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Etta C. Link, M. D.
Address University Hosp. Date signed 1/16/43

VS 180

F 99995

3703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 99995

Registered No. 61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3705 LIBERTY HEIGHTS
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3705 LIBERTY HEIGHTS
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BESSIE COHEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife LOUIS
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name ISAAC SOPHER
13. Birthplace RUSSIA

MOTHER
14. Maiden Name FANNIE
15. Birthplace RUSSIA

16 (a) Informant LOUIS COHEN - HUSBAND
(b) Address 3705 LIBERTY HEIGHTS

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-17-43 (month) (day) (year)
(c) Cemetery or crematory BNAI ISRAEL
Location SOUTHERN AVE

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Balto. St

19 (a) Filed 1-17-1943 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16-1943, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 25 1942 to Jan. 16 1943, and that I last saw h[illegible] alive on Jan. 16 1943

Immediate cause of death acute pulmonary edema

Due to Coronary Thrombosis and dilatation

Due to Chronic myocarditis

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
4 hrs.
2 yrs.
2 yrs.
1 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. A. Silver M.D.
Address 3703 Garrison Blvd Date signed 1/16/43

- 8 -

99996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 99996

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City Annapolis Rd. (If outside city or town limits, write RURAL and give town) 15
(d) Street No. a. a. Co. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Hyson

3 (b) If veteran, name war: N
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 3rd 1870

8. AGE: Years	Months	Days	If less than one day
72	1	13	hr. min.

9. Birthplace Balto City Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name William Hyson
13. Birthplace Unknown

MOTHER
14. Maiden Name Amelia Rick
15. Birthplace Germany

16 (a) Informant George Hyson
(b) Address 4100 Hanover Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/43 (month) (day) (year)
(c) Cemetery Loudon Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
[redacted] 18 1943 S. Paul St
19 (a) Huntington Williams MD
(Date rec'd by registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16th 1943, at 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 19 1942, to Jan 16 1943, and that I last saw h[illegible] alive on Jan 16 1943.

Immediate cause of death: Valvular heart disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Cutterman M. D.
Address 2324 Reisterstown Rd Date signed 1/16/43

99997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 940

Registered No. I 99997

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address or location 207 W. 27th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 207 W 27th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JAMES McCABE

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-3361

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed or divorced~~
M	W	Married

6 (b) Name of ~~husband or~~ wife Martha McCabe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 12 1888

8. AGE: Years	Months	Days	If less than one day
54	3	3	hr. min.

9. Birthplace Scotland (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Bendix Co.

FATHER
12. Name Michael McCabe
13. Birthplace Scotland

MOTHER
14. Maiden Name Margaret Lochrie
15. Birthplace Scotland

16 (a) Informant Martha McCabe
(b) Address 207 W. 27th st.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/18/43 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

JAN 18 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1943, at 7:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death	Duration
Coronary arteriosclerosis with thrombosis	
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. T. Williams M.D. Medical Examiner.
Date signed 1-15-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131 F

Registered No. F 99998

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Mulberry
(c) Hospital or institution: Maryland Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2820 Lock Raven Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Emma Howe

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	married

6 (b) Name of husband or wife Wm. F. Howe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/30/83

8. AGE: Years	Months	Days	If less than one day
59	1	17	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name George Board
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Jennie Pryor
15. Birthplace Balto. Md.

16 (a) Informant William F. Howe
(b) Address 2820 Lock Raven Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director Williams Cook Inc
(b) Address 127 St. Paul St

19 (a) Date received (b) Registrar

JAN 18 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16 1943, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1943 to 1-16 1943 and that I last saw h[illegible] alive on 1-16 1943

Immediate cause of death Uremia — Duration

Due to Chronic nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. T. McGonigal M. D.
Address Md. Gen. Hosp. Date signed 1-16-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

99999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 99999 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1523 Fork Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert S. Magness

3 (b) If veteran, name war W | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Bessie S
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15 1877

8. AGE: Years	Months	Days	If less than one day
65	7	2	hr. min.

9. Birthplace Md (Town, county, and State)
10. Usual Occupation Auto mobile Painter
11. Industry or business

FATHER
12. Name Albert S. Magness
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth De Moss
15. Birthplace Md

16 (a) Informant Bessie S. Magness
(b) Address 1523 Fork Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/43 (month) (day) (year)
(c) Cemetery or crematory Mountain View
Location Norfolk Va Md

18 (a) Funeral director Pellum & Son Inc
(b) Address 1217 E Fort St

JAN 18 1943 (Date rec'd by registrar) Huntington Willis, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1943, at 7:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1943 to Jan 17 1943, and that I last saw h/m alive on Jan 15 1943.

Immediate cause of death Uremia

	Duration
Due to Uremia + Diabetes Mel	24 hrs
Due to Urinary intravasation & gangrene of perineum	4 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Gangrene of perineum cellulitis of scrotum
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John E Goodman MD
Address Franklin 5½ Date signed 1/19/43

100000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44 W

Registered No. 100000

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 246 Douglas Ct
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6'
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 246 Douglas Ct.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Waddell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	widowed

6 (b) Name of husband or wife Emma Waddell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878 5/10

8. AGE: Years	Months	Days	If less than one day
64	8	5	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Porter
11. Industry or business Jewelry Store

FATHER
12. Name Wesley Waddell
13. Birthplace Norfolk Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Edgar Waddell-son
(b) Address 246 Douglas St.

17 (a) Burial (b) Date thereof 1-20-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Park
Location Baltimore City

18 (a) Funeral director Mrs J de Bailey
(b) Address 1421 Jefferson St

19 (a) (b) Huntington Williams M.D.

JAN 18 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/15 1943, at 5.45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to natural death on the day stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 1/15/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00031 #2 BALTIMORE CITY HEALTH DEPARTMENT 00001
CERTIFICATE OF DEATH 1062 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument & Rutland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 E Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME TARAGIN, FRADEL
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Rabbi Mendel
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Latvia (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name William Wolpert
13. Birthplace Latvia

MOTHER
14. Maiden Name Rose ?
15. Birthplace Latvia

16 (a) Informant David Taragin
(b) Address 1119 E Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan, 18, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) JAN 18 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17 1943, at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16 1943, to 1/17 1943, and that I last saw her alive on 1/17 1943

Immediate cause of death Respiratory Failure — Duration

Due to Coronary occlusion & coronary failure

Due to Pulmonary edema & bronchitis and chronic bronchitis

Other Conditions bronchitis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Saul J. Fischer
Address Sinai Hosp. Date signed 1/17 M. D.

VS 3

C 00002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 00002 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Moniment St & Rutland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Edward Apts Whitelock & Brookfield Ave (If rural, give R.F.D. No.)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jacob Louis Ottenheimer

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Clara Bussey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business Insurance Agent

FATHER
12. Name Louis Ottenheimer
13. Birthplace Germany

MOTHER
14. Maiden Name Rachel Feldenheimer
15. Birthplace Germany

16 (a) Informant Lester Ottenheimer
(b) Address Edward Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cem.
Location 3600 E Baltimore St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1126 W North Ave

19 (a) JAN 18 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17/43 1943 at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/15 1943, to 1/17 1943 and that I last saw h[illegible] alive on 1/17 1943.

Immediate cause of death Septicaemia
Due to Pneumococcus Type I
Due to Pneumonia
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Rt. Lobar Pneumonia

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E S Goodstein M. D.
Address Sinai Hospital Date signed 1/18/43

G 00003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43 W G 000003 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be accurately supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 510 Arlington ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 Arlington ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Coates

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1st 1889

8. AGE: Years	Months	Days	If less than one day
55?	9	13	hr. min.

9. Birthplace Carroll Co Md.
(Town, county, and state)

10. Usual Occupation Blacksmith.

11. Industry or business

FATHER
12. Name John Coates.
13. Birthplace Carroll Co Md

MOTHER
14. Maiden Name ? ?
15. Birthplace ? ?

16 (a) Informant Mrs Harry H. Hammond
(b) Address 510 N Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 / 18 / 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) JAN 18 1943 (Date rec'd by Registrar) (b) Registrar Huntington Hill Westminster, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14- 1943, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon, and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular	
Due to Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mullen M.D.
Medical Examiner.

Date signed 1-15-43

AACo. 5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 00004

CERTIFICATE OF DEATH

1937 G 00004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 Light St., 4 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. Crawford

(a) Residence: No. 1733 Light St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Entry of items and information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samson L. Crawford

6. DATE OF BIRTH (month, day, year) June 4, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Benjamin Haney

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Lipe.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Benjamin F. Crawford

(Address) Joppa md

18. BURIAL, CREMATION, OR REMOVAL

St. Mary's Hampden Date Jan 19, 1943

19. UNDERTAKER Schumacher & Donovan

(Address) 3 615-17 E. Lexington St. Hunting for Hillsdale Md

20. FILED JAN 18 1943 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 16, 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1943 to Jan 16, 1943

I last saw her alive on Jan 16, 1943 death is said to have occurred on the date stated above, at 5.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	

Other contributory causes of importance:

Cardiac Dilatation	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vincent M. Mercuro M. D.

(Address) 1403 S. Charles St.

G 00005

AB-79192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43 N

Registered No. G 00005

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 42 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2435 Smith Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Stone

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-100 484

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Amanda Stone
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1876

8. AGE: Years	Months	Days	If less than one day
66 ?	?	? 18	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name William Stone
13. Birthplace Md.

MOTHER
14. Maiden Name Ethel ?
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18/43 (month) (day) (year)
(c) Cemetery or crematory Hamilton
Location Md.

18 (a) Funeral director Edmund B. Sommer
(b) Address 3615-17 Chestnut Ave

19 (a) (Date rec'd by registrar) JAN 18 1943 (b) Registrar Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-14 1943, at 6:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1943 to 1-14 1943, and that I last saw him alive on 1-14 1943.

Immediate cause of death Hypertensive cardio vascular disease with cardiac dilatation — Duration: Chronic
Due to and failure.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: no abnormal

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. A. Allen M. D.
Address Balto. City Hosp. Date signed 1-16-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

MARGIN RESERVED FOR BINDING

G 00006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1928

G 00006 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave.,
(c) Hospital or institution:
Melrose Nursing Home, 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2021 Mt. Royal Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas . Myers,

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower.

6 (b) Name of husband or wife Lydia E. Myers.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18 1858

8. AGE: Years	Months	Days	If less than one day
84	5	29	hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business

FATHER
12. Name Martin Myers.
13. Birthplace Germany.

MOTHER
14. Maiden Name Martha ?
15. Birthplace Germany.

16 (a) Informant Russell Myers.
(b) Address 1413 Eagle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 17 43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge.
Location Pikesville Md.

18 (a) Funeral director Lehmanowsky & Donovan
(b) Address 3615-17 Pennsylvania Ave, Baltimore, Md.

19 (a) Filed JAN 18 1943 (Date received by local registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17/43 19 , at 7 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/12/43 19 to 1/17/43 19 , and that I last saw h. E. alive on 1/16/43 19 .

Immediate cause of death Chronic Valvular Heart
Due to disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
20 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. W. Whelan M. D.
Address 4307 York Rd Date signed 1/17/43

G 00007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 00007 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2015 Clifton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 Clifton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN BECK

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1854

8. AGE: Years	Months	Days	If less than one day
88	5	7 6	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired - Balto Transit
11. Industry or business

FATHER
12. Name George Beck
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Lillian E. Grieb
(b) Address 2015 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/43 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa., Balto., Md.

19 (a) JAN 18 1943 (b) Registrar Huntington Williams M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/15/ 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1942 to 1-12 1943 and that I last saw him alive on 1-12 1943

Immediate cause of death Bronchopneumonia — Duration 2 days

Due to

Due to

Other Conditions Patient C-V disease Senility
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Grenzer M. D.
Address 1428 Rumsey Pl. Date signed 1-17-43.

G 00008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a

Registered No. G 00008

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital (30)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30d.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 N. Calvert St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Nell Hall

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Chas. Hall

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Jan 26-1892

8. AGE: Years 50 | Months 11 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace Norfolk, Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own home

FATHER
12. Name Daniel Loper
13. Birthplace Virginia

MOTHER
14. Maiden Name Anne Harris
15. Birthplace New Jersey

16 (a) Informant Anne Davis (Sister)
(b) Address 2012 N. Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JAN 18 1943 (Date received by registrar) (b) Livingston Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1943 at 1248 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 16 1942 to Jan 16 1943, and that I last saw her alive on Jan 16 1943

Immediate cause of death	Duration
Carcinoma of Ovary	Six Years
Due to	
Due to	
Other Conditions General Carcinomatosis	

(Include pregnancy, within 3 months of death)

Date of operation Dec 16 - 1943

Major findings of operations Carcinoma of Ovary General metastasis

of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence None at — M
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work? No
(e) Means of injury None

23. Signature Edward P. Smith M.D.

Address 920 St Paul St Date signed 1-16-43

G 00009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00009

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given and applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison and Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3304 N. Helton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alta E. Thompson

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30, 1880

8. AGE: Years	Months	Days	If less than one day
62	9	16	hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation School teacher

11. Industry or business Balto. Public Schools

FATHER
12. Name Ashley Thompson
13. Birthplace New York

MOTHER
14. Maiden Name Helen Chattock
15. Birthplace New York

16 (a) Informant Miss Eileen Thompson
(b) Address 325 W. 45th St. Balto., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Baltimore, Md. Huntington Williamsport, Md.

19 (a) JAN 18 1943 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 1943, at 5:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 12, 1943 to Jan 16, 1943, and that I last saw her alive on Jan 16, 1943.

	Duration
Immediate cause of death Terminal pneumonia	
Due to Acute Perforated appendicitis	6 day
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 1/12/43

Major findings of operation: Perforated gangrenous appendix

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martin G. Kropp, Jr. M.D.
Address Md. Gen. Hosp. Date signed 1/16/43

VS 8

428324

G 00010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1248

G 00010 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Broadway & Monumental Sts

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W

(e) Length of stay in Baltimore (yrs., mos., or days): 37 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. [redacted] or 2118 Aisquith Terrace

(e) Citizen of foreign country? (Yes or No)

If yes, name country Sidney

3 (a) FULL NAME Robert J Morgan

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-61-4733

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Mercella Irbin

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 11 1900

8. AGE: Years	Months	Days	If less than one day
43	0	3	hr. min.

9. Birthplace Pa

(Town, county, and state)

10. Usual Occupation Moulder

11. Industry or business

FATHER

12. Name John Morgan

13. Birthplace Scotland

MOTHER

14. Maiden Name Eliz. Weidner

15. Birthplace Pa

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-43 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location A & Co. Md.

18 (a) Funeral director Geo K Bayne Jr

(b) Address 1677 Hillman St

19 JAN 18 1943 (Date rec'd by registrar)

(b) Huntington Williams Md

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1943, at 1 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1943 to Jan 14 1943 and that I last saw him alive on Jan 14 1943

Immediate cause of death

Cirrhosis of the liver with esophageal varices & jaundice — Duration 5 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Marjorie Hayes M. D.

Address Johns Hopkins Hospital Date signed 1-14-43

428468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00011

G 00011

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State PENNA (b) County
(c) City or town PALMYRA (If outside city or town limits, write RURAL and give town)
(d) Street No. 27 N. CHESTNUT ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CARL BEAM JENNINGS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-5-42

8. AGE: Years	Months	Days	If less than one day
	4	11	hr. min.

9. Birthplace PENNA. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name HARRY JENNINGS
13. Birthplace PENNA.

MOTHER 14. Maiden Name ANNA ? Beam
15. Birthplace VA

16 (a) Informant RECORD
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20, 1943 (month) (day) (year)
(c) Cemetery or crematory Gravel Hill Cemetery
Location Palmyra Penna

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

19 (a) JAN 18 1943 (b) Huntington Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1943 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15 1943 to 1-16 1943, and that I last saw him alive on 1-16 1943

Immediate cause of death	Duration
Operation for	
Due to Hydrocephalus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 1/16/43

Major findings of operation: Congenital Hydrocephalus

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward H. Ravdin M.D.
Address Johns Hopkins Hosp. Date signed 1/18/43

G 00012

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1310

G 00012
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3945 Frisby St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3945 Frisby St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME JAMES HENRY WILSON JR.

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-03-9230

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife Virginia Wilson
6 (c) If alive, give age 75 years
7. Birth date of deceased (mo., day, yr.) May 21, 1867
8. AGE: Years 75 | Months 7 | Days 25 | If less than one day ____ hr. ____ min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Special Deputy
11. Industry or business Brick Layers Union Brick Layer

FATHER
12. Name James H. Wilson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Miss Mabel C. Wilson
(b) Address 3945 Frisby St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18, 43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Lot 398 - Section Holly

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

19 (a) JAN 18 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 1943 at 12-30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 24 1942 to Jan 15 1943 and that I last saw him alive on Jan 15 1943.

Immediate cause of death Myocardial Insufficiency
Cerebral Hemorrhage
Due to Chr. Arteriosclerosis
Chr. Hypertension
Due to Chr. Nephritis
Other Conditions Contributory Chr.

Duration 2 wks. 2 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. V. Keyser M.D.
Address 156 N. Milton Ave. Date signed 1/16/43

G 00013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00013 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2402 Ken Oak Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 69 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2402 Ken Oak Road
(If rural give location)
(e) Citizen of foreign country? ------ (Yes or No)
If yes, name country -----

3 (a) FULL NAME George Francis Weatherley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Worthington
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1873

8. AGE: Years	Months	Days	If less than one day
69	4	3	-- hr. --- min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Wholesale Furniture

FATHER
12. Name James Wilson Weatherley
13. Birthplace Virginia

MOTHER
14. Maiden Name Maria Ringgold
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Mary W. Weatherley
(b) Address 2402 Ken Oak Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 JAN 18 1943 (b) Huntington Mills Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16, 1943, at 8:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1942 to Jan 16, 1943 and that I last saw him alive on Jan 16, 1943

Immediate cause of death

Due to Rupture of aneurysm of Abdominal Aorta

Due to Arteriosclerosis

Due to

Other Conditions Double syphilis

(Include pregnancy within 3 months of death)

Duration

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dan'l L. Marine M. D.
Address Lavdalestown Date signed 1/16/43

VS 150

G 00014

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 00014 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3656 Malden Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3656 Malden Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nathan A. Brooks.

3 (b) If veteran, name war

3 (c) Social Security Account No. 225-01-9298

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Emma Brooks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 19, 1876

8. AGE: Years	Months	Days	If less than one day
66	2	28	hr. min.

9. Birthplace Lynchburg, Va.
(Town, county, and state)
10. Usual Occupation Wm. E. Hooper & Sons Co.
11. Industry or business

FATHER
12. Name Cabaka Brooks
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Garrett
15. Birthplace Va

16 (a) Informant Addie Pribble
(b) Address 2101 Druid Park Drive

17 (a) Burial (b) Date thereof Jan. 18-1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Salem
Location Covington, Va.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) JAN 18 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17 1943, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to Natural death on the day stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions Pulmonary Tuberculosis.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.

Date signed 1/18/43.

V8 6

G 00015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93N

G 00015 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 S. Bonaparte St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Mrs. Dora Brink

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife John H. Brink
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1873

8. AGE: Years	Months	Days	If less than one day
69	6	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles Stoffel
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sophie Foellmer
15. Birthplace Germany

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Catonsville, Md.

18 (a) Funeral director John Ulrich
(b) Address 2008 Eutaw St

19 (a) JAN 18 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1943, at 12:09 Mid. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 26 1942, to Jan 16 1943, and that I last saw her alive on Jan 16 1943

Immediate cause of death: Cardiac Failure — Duration 2

Due to Coronary Artery Sclerosis — T

Due to Arter. sclerotic H.D. — T

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M.D.
Address Church Home & Infirmary Date signed 1/17/43

G 00016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

G 00016 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2510 Halcyon Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Charles Armstrong

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
58 57			hr. min.

9. Birthplace New Jersey (Town, county and state)

10. Usual Occupation U. S. Navy Ordnance Man

11. Industry or business

FATHER
12. Name Charles Armstrong
13. Birthplace New Jersey

MOTHER
14. Maiden Name Margaret Stevenson
15. Birthplace New Jersey

16 (a) Informant Hospital Records
(b) Address University Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/43 (month) (day) (year)
(c) Cemetery or crematory
Location Palmyra N. J.

18 (a) Funeral director John Ulbrich
(b) Address 2002 Eutaw St

19 (a) JAN 18 1943 (Date received by Registrar)

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15 1943, at 12:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1943 to Jan 15 1943 and that I last saw h[illegible] alive on Jan. 15 1943.

Immediate cause of death Respiratory failure — Duration 7 hrs.

Due to massive pulmonary embolus — Duration 5 days

Due to Coronary thrombosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis L. Seigman M. D.
Address University Hosp. Date signed 1/15/43

VS 250

(OVER)

G 00017

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 20

G 00017

Reg. Dist. No. _____

1. PLACE OF DEATH:

County _____

City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 years

Hospital, institution, or street address where death occurred:
503 Richwood ave 27

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County _____

City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 503 Richwood Ave
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME Harry W. Steele

3.(b) Social Security Number 212-05-6787

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	married

6.(b) Name of husband or wife Theresa A Steele

6.(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Jan 31, 1878

8. AGE: Years	Months	Days	If less than one day
64	11	15	____ hrs. ____ min.

9. Birthplace Perry Co. Ohio
(Town, county, and state)

10. Usual occupation Mill wright

11. Industry or business _____

FATHER 12. Name John Steele

13. Birthplace London England

MOTHER 14. Maiden name Alice M Lebay

15. Birthplace London England

16. Informant Elizabeth Heller

Address 6502 Goldsborough road

17. Buried Date thereof Jan 18 1943
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Moreland Memorial Park

Location Taylor Avenue

18. Funeral director A. Reiley Slade

Address 4907 York Rd

JAN 18 1943

19. _____ Huntington for Williams Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/15/43 19__ at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1941 19__ to 1/15/43 19__ and that I last saw him alive on 1/14/43 19__

Immediate cause of death	DURATION
Renal Tuberculosis	5 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE H B Wheeler M. D. or other

Address 7305 York Rd Date signed 1/16/43

G 00018

G 00018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 710 S. Bond Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Brick (Or) Brykowski

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-8486

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Separated

6 (b) Name of ~~husband~~ wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25-1877

8. AGE: Years	Months	Days	If less than one day
65 66	8	21	hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Longshoreman

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Edward J. Brykowski (Son)
(b) Address 911 Fell Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-43 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md

18 (a) Funeral director George A. Weber
(b) Address 702 S. Ann Street

19 (a) (b) Huntington Williams Registrar

DATE RECEIVED JAN 18 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16th 1943, at 9.45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1/42 19 to 1/16/43 19, and that I last saw h~~im~~ alive on 1/16/43 19

Immediate cause of death	Duration
Myocarditis	
Coronary Sclerosis	1 yr.
Due to Chronic Bronchitis	4 yrs.
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature [illegible]

Address 710 S 33rd St Date signed 1/17/43

M. D.

G 00013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47N

G 00019 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 122 S. Patterson Park Ave.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 122 S. Patterson Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Jacob Cydylo (or Prokop Cidilo)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed.

6 (b) Name of husband or wife Louise

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 19 1871

8. AGE: Years	Months	Days	If less than one day
71	9	30	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Retired

FATHER
12. Name Michael Cydylo
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Katherine Wisniewski
(b) Address 122 S. Patt Pk Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George A. Weber
(b) Address 705 S. Ann Street

19 (a) [illegible] 1943 [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1943 at 10.— A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 - 1942 to January 16 1943, and that I last saw h[illegible] alive on Jan - 14 - 1943

Immediate cause of death	Duration
Coronary Thrombosis	16 da
Due to Carcinoma of Lungs	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chester Piland, Jr. M.D.
Address 2532 Edmondson Ave Date signed 1-16-43. M. D.

G 00020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93N

Registered No. G 00020

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 141 W. Preston Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 141 W. Preston Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Henson Lindsay

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Alice Gertrude Lindsay
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 10, 1864
8. AGE: Years 78 | Months 10 | Days 7 | If less than one day hr. min.
9. Birthplace Essex County, Va. (Town, county, and state)
10. Usual Occupation Butler
11. Industry or business

FATHER
12. Name LeRoy Lindsay
13. Birthplace Essex County, Va

MOTHER
14. Maiden Name Emily Henson
15. Birthplace Virginia

16 (a) Informant Murray Lamar Lindsay
(b) Address 141 W. Preston Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 21, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George A. Holland
(b) Address 1609 Druid Hill Ave.

19 (a) JAN 18 1943 (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17 1943, at 12 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/27 1942 to 1/17 1943, and that I last saw him alive on 1/16 1943.

Immediate cause of death: Cardiac Decompensation — Duration: ?
Due to: Hypertensive Heart Disease — ?
Due to: Anasarca — 3 months
Other Conditions: Senility
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard H. Hunt, M.D.
Address 1607 W. Mulberry St. Date signed 1/17/43 M. D.

VS 3

G 00021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3 1 a

G 00021 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) Country
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 Division St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marshall Snowden

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 7, 1874

8. AGE: Years	Months	Days	If less than one day
68	5	11	hr. min.

9. Birthplace Carroll Co. Md. (Town, county and state)

10. Usual Occupation Butler

11. Industry or business

FATHER
12. Name Julius Snowden
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Georgianna Hall
15. Birthplace Carroll Co. Md.

16 (a) Informant Bessie Snowden
(b) Address 1502 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21, 1943 (month) (day) (year)
(c) Cemetery or crematory St. Lukes
Location Reisterstown, Md.

18 (a) Funeral director Wm. Geo. W. Holland
(b) Address 1625 Druid Hill Ave

19 (a) JAN 18 1943 (Date rec'd by registrar) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1.17.43 19 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1.16 1943 to 1.17 1943 and that I last saw him alive on 1.17. 1943.

Immediate cause of death	Duration
Pulmonary edema	24 hrs
Due to Hypertensive cardio-vascular-renal	1 yr
Due to disease of cerebral hemorrhage	3 days
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James D. Carr M. D.

Address 516 Walker St Date signed 1/18/43

G 00022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 00022

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1522 McCulloh St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 1522 McCulloh St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country (Birth F 66771)

3 (a) FULL NAME Vernon E. Grout Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 4, 1943

8. AGE: Years — | Months — | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Vernon E. Grout
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Marjorie Murray
15. Birthplace Baltimore, Md.

16 (a) Informant Vernon E. Grout
(b) Address 1522 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. George A. Holland
(b) Address 6[illegible] Druid Hill Ave

19 (a) JAN 18 1943 (Date rec'd by registrar) (b) Registrar

VS 8

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16 1943, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4 1943 to 1-16 1943 and that I last saw him alive on 1-15 1943

Immediate cause of death Aspiration Pneumonia — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature H. B. Entwisle M.D.

Address 2133 Eutaw Place Date signed 1/18/43

G 00023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 00023 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 74 S Carrollton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 74 S Carrollton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Rebecca Hooper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Wh	Widowed

6 (b) Name of husband or wife William B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17 1875

8. AGE: Years	Months	Days	If less than one day
67	8	28	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Home Duties

11. Industry or business

FATHER
12. Name Connelly
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mrs. Dora Phillips
(b) Address 74 S. Carrollton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19 1943 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Ritchie Highway Anne Arundel Co.

18 (a) Funeral director Fredrick G. Cole
(b) Address 1200 W. Lombard St.

19 (a) JAN 18 1943 (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15 1943 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1943 to Jan 15 1943 and that I last saw him alive on Jan 15 1943

Immediate cause of death Acute Sclerotic Heart disease

Due to Hardening Sclerosis of Aorta

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles Connell M.D.

Address 710 W. Lombard Date signed 1/16/43

G 00023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. G 00024

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 901 Parrish St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Parrish St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JAMES GROSS

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widowed

6 (b) Name of husband or wife Susie Gross
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
78 77			hr. min.

9. Birthplace md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Hellen Mitchel
(b) Address 920 N. Belmont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-43 (month) (day) (year)
(c) Cemetery or crematory mt auburn cem
Location

18 (a) Funeral director George L. Nelson
(b) Address 1303 Pennsylvania Ave

19 (a) (Date rec'd by registrar) (b) Baltimore, Md. JAN 18 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 15 19 43 at 8:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said — (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Gangrene, left foot	
Due to arteriosclerosis	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 1-16-43

VS 6

G 00025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00025 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1222 Cleveland St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 Cleveland St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah E. Connor.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Michael G.

6 (c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): Oct 12, 1881

8. AGE: Years: 62 | Months: 3 | Days: 4 | If less than one day: hr. min.

9. Birthplace: Ireland (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business: at Home

FATHER
12. Name: Thomas Sullivan
13. Birthplace: Ireland.

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Ireland.

16 (a) Informant: Mr. Michael G. Connor
(b) Address: 1222 Cleveland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/43 (month) (day) (year)

(c) Cemetery or crematory: New Cathedral Cem.
Location: Old Frederick Rd.

18 (a) Funeral director: Thos. J. Gowan & Son
(Address) 925 Hollins St.

19 (a) (Date rec'd by registrar) JAN 18 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1943, at 12 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/12 19 43 to 1-16 19 43 and that I last saw h w alive on 1/16 19 43

Immediate cause of death: Bronchopneumonia — Duration: 2 d

Due to: Cerebral Hemorrhage — 1/16/43

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (While at work?) (Specify type of place)
(e) Means of injury

23. Signature: Joseph G. Lankford M. D.
Address: 625 Washington Blvd Date signed: 1/17/43

VS 3

G 00026

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

124a

G 00026
Registered No.

AB-79147

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1[illegible] hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 752 W. Lexington Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Godsie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
42?	?	?	hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Godsie
13. Birthplace ?

MOTHER
14. Maiden Name Rose ?
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John F. Conway's Son
(b) Address 901 Hollins st.

19 (a) [illegible] Huntington Williams M.D. Registrar
(b) [illegible] (year)

JAN 18 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-13 1943 at 10:22 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-13 1943 to 1-13 1943, and that I last saw h alive on 1-13 1943

Immediate cause of death: Bleeding from esophageal varices — Duration: ?

Due to: Cirrhosis cirhosis — ?

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Rathbun M. D.
Address Balt. City Hosp. Date signed 1-17-43

MORRISON

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

G 00027 ✓ G 00027 Registered No.

The original

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given fully and correctly as supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State [illegible] (b) County
(c) City or town Liverpool (If outside city or town limits, write RURAL and give county)
(d) Street No. 26 Upper Stanhope St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Morrison

3 (b) If veteran, name war: W
3 (c) Social Security Account No. NRF

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
58	—	—	hr. min.

9. Birthplace Stornoway, Scotland (Town, county, and state)
10. Usual Occupation Boatswain on
11. Industry or business Ship.

FATHER
12. Name unknown
13. Birthplace —

MOTHER
14. Maiden Name unknown
15. Birthplace —

16 (a) Informant British Vice Consul
(b) Address British Consulate

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Wilhorn & Son
(b) Address 1217 W Fond St

19 JAN 18 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 1943, at 11:25 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull

Due to accident

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 12 1943 at 8 P.M.
(c) Where did injury occur? Hanover near McComas St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? —
(e) Means of injury Struck by hit-run vehicle

23. Signature Robert H. Graham M.D. Medical Examiner
Date signed Jan 17 1943

G 00028 ✓ G 00028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 119a

Registered No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 4 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 911 W. Pantopa St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

(Certif. F 562 9)

3 (a) FULL NAME Janie Williams

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr) Aug. 20 - 42

8. AGE: Years | Months: 4 | Days: 16 | If less than one day: hr. ..... min. .....

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name James Williams
13. Birthplace North Carolina

MOTHER
14. Maiden Name Gertrude Alston
15. Birthplace Perry Town S. C.

16 (a) Informant Gertrude Alston
(b) Address 911 W. Pantopa St

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 1 (month) 18 (day) 43 (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto.

18 (a) Funeral director Walter B. Gray Jr.
(b) Address 138 W. Hamburg St.

19 (a) JAN 18 1943 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 16 1943, at 12:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1 - 15 1943, to 1 - 16 1943, and that I last saw h e r alive on 1 - 15 1943.

Immediate cause of death Pneumonia - lobar — Duration .....

Due to .....

Due to .....

Other Conditions Dysentery & dehydration

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury .....

23. Signature Theodore Kardash M. D.
Address University Hospital Date signed 1-16-43

G 00029

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

5 7D

G 00029
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Balto. Hospl
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 134 E Foot Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joan Davis

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1935

8. AGE: Years	Months	Days	If less than one day
7	7	4	hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Charles E. Davis
13. Birthplace Balto.

MOTHER
14. Maiden Name Sarah Harrison
15. Birthplace Balto.

16 (a) Informant Family
(b) Address 134 E. Foot Ave

17 (a) D. (b) Date thereof 1-19-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Mt. Olivet Ave

18 (a) Funeral director D. Frank McCurley
(b) Address 130 E Fort Ave

19 (a) JAN 18 1943 Huntington Williams M.D.
(Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/16/43 1943 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 43 to Jan 16 1943. and that I last saw her alive on 1/16/ 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Brain Tumor?	2 wks.
Due to	
Other Conditions Right sided Hemiplegia	1 day

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: (0)
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature Isaac Muller M.D.
Address 1225 N. Charles St Date signed 1/16/43

VS 180

T.N. G 00030 78659

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 08000 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 E. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosalie Shelton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1941

8. AGE: Years	Months	Days	If less than one day
1	6	23	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George Boston
13. Birthplace N.C

MOTHER
14. Maiden Name Lillian Shelton
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantly and

19 (a) Date received JAN 18 1943 Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15 1943, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14 1942 to 1-15 1943 and that I last saw h alive on 1-15 1943

Immediate cause of death meningitis — Duration 3 hr

Due to pneumonia — 7

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: pneum. meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Morgan M. D.
Balto City Hosp
Date signed 1-16-43

SP 150

G 00031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00031 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light St

(c) Hospital or institution: South Baltimore Gen. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3409 Hudson St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) **FULL NAME** Margaret Anna Herfel

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Henry Herfel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, Age 65

8. AGE: Years 65 | Months 7 | Days 12 | If less than one day: hr. 7 min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business AT HOME

FATHER

12. Name John D. Johnson

13. Birthplace Virginia

MOTHER

14. Maiden Name Margaret Yeatman

15. Birthplace Virginia

16 (a) Informant Records.

(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 21/43 (month) (day) (year)

(c) Cemetery or crematory OAK LAWN

Location EASTERN AVE. EXT.

18 (a) Funeral director Lilly and Zeiler I N C.

(b) Address 403 S. WOLFE ST.

19 (a) JAN 18 1943 (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1943, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1943 to Jan 18 1943, and that I last saw him alive on Jan 18 1943.

Immediate cause of death: Hemiplegia

Due to: Arteriosclerosis

Due to:

Other Conditions: Carcinoma of Cecum

(Include pregnancy within 3 months of death)

Date of operation Jan 11, 1943

Major findings of operation: Carcinoma of Cecum

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Paul A. Manganaro M. D.

Address 1213 Light St Date signed 1/18/43

42837 00032

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 00032
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) BALTO.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County BALTO.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 418 S Eaton (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Weinhold

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) 11-13-1882

8. AGE: Years 60 | Months 2 | Days 3 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business AT HOME

FATHER
12. Name John Walsh
13. Birthplace Md

MOTHER
14. Maiden Name Mary Houch
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 19/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) Thurlington Williams, M.D. (b) Registrar
(Date received by registrar) JAN 18 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 16 1943 at 4.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 14 1943 to JAN 16 1943 and that I last saw h e alive on JAN 16 1943

Immediate cause of death Myocardial infarction — Duration 3 days

Due to Arteriosclerotic hypertensive heart disease

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Myocardial infarction

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard E. P. Thomkins
Address Johns Hopkins Hosp Date signed 1/19/43

JL - 77599 G 00033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

G 00033 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo-16da

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. No Home (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME John Washington

3 (b) If veteran, name war

3 (c) Social Security Account No. Yes?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Separated

6 (b) Name of husband or wife Lilly Taylor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1870

8. AGE: Years	Months	Days	If less than one day
72	3 4	22	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Lee Washington

13. Birthplace Va.

MOTHER 14. Maiden Name Harriatt Carter

15. Birthplace Va.

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem

Location E. O. County Md

18 (a) Funeral director William A Jackson

(b) Address 916 Pine

19 (a) JAN 18 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-9-43 19.. at 5-15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8 1943. to 1-9 1943.

and that I last saw h/ alive on 1-9 1943.

Immediate cause of death Uremia

Duration 3 days

Due to B. O. H.

Due to Arteriosclerotic Heart disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. Vezeh Jr. M. D.

Address Balto City Hosp Date signed 1-10-43

G 00034

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 00034 Registered No. 31a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1010 N. Vincent St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 N. Vincent St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Hopkins

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex female

5. Color or race colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife George Hopkins

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 67 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Barney Johnson
13. Birthplace Md

MOTHER
14. Maiden Name —
15. Birthplace

16 (a) Informant Rosella Barsquez
(b) Address 1010 N. Vincent ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location

18 (a) Funeral director George L. Pilson
(b) Address 1303 Presstman St

19 (a) JAN 18 1943 (Date received by registrar) Huntington Williams, M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1943 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1943 to Jan 19 1943 and that I last saw her alive on 1/18 1943

Immediate cause of death: Cardio-Renal — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. A. Steiner
Address 1 W Pleasant St Date signed 1/18/43

G 00035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

$3.00

G 00035 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if known or supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3201 Howard Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret C. O'Brien

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife William H. O'Brien

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1877

8. AGE: Years	Months	Days	If less than one day
65	11	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frank Weller
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Catherine C. Sandy
15. Birthplace Pa.

16 (a) Informant Lewis W. O'Brien
(b) Address Glen Mount, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St.

JAN 18 1943 (Date rec'd by registrar) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION 35

20. DATE OF DEATH Jan. 17 1943 at 10 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death cerebral hemorrhage, hypertension — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Eustler M.D. Medical Examiner

Date signed Jan 17 1943

G 00036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16 Da

G 00036 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 Whitmore Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Fromm (Birth F 67496)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-11-43

8. AGE: Years | Months | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Milton Bruce Fromm
13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Loretta Florence Cuddy
15. Birthplace Baltimore Md.

16 (a) Informant Mother
(b) Address 707 Whitmore Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18-43 (month) (day) (year)
(c) Cemetery or crematory Westerns
Location Balto Md.

18 (a) Funeral director George A Farley
(b) Address Fulton & Fayette

19 (a) Huntington Williams, M.D. Registrar
(Date received)
JAN 18 1943
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18- 1943 at 1 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11-43 19 to 1-18-43 19 and that I last saw her alive on 12.30 A.M. 1943

Immediate cause of death: Ictarus, Drowns Neonatorum — Duration 7 days

Due to

Due to

Other Conditions: Sub-arachnoid Hemorrhage (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L J Kenig M.D.
Address Bon Secours Hosp Date signed 1/20/43

G 00037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 N

G 00037 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1921 W Fayette
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1921 W Fayette (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Stella M Wyman

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 4 1882

8. AGE: Years 60 | Months 9 | Days 12 | If less than one day hr. min.

9. Birthplace Balt Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name George E Wyman

13. Birthplace Md

MOTHER 14. Maiden Name Teresa Thomery

15. Birthplace Md

16 (a) Informant Lawrence Wyman

(b) Address 410 Elizabeth Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-43 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Balt Md

18 (a) Funeral director Geo A Fuchs

(b) Address Fulton & Fayette

19 (a) (Date rec'd by registrar) JAN 18 1943 Herrington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/16 1943, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to 1/16 1943, and that I last saw h[illegible] alive on 1/15 1943.

Immediate cause of death Arteriosclerotic Cardio-vascular Renal.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin Langenheim

Address 400 N Broadway Date signed 1/18/43 M. D.

G 00038

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 00038
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Sq. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 W. Saratoga St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country (Bath F. 64009)

3 (a) FULL NAME Phillip O. Walston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 7, 1942

8. AGE: Years	Months	Days	If less than one day
	1	10	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joe H. Walston
13. Birthplace Edgecomb Co. N.C.

MOTHER
14. Maiden Name Lelia Kearney
15. Birthplace Edgecomb Co. N.C.

16 (a) Informant Joe H Walston
(b) Address 1515 W Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 18, 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 [illegible]

19 (a) JAN 18 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1943, at 4.50 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Bronchial pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Fratoza M.D.
(Medical Examiner)
Date signed Jan 17 1943

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94N

Registered No. G 00039

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1128 Stoddard Ct
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL or give town)
(d) Street No. 1128 Stoddard Ct (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Dollie Wedge

3 (b) If veteran, name war

3 (c) Social Security Account No.

Sex: Female | 5. Color or race: Blood | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: Wm Wedge

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) June 16 1897

8. AGE: Years 45 | Months 6 | Days 28 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Jerry Hopkins
13. Birthplace Balt. Co. Md

MOTHER
14. Maiden Name Anne Wright
15. Birthplace Balto Md

16 (a) Informant Wm Wedge
(b) Address 1128 Stoddard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) [redacted] 3224 Selma Ave Huntington Pittsburgh Pa

19 (a) [redacted] JAN 18 1943 (Date rec'd by registrar) (b) Huntington Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 13 1943 at 9:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1, 1943 to Jan 13 1943 and that I last saw ~~her~~ alive on Jan 8 1943

Immediate cause of death — Duration

Coronary Occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. A. Hopkins

Address 140 N Carrollton Ave Date signed 1/13/43 M. D.

G 00010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 d

G 00010

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 901 Aisquith Street St. ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

10-27

2. FULL NAME Sr. M. Clementella Scherrer — If U. S. Veteran specify WAR .....

(a) Residence: No. 901 Aisquith Street St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) May 8, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Adam Scherrer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Sattler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sr. M. Koatka (Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Jan. 19 1943

19. UNDERTAKER Geo. M. Fink & Son (Address) 811 N. Howard St. Baltimore, Md.

20. JAN 18 19[illegible] Huntingdon Pennsylvania Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 17, 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1943 to Jan. 17, 1943

I last saw her alive on Jan. 17, 1943. Death is said to have occurred on the date stated above, at 4.20 p. m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Acute decompensation	
Dilatation r. heart	
Acute	

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? usual Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F. J. Kirby M. D.

(Address) 110 E. Fort Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. If LESS than one day, state hours or minutes. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

G 00041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 00041 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3528 REISTERSTOWN RD
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3528 REIST. RD (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME REBECCA GREENBERG

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife LOUIS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name NATHAN SCHWARTZ
13. Birthplace RUSSIA

MOTHER
14. Maiden Name HANNAH
15. Birthplace RUSSIA

16 (a) Informant MR. IRVIN GREENBERG
(b) Address 3528 REIST. RD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-18-43 (month) (day) (year)
(c) Cemetery or crematory ROSEDALE
Location PHILA RD + HAMILTON AVE

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Baltimore St.

JAN 18 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/35 1931 to 1/17 1943, and that I last saw HER alive on 1/17 1943.

Immediate cause of death Cerebral Hemorrhage — Duration (?)

Due to Hypertension — 8 yrs.

Due to Arterio-Sclerosis — (?).

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel E. Bogorad, Asst.

Address 1405 W. Baltimore St. Date signed 1/17/43 M.D.

G 00042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 00042 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Biscoe

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary Louise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace St. Mary's County Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Walter
13. Birthplace St. Mary's County, Md.

MOTHER
14. Maiden Name Elizabeth Bowth
15. Birthplace St. Mary's County, Md

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19, 1943 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Maryland

18 (a) Funeral director Ritta Windsfeld
(b) Address 914 Greenmount Ave

19 (a) [redacted] Huntington Williams, M.D.
JAN 18 1943
VS 150

MEDICAL CERTIFICATION 6.30 a.m.

20. DATE OF DEATH Jan. 16 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1942, to Jan 16 1943, and that I last saw him alive on Jan 15 1943.

Immediate cause of death: Edema of Lungs — Duration: 1 day
Due to: Chronic myocarditis — Duration: 3 yrs
Due to:
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E. North Ave Date signed 1/16/43

G 00043 ✓ G 00043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1314 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3027 Stricklard St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Scheeler Sr.

3 (b) If veteran, name war —

3. (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	W	Widowed

6 (b) Name of husband or wife Fredericka Scheeler

6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) March 3, 1841

8. AGE: Years	Months	Days	If less than one day
81	10	13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business None RETIRED

FATHER
12. Name Gustus Scheeler
13. Birthplace Germany

MOTHER
14. Maiden Name Anna M. Klineschmidt
15. Birthplace Germany

16 (a) Informant Mrs. William Tiemann
(b) Address 3027 Stricklard St. city

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location city

18 (a) Funeral director Raff & B. M. Walters
(b) Address Pratt & Stricker Sts

19 (a) Huntington Williams M.D. (Date received by registrar) Jan 18. 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 1943, at 3:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1943, to Jan 16 1943, and that I last saw him alive on Jan 16 1943.

Immediate cause of death	Duration
Cardio-Resp. failure	3 hrs.
Due to Uremia	6 days
Due to Chronic Primary nephritis	1 mo ?
Other Conditions (over)	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. McCosh Jr. M. D.
Address Union Memorial Hosp. Date signed
Baltimore Md

G 00044
AB-79247

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

153

G 00044
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2Hours.
(e) Length of stay in Baltimore (yrs., mos., or days) 22 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimora (Madeira)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 607 N. Maderia Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fennie Stanton Wood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25-1910

8. AGE: Years	Months	Days	If less than one day
32		23	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Supported by D.P.W.
11. Industry or business

FATHER
12. Name Robert Stanton (D)
13. Birthplace Va.

MOTHER
14. Maiden Name Mollie Turner (D)
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/43 (month) (day) (year)
(c) Cemetery or crematory Culpepper Va
Location

18 (a) Funeral director Joseph B. Locke, Jr
(b) Address 1130 N. Central Ave.

1-18-1943 [illegible] for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17 1943, at 8 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1943 to 1-17 1943, and that I last saw h[illegible] alive on 1-17 1943.

Immediate cause of death: Lupus erythematosus disseminatus — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Not Done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Battaum M. D.

Address Balto. City Hosp. Date signed 1-18-43

00045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G 00045
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished, and every question answered. Please see that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3313 Dorchester Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 4½ yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3313 Dorchester Rd (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Little Hopkins

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
		single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1867

8. AGE: Years	Months	Days	If less than one day
75	11	10	hr. min.

9. Birthplace Seaford, Delaware (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Henry L. Hopkins
13. Birthplace Delaware

MOTHER
14. Maiden Name Mary Fletcher
15. Birthplace Delaware

16 (a) Informant Lorraine H. Goudelock
(b) Address 3313 Dorchester Rd.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/18/43 (month) (day) (year)
(c) Cemetery or crematory Odd Fellows Cem.
Location Seaford, Delaware

18 (a) Funeral director M. J. Watson & Son
(b) Address Seaford, Delaware

19 (c) JAN 19 1943 (Date rec'd by registrar) (d) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18, 1943, at 2:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15, 1943 to Jan. 18, 1943 and that I last saw her alive on Jan. 16, 1943

Immediate cause of death Cerebral Arteriosclerosis — Duration 1 year

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —

of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Eugene R. Cassano M. D.
Address 514 Drury Lane Date signed 1/19/43

00046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 00046

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert sts.
(c) Hospital or institution: Union Memorial Hospital / 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Pennsylvania (b) County
(c) City or town Jeannette
(If outside city or town limits, write RURAL and give town)
(d) Street No. 808 Ellsworth ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Connie Joyce Poplain

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Wt.	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/16/42

8. AGE: Years	Months	Days	If less than one day
	4	2	hr. min.

9. Birthplace Jeannette, Pa.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name Paul L. Poplain
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Dorothy Henry
15. Birthplace Pennsylvania

16 (a) Informant Mother
(b) Address Pa.

17 (a) Burial (b) Date thereof Jan. 20, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Jeannette Cem.
Location Jeannette Pa.

18 (a) Funeral director A. Lee Adler
(b) Address 4644 York Road

JAN 19 1943 (Huntington Williams M.D.) Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18 1943, at 4 25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6 1943, to 1-18 1943, and that I last saw h[illegible] alive on 1-17 1943.

Immediate cause of death Cardio - Respiratory Failure — Duration

Due to Aspiration of vomitus

Due to Lobar Pneumonia

Other Conditions Bilateral left lip, alveolar process & palate
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald B. Miller M.D.
M. D.
Address Union Memorial Hospital Date signed 1-19-43.

00047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

309

Registered No. G 00047

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9147 Charles St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm. Porter

3 (b) If veteran, name war: None
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 61 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace Cumberland Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Charles B. Bowman
(b) Address Flint Stone, Md

17 (a) Removal (b) Date thereof Jan 12, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Flint Stone Cem.
Location Flint Stone, Md.

18 (a) Funeral director Williams Cook Inc.
(b) Address 1217 Lt. Paul St

19 (a) [redacted] by registrar Washington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/12/43 19 . at 10 00 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/31/42 19 , to 1/12/43 19 , and that I last saw h 14 alive on 1/12/43 19 .

Immediate cause of death
Lobar Pneumonia
Due to
Due to
Other Conditions 1) Chronic Bronchitis 2) Generalized Sclerosis
(include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas E. Boardman
Address [redacted] Date signed 1/12/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

00048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 00648

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5219 St Charles Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5219 St Charles Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Jane Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Monroe E Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 11 1864

8. AGE: Years	Months	Days	If less than one day
78	11	5	hr. min.

9. Birthplace York Co Pa
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER	12. Name Jacob Reynolds
	13. Birthplace Pa
MOTHER	14. Maiden Name Lydia Dubbs
	15. Birthplace Pa

16 (a) Informant Herbert E Smith

(b) Address 5207 London Knights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/43 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn Md

18 (a) Funeral director Tillman & Son

(b) Address 1217 E Lexington Baltimore Md

19 (a) JAN 19 1943 (b) (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1943, at 6 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1943 to Jan 16 1943 and that I last saw her alive on Jan 16 1943.

Immediate cause of death Bronchitis Pneumonia — Duration 4 days

Due to

Due to

Other Conditions Unspecified Chronic Disease

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature
Address Date signed 1/19/43

VS 150

00049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00049 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 N. East Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 110 N. East Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles E. Harten

3 (b) If veteran, name war

3 (c) Social Security Account No 212-07-3743

4. Sex: Male
5. Color or race: White
6 (a) ~~Single, married, widowed, or~~ divorced: Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) About 1900

8. AGE: Years: About 42 | Months | Days | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Bellman

11. Industry or business Lord Balto. Hotel

FATHER
12. Name John Young Harten
13. Birthplace Ellicott City Md.

MOTHER
14. Maiden Name Sarah Elizabeth Douglady
15. Birthplace Balto Md.

16 (a) Informant Raymond L. Harten
(b) Address 2761 Woodsdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 JAN 19 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17th 1943, at 2:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1- 1942 to 1-17 1943, and that I last saw h~~im~~ alive on 1-16- 1943:

Immediate cause of death: Cancer of liver. — Duration 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Allen C. Cheatham M. D.
Address 313 W. Baltimore St Date signed 1-18-43

G 00050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

101

G 00050 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 Eutaw St. W.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Pricilla Triacer (Birth F 62446)

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 1st 1942

8. AGE: Years — Months 1 — Days 16 — If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name William H. Trigger
13. Birthplace Va.

MOTHER
14. Maiden Name Louise Martin
15. Birthplace Va.

16 (a) Informant William H. Trigger
(b) Address 517 N. Eutaw St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/43 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Caney Run Rd. Reisterstown Md.

18 (a) Funeral director Tillman & Jones
(b) Address 1219 W. Fayette St.

19 (a) JAN 20 1943 (Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1943, at 7:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1943 to Jan. 17 1943, and that I last saw her alive on Jan. 17 1943.

Immediate cause of death Bronchopneumonia — Duration

Due to —

Due to —

Other Conditions Malnutrition

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Md. Gen. Hosp. Date signed 1/17/43 M. D.

Please write plainly, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00051 JL- 78701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓

G 00051 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 88 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 914 S. Highland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kate Gephardt

3 (b) If veteran, name war W

3 (c) Social Security Account No. NONE

4. Sex xxxx F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1876

8. AGE: Years 67 | Months 0 | Days 9 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Adam Hamer
13. Birthplace Md.

MOTHER
14. Maiden Name Lena Hartman
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oak Lawn
Location Eastern Ave Extended

18 (a) Funeral director William Cook Inc.
(b) Address 2940 St. Paul St

19 (a) JAN 19 1943 (Date rec'd by registrar) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18 1943, at 9 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-21 1942 to 1-18 1943, and that I last saw her alive on 1-18 1943.

Immediate cause of death
Cardiac failure
Due to Arteriosclerosis c. V.D.
Due to Diabetic gangrene right foot
Other Conditions

Duration
Several months

(Include pregnancy within 3 months of death)
Date of operation 1-2-43
Major findings of operation: Gangrene. Thigh amputation
of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry Stacer M. D.
Address Balto. City Hosp. Date signed 1-18-43

G 00052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G 00052

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2649 Greenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2649 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertha A Dupiers

3 (b) If veteran, name war N

3 (c) Social Security Account No. [illegible]

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Wilhelm

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4 1890

8. AGE: Years 52 | Months 3 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown Baldwin
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Wilhelm Dupiers
(b) Address 2649 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/43 (month) (day) (year)
(c) Cemetery or crematory U.S. National
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

[illegible] 1943 (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1943, at 4 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
cerebral hemorrhage, spontaneous	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: ns

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Gutman M.D. (Medical Examiner)
Date signed Jan 17, 1943.

00053 mgm

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

30d

G 00053 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 ds.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 523 E. 25th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John P. Schmidt

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	217-01-5032

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Susie Mae Schmidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9, 1893

8. AGE: Years	Months	Days	If less than one day
49 50	1	8	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Roland Park Co.

FATHER
12. Name John P. Schmidt
13. Birthplace ?

MOTHER
14. Maiden Name Anna McManis
15. Birthplace ?

16 (a) Informant B.C.H. records
(b) Address 4940 Eastern Ave. 1/20/43

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery ~~or crematory~~ Wilson M.E.
Location Balto Co. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) (Signature of registrar) (b) Registrar

JAN 19 1943
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1943 at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1943 to 1-17 1943. and that I last saw him alive on 1-17 1943.

Immediate cause of death
Dissecting aneurysm
Due to
myocardial infarction
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Robert Mayer
Address Balto. City Hosp. Date signed 1-17-43 M. D.

00054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 N

Registered No. G 00054

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary 14
(d) Length of stay in hospital or inst. (~~yrs., mos.,~~ or days) 66
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 23

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 West North Ave (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Greece

3 (a) FULL NAME SOFFOS, Mrs. Katherine

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE
4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. M
6 (b) Name of husband ~~or wife~~ PHILIP SOFFOS
6 (c) If alive, give age 54 years
7. Birth date of deceased (mo., day, yr.) — — 1880
8. AGE: Years 62 | Months | Days | If less than one day ____ hr. ____ min.
9. Birthplace SPARTA, GREECE (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Koulas
13. Birthplace Sparta, Greece

MOTHER
14. Maiden Name —
15. Birthplace Sparta, Greece

16 (a) Informant Hospital records
(b) Address
17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 1/20/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Baltimore Co. Md.
18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.
JAN 19 1943 Received by registrar Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17 1943 at 6:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 13 1942 to Jan 17 1943 and that I last saw her alive on Jan 17 1943.

Immediate cause of death: Bronchopneumonia — Duration 16 d.
Cardiac Failure — ?
Due to: Hypertensive Cardio-vascular disease — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Isabella Harrison M. D.
Address Church Home & Infirmary Date signed 1-17-43

VS 2

G 00055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00055

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rosedale, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1301 Rosewick Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Baby Boy White (Birth F 57279)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 27, 1942

8. AGE: Years | Months: 4 | Days: 3 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Clyde White

13. Birthplace Penn.

MOTHER 14. Maiden Name Florence Porter

15. Birthplace Ohio

16 (a) Informant Hosp. Rec.

(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/15/43 (month) (day) (year)

(c) Cemetery or crematory U. of Md. Location Medical School

18 (a) Funeral director

(b) Address

19 (a) JAN 19 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30, 1942 at 5:12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 27, 1942 to Dec. 30, 1942, and that I last saw him alive on Dec 30, 1942.

	Duration
Immediate cause of death: Multiple Congenital Deformities,	Life
Due to (Absence of both arms + right lower extremity,	Life
Due to Cleft palate.	
Other Conditions Pericbial Hemorrhage, Brain (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy: Pericbial Hem., Brain

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Earl Sheeks, M.D.

Address Univ. Hosp. Date signed 1-9-43

VS 250

G 00056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00056 Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3154 Ravenwood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3154 Ravenwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur W.Ford

3 (b) If veteran, name war --

3 (c) Social Security Account No. 264-07-4136

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Jennie H.Ford

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr.25.1875

8. AGE: Years 67 | Months 8 | Days 23 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Bldg.Supt.

11. Industry or business Katz Bldg.

FATHER
12. Name George E.Ford
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Mr.A.D.Ford (son)
(b) Address 4200 Harcourt Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan.20/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St.

19 (Date rec'd by registrar) JAN 19 1943 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan.17/43 19 at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1942 to Jan 17 1943 and that I last saw him alive on Jan 16 1943

Immediate cause of death Coronary Thrombosis — Duration 1 hr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Geary Jr

Address 6 W. Mulberry St. Date signed 1/18/43 M.D.

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 G 00057 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hosp.
(c) Hospital or institution: Caroline & Hoffman. St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3211 Dudley ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Snyder, Mrs. Dorathea

3 (b) If veteran, name war --

3 (c) Social Security Account No. ---

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Leo.K.Snyder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1874

8. AGE: Years 68 | Months 8 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Wife

11. Industry or business

FATHER
12. Name Geo.D.Weber
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa S.Schott
15. Birthplace Germany

16 (a) Informant Leo.K.Snyder Sr.
(b) Address 3211 Dudley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St.

19 JAN 19 1943 (b) Huntington Williams, M.D. Registrar
(Date received by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16- 1943 at 4:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8 1943 to 1-16 1943 and that I last saw h[illegible] alive on 1-16 1943

Immediate cause of death Intestinal Obstruction due to Carcinoma of the Sigmoid

Duration: Obst. = 14 days

Due to (a)

Due to (b)

Other Conditions Cardiac decompensation with Auricular fibrillation

(Include pregnancy within 3 months of death)

Date of operation 1-13-43

Major findings of operation: Carcinoma Sigmoid with Int. obst.

Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fiesling M.D.
Address St. Joseph's Hosp. Baltimore, Md. Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

G 00058

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

157 ✓ G 00058 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 909 Arlington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 Arlington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Wheeler

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23 - 1936

8. AGE: Years 6 | Months 3 | Days 24 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name Harry Wheeler
13. Birthplace Balto.

MOTHER
14. Maiden Name Sarah Savoy
15. Birthplace Balto

16 (a) Informant Harry Wheeler
(b) Address 909 Arlington ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Laurel
Location

18 (a) Funeral director James A Hayes
(b) Address 142 N Stiles St

19 (a) Jan 19 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17 1943, at 4:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & inspection thereon and from the evidence obtained by said inquest & inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Congenital heart disease — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Jan 17 1943

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 00059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH #70

C 00059 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redmond & Greene Sts.
(c) Hospital or institution: University Hosp. 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 71 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 7
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2928 Riggs Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Gabe

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Katherine Gabe.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24.1854

8. AGE: Years	Months	Days	If less than one day
88	6	22	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation House Carpenter
11. Industry or business

FATHER
12. Name Henry Gabe,
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs Marie s.Schmidt,
(b) Address 2928 Riggs Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan.19.1943 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore City

18 (a) Funeral director George W.Little,
(b) Address 2700 Edmondwon Ave

19 (a) JAN 19 1943 (Local registrar) (b) Huntington Hillsmeyer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 1943 at 11:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 28 1943 to Jan. 16 1943 and that I last saw him alive on Jan 16 1943

Immediate cause of death Respiratory Tuberculosis

Due to Bronchogenic carcinoma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1 yr

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Seigman M. D.
Univ. Hosp. Date signed 1/17/43

VS 180

G 0033 ✓ G 00060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83W

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3648 Old York Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna E. Gutermuth

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 3, 1862

8. AGE: Years 80 | Months 1 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charles Towle
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothy Young
15. Birthplace Germany

16 (a) Informant Margaret Towle
(b) Address 1600 W. Mt. Royal ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Howard N. Blight Jr.
(b) Address 4914 Belair Road

19 JAN 19 1943 (Date rec'd by registrar) (c) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1943 at 7:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 11 1942 to Jan 16 1943, and that I last saw her alive on Jan 16 1943.

Immediate cause of death	Duration
cerebral hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. N. Gutermuth M. D.
Address 2324 Reisterstown Rd Date signed 1/18/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

C 00061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94N

Registered No. C 00061

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2812 Frederick Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 157 S. Howard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Wm. T. Kelly
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Dec 22-1870

8. AGE: Years	Months	Days	If less than one day
72		25	hr. min.

9. Birthplace Denmark
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Mr. Phillips
13. Birthplace Denmark

MOTHER
14. Maiden Name Anna ?
15. Birthplace Denmark

16 (a) Informant Mrs. Phillip Padgett
(b) Address 457 S. Kobnyth St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/43 (month) (day) (year)
(c) Cemetery or crematory London Bk
Location Balto Md

18 (a) Funeral director E. W. Langrecan
(b) Address 1003 W. Baltimore St
Huntington for Williams, Md

19 (a) 1-19-1943 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17 1943 11:45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dwight B. McNally M.D.
Medical Examiner

Date signed 1/17/43.

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly

29000 D

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 00062 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 327 E. Biddle
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mths

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Center Each, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine E. Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~or wife~~ Christian Wilson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1862

8. AGE: Years 80 | Months 6 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Antone Shick
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Gilbert M. Bruff
(b) Address 327 E. Biddle

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmet Cemetery
Location Lot 223 Section N

18 (a) Funeral director H. Sander & Sons
(b) Address Northern Ave. & Broadway

JAN 19 1943 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 16 19 43, at 11:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 12 1943 to Jan. 16 1943 and that I last saw ~~s~~he alive on Jan. 16 1943

Immediate cause of death

Duration

Cerebral hemorrhage
Due to Atheroma, Senility 4 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. MacMurchy M. D.
Address 709 E. Chase St. Date signed Jan 17/43

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

G 00063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 00063 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3817 Woodlea Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3817 Woodlea Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME E. IRENE SWAYNE

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	MARRIED

6 (b) Name of husband or wife Vinton Reese Swayne
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1879

8. AGE: Years	Months	Days	If less than one day
63	11	2	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Henry Winkelmeyer
13. Birthplace Holland

MOTHER
14. Maiden Name Louise Fitzberger
15. Birthplace Baltimore, Md.

16 (a) Informant Vinton Reese Swayne, Sr.
(b) Address 3817 Woodlea Aye.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location S.E. corner 1/4 20

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway.

19 (a) 1-9-1943 (Date received by Registrar) (b) Huntington Williams, Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1943 at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1943 to Jan 16 1943 and that I last saw her alive on Jan 16 1943.

	Duration
Immediate cause of death: Coronary Occlusion	2 days
Due to: Arteriosclerotic Heart Disease	?
Due to: Hypertension	3
Other Conditions: none	

(Include pregnancy within 3 months of death)

Date of operation none
Major findings of operations:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis J. Januszeski M. D.
Address 5179 Harford Rd Date signed 1/18/43

G 00064 ✓ G 00064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any item of information should be carefully given.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2136 E Oliver St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Balto (b) County

(c) City or town Md

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2136 E Oliver St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Thedosha Mabry

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) ~~Single~~, ~~married~~, widowed, or ~~divorced~~ Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19th 1860

8. AGE: Years 82 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Wm Landes

13. Birthplace Md

MOTHER 14. Maiden Name Minnie R Brown

15. Birthplace Va

16 (a) Informant Walter B Summerlock

(b) Address 2136 E Oliver St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19th 1943 (month) (day) (year)

(c) Cemetery or crematory Mayland's

Location Gaylor Ave

18 (a) Funeral director Leo S. Crook

(b) Address 1701-03 N. Patterson Park Ave

19 (a) JAN 19 1943 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16th 1943, at 6.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6 1943 to 1-16 1943 and that I last saw her alive on 1-13 1943.

	Duration
Immediate cause of death Hemiplegia	10 days
Due to Arteriosclerosis	15 yrs +
Due to Hypertension	15 yrs +
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature David Silverstein M.D.

Address 1101 N. Wilton Ave Date signed 1-18-43

VS 8

00065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3 W

G 00065 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Agnes Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 118 S. Hilton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Dietrich.

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 219-07-1607

4 Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary E. Dietrich

6 (c) If dead, give age: 56 years

7. Birth date of deceased (mo., day, yr.) Dec 21. 1883

8. AGE: Years 59 | Months 0 | Days 27 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Utility Man

11. Industry or business Mack Motor Corp.

FATHER
12. Name John Dietrich
13. Birthplace Germany

MOTHER
14. Maiden Name Fredericka Hammer
15. Birthplace Germany.

16 (a) Informant Mary E. Dietrich
(b) Address 118 S. Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20. 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location City

18 (a) Funeral director Mr. Mrs. John R. Trifel & Son
(b) Address 801 N. Fayette St.

19 (a) JAN 20 1943 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1943 at 3:06 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to Jan 18 1943 and that I last saw him alive on Jan 18 1943.

Immediate cause of death: Uremia — Duration: 3 Days

Due to: Nephritis Chronic Interstitial — Duration: 18 Months

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elliot W. Johnson

Address 3432 Franklin Ave Date signed 1/18/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3b Registered No. G 00066

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 201 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1423 Ashland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Williams 75039

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1904

8. AGE: Years	Months	Days	If less than one day
38	6	29	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation porter

11. Industry or business

FATHER 12. Name John Williams

FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Rosa Boxdale

MOTHER 15. Birthplace Va.

16 (a) Informant Hospital records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery
Location A. A. County Md.

18 (a) Funeral director Mrs. Robert A. Ellis & Daughter
(b) Address 1297 N. Carey St. Huntington Williamsport

19 (a) (Registrar's signature) (b) Registrar

JAN 19 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17 1943, at 1:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1942, to Jan. 17 1943, and that I last saw h im alive on Jan. 17 1943.

Immediate cause of death	Duration
Pulmonary tuberculosis	2½ yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alyne S. Hartz M.D.
Address Balto City Hosp Date signed 1/18/43

C 00067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83W

Registered No. 9006

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 Augusta St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jemima Thompson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife Edward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9 1883

8. AGE: Years	Months	Days	If less than one day
59 68	11	8	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jacob Ransell
13. Birthplace Virginia

MOTHER
14. Maiden Name Cecilia Ball
15. Birthplace Virginia

16 (a) Informant Raymond Thompson
(b) Address 1024 Augusta St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location B. C. County

18 (a) Funeral director Mrs Robert G. Elliott Sr.
(b) Address 1129 N. Caroline St.

19 (a) (Date received by local registrar) (b) Huntington Williams Registrar

JAN 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1943, at 2 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said inquest and that said deceased came (Autopsy or Inquiry) to her death on the day stated above.

Immediate cause of death Cerebral hemorrhage, spontaneous — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature Robert Lee Eustace M.D. Medical Examiner.
Date signed Jan 17 1943

Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3b 00068 Registered No.

correctness is especially important. Physicians: please write the causes of death clearly and legibly. Any Applicable Law

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1201 W. Cross St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 W. Cross St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry H. Keil

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Anna M. Keil 6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Nov. 9, 1882

8. AGE: Years	Months	Days	If less than one day
60	2	6	hr. min.

9. Birthplace Newark, N.J. (Town, county, and state)
10. Usual Occupation Cafe Keeper
11. Industry or business Self.

FATHER
12. Name Harry H. Keil
13. Birthplace New Jersey

MOTHER
14. Maiden Name Rosa Degal
15. Birthplace New Jersey

16 (a) Informant Mrs Anna M. Keil
(b) Address 1201 W. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 / 18 / 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 Hollins St.

19 (a) JAN 18 1943 (b) Huntington Williams Registrar 680 Washington Blvd

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15 1943, at 6 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 19 43, to Jan 15 19 43, and that I last saw h(im) alive on Jan 15 19 43

Immediate cause of death	Duration
Pulmonary Tuberculosis	1940
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward F. Milan M.D. M. D.
Date signed 1-16-43

VS 8

G 00069

BALTIMORE CITY HEALTH DEPARTMENT ✓

CERTIFICATE OF DEATH

186a G 00069 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 6/12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2530 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Gollery.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Edward F Gollery
6 (c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) August 15, 1859

8. AGE: Years	Months	Days	If less than one day
83.	5	3	hr. min.

9. Birthplace Ellicott City, Howard Co, Md.
(Town, county, and state)

10. Usual Occupation Housework
11. Industry or business at Home

FATHER
12. Name John Kavanaugh
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Martin
15. Birthplace Ireland

16 (a) Informant Mr Edward F Gollery
(b) Address 2530 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Bowan & Son
(b) Address 921 Watkins St.

JAN 19 1943

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/18 1943 at 9:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to [illegible] death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Broncho-pneumonia — Duration
Due to Fractured Femur left
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident ?
(b) Date of occurrence Dec. 28 at ? M
(c) Where did injury occur? Baltimore Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Fell down stairs.

23. Signature Hugh B McKelvey M.D.
Medical Examiner.
Date signed 1/18/43.

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 000070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 000070 Registered No. 131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5115 O'Donnell St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5115 O'Donnell St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Julia Berny

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Thomas Berny

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 16, 1871

8. AGE: Years 71 | Months 11 | Days 1 | If less than one day hr. min.

9. Birthplace Csesztve, Hungary (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Paul Klemba
13. Birthplace Csesztve, Hungary

MOTHER
14. Maiden Name Not Known
15. Birthplace Csesztve Hungary

16 (a) Informant Emma Berny
(b) Address 5115 O'Donnell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore Md

18 (a) Funeral director Frank Brocht & Sons
(b) Address 900 N Eutaw St

JAN 19 1943 (Date rec'd by registrar)

(b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1943 at 9 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1940 to Jan 17 1943 and that I last saw her alive on Jan 6 1943.

Immediate cause of death: Hypertensive C.V.R. Disease — Duration 12-15-40
Cerebral Hemorrhage — Duration Jan 1-43
Due to Myocardial Failure
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature E. Eschenmuth M.D.
Address 842 E. Eutaw Date signed 1-19-43

C 00971 — 00971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 315 N. Stricker
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 315 N. Stricker (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ada Ruffin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Henry Ruffin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch 1876

8. AGE: Years 67 | Months 10 | Days - | If less than one day hr. min.

9. Birthplace Dinwiddie Co Va (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wesley Crowder
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant James Ruffin
(b) Address 315 N. Stricker

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Co

18 (a) Funeral director Sam'l R. Chase & Son
(b) Address 638 N. Stricker

19 JAN 18 1943 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/16 1943 at 7P M

21. I certify that death occurred on the date above stated, that I attended deceased from 1/15 1943 to 1/16 1943 and that I last saw h[illegible] alive on 1/15/43

Immediate cause of death — Duration

Cerebral Hemorrhage — 1 day

Due to

Due to Hypertensive

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations: None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature H. O. Welcome M.D.
Address 1131 Harlem Ave Date signed 1/18/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00072 Registered No. 93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 205 N. Ann St

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or ~~town~~ Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 205 N. Ann St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ellis Booker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	b	Widowed

6 (b) Name of husband or wife unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867 ?15

8. AGE: Years	Months	Days	If less than one day
75	6	1	hr. min.

9. Birthplace Cumberland Va (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Allen Booker

13. Birthplace Prince Edward Co Va

MOTHER 14. Maiden Name Malinda Booker

15. Birthplace Prince Edward Co, Va

16 (a) Informant Ellis Booker Jr.

(b) Address 205 N. Ann St

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 1-19-43 (month) (day) (year)

(c) Cemetery or crematory Farmville

Location Virginia

18 (a) Funeral director Mrs Ida Bayley

(b) Address 1421 Jefferson Ave Newport News Va

JAN 19 1943 (Date received by Registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16, 1943, at 7 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1, 1943 to Jan 16 1943 and that I last saw ~~him~~ alive on Jan 15 1943

Immediate cause of death

Chr. Myocarditis

Due to

Due to

Other Conditions

Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
7

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

Signature Maurice Adams M.D.

Address 312 E 23rd Date signed 1-18-43

G 00073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 00073 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2829 Windsor Ave.
(c) Hospital or Institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 19
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2829 Windsor Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Keturah Ayers Audoun

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Joseph A. Audoun

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 1, 1855

8. AGE: Years 87 | Months 6 | Days 15 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: housewife

11. Industry or business

FATHER
12. Name: Samuel Ayers
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Keturah Cooper
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mr. Stuart R. Wilcox
(b) Address: 521 Old Orchard Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: 3801 Frederick Ave.

18 (a) Funeral director: John O. Mitchell & Sons, Inc.
(b) Address: 1900 Eutaw Place

JAN 19 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1943 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1943 to Jan 16 1943 and that I last saw her alive on Jan 16 1943

Immediate cause of death: Cerebral Hemorrhage 6 days
Due to: Cerebral Thrombosis 10 days
Due to: Arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Marian W. Shook M.D.
Address: 1526 N. Fulton Ave. Date signed: 1-19-43

C 00074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

C 00074 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3708 Hillsdale Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3708 Hillsdale Road (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Clarence C. Utley

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-9874

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Carrie Councill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1881

8. AGE: Years	Months	Days	If less than one day
61	4	29	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Chief Clerk
11. Industry or business U. R. & E. Co.

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Carrie C. Utley
(b) Address 3708 Hillsdale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director Asher O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place

19 JAN 19 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15 1943, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942, to January 15 1943, and that I last saw h[illegible] alive on January 17 1943

Immediate cause of death: Coronary thrombosis — Duration: 1 Day.
Due to: Generalized arterio-sclerosis — Duration: one year
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert F. Rackemann M. D.
Address 6 E. Biddle St. Date signed

00075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 00075

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 206 N. Rose St.
(c) Hospital or institution: 6

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 206 N Rose St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes (or) Leah A. Tomaschko

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-14-3814

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 29-1923

8. AGE: Years 19 | Months 9 | Days 17 | If less than one day hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation Bookkeeper

11. Industry or business S. & N. Retail

FATHER 12. Name Joseph F Tomaschko

13. Birthplace Balto.

MOTHER 14. Maiden Name Mary M. Etzel

15. Birthplace Balto

16 (a) Informant Joseph F Tomaschko

(b) Address 206 N. Rose St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/43 (month) (day) (year)

(c) Cemetery or crematory H. Rodeheaver

Location Boring Md.

18 (a) Funeral director M. W. G. Dipple Sons

(b) Address Lombard & Penn Sts

19 JAN 19 1943 Huntington Williams, M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1943 at 10:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1943 to Jan 16 1943 and that I last saw h.. alive on Jan 16 1943.

Immediate cause of death: acute Cardiac Dilatation — Duration 1 hr

Due to: Bronchopneumonia — 12 days

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward L. Scott M.D.
Address 1 E 39 St Baltimore Md Date signed 1/18/43

VS 180

G 00076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00076 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 - 3
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 86 Dundalk Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Samuel Berman

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-1927

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Bessie Berman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1883 (59)

8. AGE: Years	Months	Days	If less than one day
59	9	17	hr. min.

9. Birthplace Sweden
(Town, county, and state)
10. Usual Occupation Guard
11. Industry or business

FATHER
12. Name Barr Berman
13. Birthplace Russia

MOTHER
14. Maiden Name Miriam Wolf
15. Birthplace Russia

16 (a) Informant Hospital Records
(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-43 (month) (day) (year)
(c) Cemetery Beth Jehudah Agudas
Location Pikesville

18 (a) Funeral director Jack Lemishe
(b) Address 1439 E. Baltimore St.

19 (a) (Date received by Local Registrar) (b) Huntington Williams, M.D.

JAN 18

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1943 at 12:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1943 to Jan. 19 1943 and that I last saw him alive on Jan 19 1943.

Immediate cause of death: Myocardial Infarction — Duration 15 days

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Weisberg M.D.
Address Church Home & Infirmary Date signed 1/19/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00077 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2109
(c) Hospital or institution: ✓ 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2109 Presbury St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Mary Isaacson

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Widow

6 (b) Name of husband or wife Rafael
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home Maker
11. Industry or business

FATHER
12. Name Sader Isaac Isaacson
13. Birthplace Russia

MOTHER
14. Maiden Name Chaia Alexander
15. Birthplace Russia

16 (a) Informant Mrs. Isaacson
(b) Address 3564-14th St NW D.C

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-43 (month) (day) (year)
(c) Cemetery or Crematory Beth Jehudith Agudas
Location Govsdale

18 (a) Funeral director Jos. Levin Jr
(b) Address 1439 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registrar
JAN 19 1943 Huntington Baltimore, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17, 1943 at 6.05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13, 1943 to Jan. 17, 1943 and that I last saw her alive on Jan. 17, 1943.

Immediate cause of death Hypertension
Cardiac failure
Due to arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration about 5 yrs.
Certificate furnished for part of day.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan H. Shpritz M.D.
Address 2351 Eutaw Pl. Date signed 1/17/43

G 00078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 N

G 00078 Registered No. 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3208 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis Stoler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years √√ Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Saloon Keeper

11. Industry or business

FATHER
12. Name Meyer Stoler
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Hyman Perrels
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Baltimore St

19 (a) JAN 20 1943 (b) Huntington Williams, M.D. (Date received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18, 1943, at 9:27 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 18 1943 to Jan 18 1943, and that I last saw h[im] alive on Jan 18 1943.

Immediate cause of death	Duration
Circulatory Failure	
Due to Cardiac insufficiency	
Due to Hypertensive C.V. Disease	
Other Conditions Cerebral Edema	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Irving P. Sonntag M.D.
Address Sinai Hospital Date signed 1/18/43

VS 3

Please write plainly. Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Information should be supplied by the

C 00079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

C 00079 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 139 N. Poppleton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JAMES RICHARDSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16 [illegible]

8. AGE: Years	Months	Days	If less than one day
28	9	-	hr. min.

9. Birthplace Chester Co. S.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Michael Richardson

13. Birthplace Fairfield Co. S. C.

MOTHER 14. Maiden Name Bessie Hutchinson

15. Birthplace S. C.

16 (a) Informant Bessie Hutchinson

(b) Address 139 N. Poppleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19 43 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location

18 (a) Funeral director Mrs Katy L Williams

(b) Address 322 N. Schroeder St

19 (a) [illegible] (b) Huntington Williams, MD

JAN 19 1943

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 19 43 at 10 40 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of chest

Due to

Due to

Other Conditions: no

(Include pregnancy within 3 months of death)

Date of operation: no

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence 1-16-43 at 10 a M
(c) Where did injury occur? In front of 750 W. Saratoga St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specific type of place) While at work? no
(e) Means of injury Revolver - altercation

23. Signature H. L. Wollenmeber M.D. Medical Examiner.

Date signed 1-17-43

Please answer all questions as carefully and completely as possible. The information should be complete and accurate as possible. Physicians: please write the causes of death clearly and legibly.

C 00030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 C 00030 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 670 W. Franklin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES FORD, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Baby

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1942

8. AGE: Years 1 | Months 5 | Days 9 | If less than one day hr. min

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Baby

11. Industry or business "

FATHER
12. Name Chas. Ford
13. Birthplace Great Falls D.C.

MOTHER
14. Maiden Name Hortance Moroney
15. Birthplace Baltimore Md.

16 (a) Informant Chas Ford
(b) Address 670 W. Franklyn St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 32 N. Schroeder

19 JAN 14 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 15, 1943, at 6:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to death on the day stated above.

Immediate cause of death Pneumonia, lobular
primary
Due to
Due to
Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: No
of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Z. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-15-43

VS 6

Physicians: please write the causes of death clearly and legibly. The information shown by this certificate is especially important. Be sure that every question is answered.

C 00081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 Registered No. C 00081

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 532 N. Pulaski
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 y
(e) Length of stay in Baltimore (yrs., mos., or days) y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3225 E. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Smith

3 (b) If veteran, name war no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Gertrude N. Smith (nee Schnell)
6 (c) If alive, give age 30 years
7. Birth date of deceased (mo., day, yr.) Jan 31, 1896

8. AGE: Years	Months	Days	If less than one day
46	11	17	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Grocer - Self employed
11. Industry or business Grocery Store

FATHER
12. Name William J. Smith
13. Birthplace Ohio

MOTHER
14. Maiden Name Rosie Kraer
15. Birthplace Germany

16 (a) Informant Mrs. Gertrude N. Smith
(b) Address 3225 E. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21, 1943 (month) (day) (year)
(c) Cemetery or crematory St. Matthews Cem
Location Baltimore, Maryland

18 (a) Funeral director C. Howard Emge
(b) Address 1402 N. Charles St.

19 (a) Filed JAN 20 1943 (b) Huntington Williams M.D.
(Date filed by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17 1943, at 8.00 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary Thrombosis — Duration
Due to Hypertension Cardio-vascular disease.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
If autopsy (Yes)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. Mackall M.D. Medical Examiner
Date signed 1/18/43.

Please answer all questions as completely as possible. Omission of information should be carefully supplied. The answers are especially important. Physicians: please write the causes of death clearly and legibly.

G 00082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 932

Registered No. G 00082

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 E. Cross St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 219 E. Cross St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHRISTOPHER (Christian) Anderson.

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1886

8. AGE: Years 58 | Months 11 | Days 15 | If less than one day: hr. min.

9. Birthplace Baltimore Maryland (Town, county and state)
10. Usual Occupation Day Laborer
11. Industry or business (When employed)

FATHER
12. Name Albert Anderson
13. Birthplace Harford Co., Md.

MOTHER
14. Maiden Name Hannah Wolf
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Catherine Williams
(b) Address 1516 Boyle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 21 1943 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location G. A. Co., Maryland

18 (a) Funeral director G. Howard Eagles
(b) Address 1400 E. Eager St.

JAN 19 1943 (c) Registrar (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17 1943, at 6.45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to: Rheumatic Cardio-vascular disease.	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
Autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 1/18/43.

Please write clearly. Physicians: please write the causes of death clearly and legibly. The information should be correctly supplied.

00083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

Registered No. C 00083

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 340 Calloway Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. HATTIE KIDD BLAIR

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
F	W	Widowed

6 (b) Name of husband or wife J. Harley Blair (deceased)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 21 1867

8. AGE: Years	Months	Days	If less than one day
75	4	26	hr. min.

9. Birthplace Maryland (Bridgetown) (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Richardson
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret C. Jones
15. Birthplace Maryland (Bryantown)

16 (a) Informant Home records
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1-20-43 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Jenkins & Sons
(b) Address 1001 E. Pennsylvania Ave Baltimore

19 (a) [illegible] (Date received by Registrar) Huntington Williams M.D. Registrar

JAN 19 1943

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17, 1943, at 7:22 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cardiorespiratory Failure	7 hrs.
Due to Cachexia	3 days.
Due to Cerebral Arteriosclerosis ?	
Other Conditions 3rd degree burns of rt. hand.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Dec. 30, 1942 at 2 M
Where did injury occur? 340 Calloway Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? Yes
(e) Means of injury Third degree burns

23. Signature Hugh O. McNally M.D. (Medical Examiner)
Date signed 1/14/43 per Robert Lee Graham M.D.

G 00084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 460 G 00084

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Linthicum Heights (If outside city or town limits, write RURAL and give town)
(d) Street No. Maple Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Pauline C. Ford

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife I. Pembroke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25. 1870

8. AGE: Years	Months	Days	If less than one day
72	11	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John J. Uniack
13. Birthplace Washington

MOTHER
14. Maiden Name Araminta Moulton
15. Birthplace Baltimore

16 (a) Informant hospital records
(b) Address

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 1/20/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Prince George Co., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 1/19/43 Huntington Williams M.D. Registrar
(Date received by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17 1943 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-16 1942 to 1-17 1943, and that I last saw her alive on 1-17 1943.

Immediate cause of death: Acute Cardiac Failure (Left Ventricular)
Due to: Arteriosclerosis.
Due to:
Other Conditions: Adenocarcinoma Colon (Include pregnancy within 3 months of death)
Date of operation 1-5-43
Major findings of operation: Adenocarcinoma of Colon (ascending)
of autopsy:

Duration: 12 hrs. ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. J. Knieghtes M. D.
Address Bon Secours Hosp. Date signed 1/17/43

G 00085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

G 00085 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto Pikesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 674 Reisterstown Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carroll Holland

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-14-0841

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine Holland

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 21 1897

8. AGE: Years 45 | Months 10 | Days 21 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business

FATHER
12. Name John C. Holland
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Bertha Schmidtke
15. Birthplace Germany

16 (a) Informant Carrie Berger
(b) Address 1300 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19 43 (month) (day) (year)
(c) Cemetery or crematory Emmanuel Cem.
Location Govans Lane.

18 (a) Funeral director John A. Miller
(b) Address 2334 Jefferson St.

19 (a) JAN 19 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 16 1943 at 2:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 2, 1943, to JAN 16 1943, and that I last saw h[illegible] alive on Jan 16 1943.

Immediate cause of death Myocardial Infarction — Duration
Due to Coronary occlusion
Due to Arteriosclerotic CV Disease
Other Conditions Pneumonia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Irving R. Lovitz M. D.
Address Sinai Hospital Date signed 1/16/43

VS 3

Physicians: please write the causes of death clearly and legibly. The [illegible] especially important.

G 00086 G 00086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 524 N. Patterson Pk. Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Louisa Will

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife Edward G. Will
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27-1866

8. AGE: Years	Months	Days	If less than one day
76	4	20	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name Wm. Huff
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Doenges
15. Birthplace Md.

16 (a) Informant William Will
(b) Address 524 N. Patterson Pk. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20-43 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem. Location North Ave. & Gay St.

18 (a) Funeral director John L. Miller
(b) Address 2234 Jefferson St.

JAN 19 1943 (Date received by Registrar) Thurlington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16 1943, at 8:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2 1943 to Jan 16 1943, and that I last saw her alive on Jan. 16 1943.

	Duration
Immediate cause of death: Congestive Heart Failure	4 weeks
Due to: Arteriosclerotic C.V. Disease	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fooling M. D.
Address St. Joseph's Hosp. Date signed 1-16-43

VS 3

G 00087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164c

Registered No. G 00087

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2001 Ashton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2001 Ashton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul Leon Vonella

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 219-16-4558

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25 1925

8. AGE: Years 17 | Months 10 | Days 28 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Comfy Manufacturing Co.

FATHER
12. Name Paul Vonella
13. Birthplace Italy

MOTHER
14. Maiden Name Viola May
15. Birthplace Md

16 (a) Informant Paul Vonella (Father)
(b) Address 2001 Ashton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 21 1943 (month) (day) (year)
(c) Cemetery or crematory SAVAGE CEMT.
Location SAVAGE MD.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

JAN 19 1943 (Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17 1943 at 7.40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to Suicidal death on the day stated above.

Immediate cause of death: Bullet Wound - Right Temple.
Duration:
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner
Date signed 1/18/43.

VS 6

Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied as it is especially important.

G 00088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

G 00088 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 123 Welcome Alley
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY CORNISH

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name —
13. Birthplace

MOTHER
14. Maiden Name —
15. Birthplace

16 (a) Informant Viola Ponder (N)
(b) Address 802 Edmonson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location G. G. County Md.

18 (a) Funeral director Chas. H. Corbin
(b) Address 514 Pennington Ave

(b) Registrar

JAN 19 1943

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11 1943, at 9a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Intermediate Cardiac Arrest	
Due to Uremia	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.

Date signed 1-14-43

Please write information requested carefully and legibly. The information is very important. Physicians: please write the causes of death clearly and legibly.

G 00089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. G 00089

Physicians: please write the causes of death clearly and legibly. Supply any important information omitted. Sign and return promptly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 611 Stirling St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 Stirling St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Cole

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Lourena Cole

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-10-1860

8. AGE: Years 82 | Months 3 | Days 6 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Unknown

FATHER 13. Birthplace "

MOTHER 14. Maiden Name Virginia Phillips

MOTHER 15. Birthplace Maryland

16 (a) Informant Helen Lawrence

(b) Address 611 Stirling St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-1943 (month) (day) (year)

(c) Cemetery or crematory St Peters cem.

Location Balto, Md.

18 (a) Funeral director Byron & Virginia V. Wright

(b) Address 721 Aiken Smith St

19 (a) [illegible] 1943 Huntington Williams

Rayner Bronne

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16 1943 at 11.40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-11 1942 to 1-16 1943 and that I last saw h[illegible] alive on 1-16 1943

Immediate cause of death

Due to Hypertensive cardio-renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
UNK.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.

Address 1500 E. Madison St Date signed 1/18/43

00090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00090 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4026 Walbrad ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4026 Walbrad ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Broessel

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-3662

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Dorothy A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 30 1883

8. AGE: Years	Months	Days	If less than one day
59	11	16	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Bartender
11. Industry or business Glenn's Restaurant

FATHER
12. Name William Broessel
13. Birthplace Germany

MOTHER
14. Maiden Name Cathrin Ebert
15. Birthplace Germany

16 (a) Informant Mrs. Dorothy A Broessel
(b) Address 4026 Walbrad ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19, 1943 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick ave

18 (a) Funeral director Harry H. Nitzke
(b) Address 401 Edmondson ave

19 (a) (Date received) (b) William H. Peters (Registrar)
JAN 19 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1943 at 6:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1943 to Jan 16 1943 and that I last saw him alive on Jan 16 1943

Immediate cause of death Coronary Occlusion — Duration 5 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. McAleese M. D.
Address 3321 Frederick Date signed 1-18-43

G 00091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00091 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 - Forrest St.
(c) Hospital or institution: Maryland Penitentiary Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Norfolk (If outside city or town limits, write RURAL and give town)
(d) Street No. 127 Filbert St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Wyatt

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nellie B. Wyatt
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) 8/20/1900

8. AGE: Years 42 | Months 4 | Days 8 | If less than one day: hr. min.

9. Birthplace Norfolk, Va (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name James P. Wyatt
13. Birthplace Norfolk, Va.

MOTHER
14. Maiden Name Louisa Simmons
15. Birthplace Norfolk, Va.

16 (a) Informant Hale & Company
(b) Address 911 Wide St. Norfolk, Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-43 (month) (day) (year)
(c) Cemetery or crematory Location Norfolk Va

18 (a) Funeral director Rev Frances G. Hemby
(b) Address 578 W. Bidwell St

JAN 19 1943 (Date received by Registrar) Huntington Williams M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1943 at 5:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15 1943 to Jan. 18 1943, and that I last saw him alive on Jan. 18 1943.

Immediate cause of death: Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.
Address 1123 - St. Paul's Date signed 1-18-43

G 00092 G 00032

BALTIMORE CITY HEALTH DEPARTMENT (837) Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St.
(c) Hospital or institution:
Home for Incurables 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) about 25 yrs 9 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town ~~700 W. 40th St~~ Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W. 40th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DeWitt Clinton Haines

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Elizabeth C. Ong
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/4/53

8. AGE: Years	Months	Days	If less than one day
89	3	4	hr. min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business Farming

FATHER
12. Name Stephen Haines
13. Birthplace —

MOTHER
14. Maiden Name Katharine Isaminger Stem
15. Birthplace —

16 (a) Informant Home for Incurables Records
(b) Address 700 W. 40th St.

17 (a) B (Burial, cremation, or removal) (b) Date thereof 1-20-43 (month) (day) (year)
(c) Cemetery or crematory Druhers Hill
Location Union Bridge Md

18 (a) Funeral director John J. Feeser
(b) Address 29 Hudson st

19 (a) (b) Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18 1943 at 3 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 18 1942 to Jan 18 1943 and that I last saw h.m alive on Jan 18 1943.

Immediate cause of death	Duration
Cerebrovascular (Hemorrhage)	6 yrs
Due to Hemiplegia (Right)	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M: Grafton Herfurger M. D.
Address 214 Medical Arts Bldg. Date signed 1/18/43

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0009 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 0009 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3015 White Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3015 White Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Joseph Auth

3 (b) If veteran, name war —
3 (c) Social Security Account No. 24-14-0949

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Catherine E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19. 1863

8. AGE: Years 79 | Months 6 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Labour

11. Industry or business

FATHER
12. Name Jacob Auth
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary Benner
15. Birthplace Unknown

16 (a) Informant Mrs Caroline Auth
(b) Address 1428 Holbrook St

17. Burial (Burial, cremation, or removal) (b) Date thereof 1/20/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Wilson & Col Inc
(b) Address 2417 Eastern Ave

19 (a) JAN 19 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17 1943, at 84 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1942 to Jan 17 1943 and that I last saw h[illegible] alive on Jan 17. 1943

Immediate cause of death Lobar Pneumonia — Duration 3 weeks

Due to

Due to

Other Conditions Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Melton Sherry MD

Address 11 E. Chase st Date signed 1/19/43 M. D.

VS 150

G 00094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00094 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1214 E. Chase St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 E. Chase St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marie C. Rolle

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles Rolle

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1870

8. AGE: Years 73 | Months 0 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Home Work

11. Industry or business At Home

FATHER 12. Name Joseph Jaeckle

13. Birthplace Germany

MOTHER 14. Maiden Name Francesca ?

15. Birthplace Germany

16 (a) Informant Charles Rolle

(b) Address 1214 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20, 1943 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cemetery

Location 4430 Belair Road

18 (a) Funeral director Edwin W. Conkling & Son

(b) Address 924 E. Lafayette St.

JAN 19 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 17, 1943, at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...; and that I last saw h... alive on ... 19...

Immediate cause of death: Hypertensive Cardio-vascular renal disease — Duration: 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph L. Bloom M. D.

Address 1206 E. Chase St Date signed 1/18/43

VS 3

G 00095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00095 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene Sts

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) One day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 401 North Linwood Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Grace M. Neubert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25. 1889

8. AGE: Years	Months	Days	If less than one day
53	2.	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER 12. Name John Alls

13. Birthplace Baltimore. Md.

MOTHER 14. Maiden Name Mary Freede

15. Birthplace Baltimore, Md.

16 (a) Informant Mr. John Neubert

(b) Address 401 N Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/1943 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd.

18 (a) Funeral director John A. Ward

(b) Address 3000 E. Baltimore St.

JAN 22 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1943 at 6:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 16 1943 to Jan 17 1943 and that I last saw her alive on Jan 17 1943.

Immediate cause of death	Duration
Circulatory Collapse	
Due to Coronary Thrombosis?	
Due to	
Other Conditions Diabetes Mellitus Intestinal Auto-intoxication?	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature F. Meade M.D. M. D.

Address University Hosp. Date signed 1/17

A G 00096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 81a

Registered No. G 00096

Physicians: please write the causes of death clearly and legibly. The information should be carefully inserted. The accuracy is important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sydenham Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 1½

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Bramble's Boat Yard (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~Baine~~, THOMAS ~~Baine~~ D. Bain

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7, 1923

8. AGE: Years	Months	Days	If less than one day
19	5	11	hr. min.

9. Birthplace Durham, N. C. (Town, county, and state)
10. Usual Occupation Sheet metal worker
11. Industry or business

FATHER
12. Name Thomas J. C. Baine
13. Birthplace Aberdeen, Scotland

MOTHER
14. Maiden Name Elizabeth Dean
15. Birthplace Inverness, Scotland

16 (a) Informant hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 21 43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore, Md.

18 (a) Funeral director Maurice J. Elgin
(b) Address 1422 Light St.

19 (a) Date received by registrar Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1943, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 18 1943, to JAN 18 1943, and that I last saw him alive on JAN 18 1943.

Immediate cause of death
meningitis — Duration 3 days

Due to pneumococcus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret K. D. Smith M. D.
Address Sydenham Hosp. Date signed

G 00097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 00097 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1912 Bank Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 Bank Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Tokar

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Caroline Tokar
6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Caroline Tokar, Wife
(b) Address 1912 Bank Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem.
Location Dundalk Avenue

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street

JAN 19 1943 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1943 at 5.30 P

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1943 to Jan 17 1943, and that I last saw h[illegible] alive on Jan 17 1943.

Immediate cause of death	Duration
(a) Myocard. Sclerosis	12 days
Due to	
Due to Arter. Sclerosis	1933
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Bowers M. D.
Address 201 Lexington St. Date signed 1/19/43

VS 3

G 00093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94B

G 00093 Registered No.

Physicians: please write the causes of death clearly and legibly. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 824 S. Bond Street
(c) Hospital or institution:
3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 824 S. Bond Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Wojciechowska

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Frank Wojciechowski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
68 67			hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Lisowski
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Helen Wojciechowski
(b) Address 824 S. Bond Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cemetery
Location German Hill Road

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street

19 JAN 19 1943 (b) Registered by Herbert Pennington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17, 1943 at 10.15P

21. I certify that death occurred on the date above stated, that I attended deceased from May - 1939 to 1/17 - 1943 and that I last saw h alive on 19

Immediate cause of death Coronary Occlusion — Duration 4 yrs
Due to Arteriosclerosis
Due to
Other Conditions Chronic Nephritis — 10 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Lee Jacobs, M.D.
Address 1340 Eden Date signed 1/18/43

G 00099 DUPLICATE BALTIMORE CITY HEALTH DEPARTMENT G 00099

mgm 77780

CERTIFICATE OF DEATH

Registered No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 74 da
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Follins St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Virginia Connors

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-18-3878

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Seperated

6 (b) Name of husband or wife Joseph Connors

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 24, 1920

8. AGE: Years 22 | Months 11 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Maine (Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business Oasis Restaurant

FATHER
12. Name Fred Coholan
13. Birthplace Mass.

MOTHER
14. Maiden Name Mary Ellen Cusack
15. Birthplace Mass.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave

17 (a) (Burial, cremation, or removal) **(b) Date thereof** (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave
18 (a) Funeral director Herman H. Hotopp
(b) Address 4101 Edmondson Ave

JAN 20 1943 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17 43 19 , at 3 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-3 1942 to 1-17 1943, and that I last saw h alive on 1-12-43

Immediate cause of death Pulm. TBC — Duration 2 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A.S. Haute
Address Balto City Hosp Date signed 1/18/43 M.D.

VS 150

00100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00100

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Eldertown
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a). FULL NAME RALPH MUNSHOWER

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mae Myerly Munshower

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 2nd 1915

8. AGE: Years 27 | Months 5 | Days 17 | If less than one day hr. min.

9. Birthplace Thurmont Md.
(Town, county, and state)

10. Usual Occupation Assembly Mechanic

11. Industry or business Glenn L Martin Co.

FATHER
12. Name Luther Munshower
13. Birthplace Thurmont Md.

MOTHER
14. Maiden Name Lottie Eigenbrode
15. Birthplace Md

16 (a) Informant Mae Munshower
(b) Address Detour, Md.

17 (a) Burial (b) Date thereof 1/21/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory United Brethren
Location Thurmont Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St Paul St

19. (Date rec'd by registrar JAN 20 1943) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1943, at 12 55 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Contusion, abdomen, pelvis, fractured (multiple)	
Due to Fracture, right femur	
Due to Traumatism	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation 1-14-43
Major findings of operation: application of cast
of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January 16, 1943 at 10 M
(c) Where did injury occur? Kings Gap + Old Park Rd Balt. County (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No
(Specify type of place)
(e) Means of injury Auto Car struck & run into

23. Signature J. L. Wollenweber M.D.
Asst Medical Examiner.
Date signed 1-19-43

VS 6

30101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 00101 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Southern Home & Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 E. Biddle St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia F. Dienkel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 29 1870

8. AGE: Years	Months	Days	If less than one day
72	11	19	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name John F. Dienkel
13. Birthplace Germany

MOTHER
14. Maiden Name Crescentia Reiber
15. Birthplace Germany

16 (a) Informant Otto C. Dienkel
(b) Address 304 Hopkins Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/43 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Balto
Location Md.

18 (a) Funeral director William Cook Jr
(b) Address 1217 St. Paul St

19 JAN 20 1943 (Date rec'd by Registrar) (b) Huntington Williams, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1943 at 2:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1938 to Jan 18 1943 and that I last saw her alive on Jan 18 1943.

Immediate cause of death	Duration
Coronary Occlusion	✓
Due to	
Diabetes Mellitus	✓
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation none
Major findings of operation: ✓
of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work?
(Specify type of place)
(e) Means of injury ✓

23. Signature Helen A. McKenna, M.D.
Address 921 Dolphin Street Date signed 1/19/43

G 00102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G 00102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 404 S. Eaton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 404 S. Eaton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

69

3 (a) FULL NAME Catherine Korn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~or wife~~ Louis Korn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22nd 1877

8. AGE: Years 65 Months 2 Days 26 If less than one day hr. min.

9. Birthplace Balto, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Charles Kalgreen
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Louis Korn
(b) Address 404 S. Eaton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/43 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Balto
Location " Md

18 (a) Funeral director William Cook Inc
(b) Address St. Paul St

19 (a) JAN 20 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1943, at 2:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1940 to Jan 18 1943, and that I last saw h alive on Jan 12 1943.

Immediate cause of death — Duration
Chronic myocardial disease — 2 yrs
Chronic interstitial nephritis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. W. Thelen

Address 414 Northern Parkway Date signed 1/19/43 M. D.

00103 ngm 79078

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

Registered No. G 00103

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 12-14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2120 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertha Bendall

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:
4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Jno Jost
6 (c) If wife, give age years
7. Birth date of deceased (mo., day, yr.) 4/2/1869
8. AGE: Years 75 | Months 4 | Days 15 | If less than one day: hr. min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Conradi
13. Birthplace Germany

MOTHER
14. Maiden Name Helena Spring
15. Birthplace England

16 (a) Informant B.C.H. records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/43 (month) (day) (year)
(c) Cemetery or crematory London Park M
Location Baltimore Md
18 (a) Funeral director Wm Cook Inc
(b) Address 2424 Pont St
19 JAN 29 1943 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15 1943 at 7 42 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 1-10 1943 to 1-15 1943 and that I last saw h[illegible] alive on 1-15 1943

Immediate cause of death	Duration
Bronchopneumonia	3
Due to Generalized arteriosclerosis. Arteriosclerosis	?
Due to Heart disease. Diabetes mellitus	?
Other Conditions Retinitis pigmentosa (Include pregnancy within 3 months of death)	?

Date of operation
Major findings of operation:
of autopsy: None?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Cross Jr. M. D.
Address B.C.H. Date signed 1-29-43

VS 150

G 00104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131b

Registered No. G 00104

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 432 Orchard st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 432 Orchard st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harriette Thomas

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Levin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-8-1862

8. AGE: Years 80 | Months 10 | Days 10 | If less than one day hr. min.

9. Birthplace Dorchester County Md (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER 12. Name Gabriel Nichols

13. Birthplace Md

MOTHER 14. Maiden Name Susie Moore

15. Birthplace Md

16 (a) Informant Helen Price

(b) Address 432 Orchard st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location Baltimore Md

18 (a) Funeral director William A Jackson

(b) Address 916 Pennsylvania ave

19 (a) JAN 20 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/17 1943 at 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/24 1943 to 1/17 1943 and that I last saw h alive on 1/17 1943.

Immediate cause of death Chr. Nephritis — Duration

Due to Uremia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Burr Roberts M. D.

Address 23 S Howard Date signed

VS 3

G 00105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 1579

Registered No. G 00105

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Fayette at Payson
(c) Hospital or institution:
Bon Secours Hosp: tod
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 23 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balt. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 Pentridge Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Eric Hague (Birth F 66012)

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 29 1942

8. AGE: Years	Months	Days	If less than one day
0	0	23	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James E. Hague
13. Birthplace England

MOTHER
14. Maiden Name Dorthie Scripture
15. Birthplace Bridgeport - Conn.

16 (a) Informant James E. Hague (Father)
(b) Address 1516 Pentridge Rd - City

17 (a) Burial (b) Date thereof 1 - 20 - 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Bridgeport - Conn

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 JAN 20 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/19 1943, at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/10 1943 to 1/19 1943, and that I last saw him alive on 1/19 1943.

Immediate cause of death Malnutrition — Duration 23 days
Due to Pyloric Stenosis — Duration ? days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 1/13/43
Major findings of operation Pyloric Stenosis
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward L J Kraig M.D.
Address Bon Secours Hosp. Date signed 1/19/43

VS 8

Physicians: This form is to be filled out in duplicate. Every item of information should be carefully supplied. The correct Age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1920

Registered No. G 00106

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1123 Bruce St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 Bruce.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie McLean

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Married

6 (b) Name of husband or wife Edgar McLean
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/28/1886

8. AGE: Years	Months	Days	If less than one day
56	9	21	hr. min.

9. Birthplace N. Carolina (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER — 12. Name	Henry McCormick
FATHER — 13. Birthplace	North Carolina
MOTHER — 14. Maiden Name	Mary Margret.
MOTHER — 15. Birthplace	North Carolina

16 (a) Informant R. B. McCormick.
(b) Address 604 S. Fremont Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1 20 43 (month) (day) (year)
(c) Cemetery or crematory Sanford M. E.
Location Milford Mass.

18 (a) Funeral director Walter S. Howell
(b) Address 130 W. Hamburg St.

JAN 20 1943 (Date rec'd by Registrar)

(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/19 1943 at 5.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/11 1943 to 1/15 1943.
and that I last saw h alive on 1/15 1943.

Immediate cause of death Aortic Insufficiency

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Burt Clutts M. D.
Address 239 D [illegible] Date signed

VS 3

G 00107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G 00107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 436 E. North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 436 E North Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Guy Honemann

3 (b) If veteran, name war: World
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16, 1884

8. AGE: Years 58 | Months 4 | Days 2 | If less than one day: hr. min.

9. Birthplace Charles Co. Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Herman J. Honemann
13. Birthplace md

MOTHER
14. Maiden Name Mary C. Ludwig
15. Birthplace Ba

16 (a) Informant Mary C. Honemann
(b) Address 436 E. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn md

18 (a) Funeral director Albert W Berry
(b) Address 440 E. North Ave

19 (a) JAN 20 1943 (b) Filed
Registrar Huntington Williams, M.D.

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1943, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1943 to Jan 18 1943 and that I last saw alive on 19

Immediate cause of death Heart failure — Duration: Probably several days

Due to Lobar Pneumonia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Reginald J Tommy M.D.
Address 414 E. North Ave Date signed Jan 19 43

G 00108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G 00108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 258 S Highland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 258 S. Highland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Estelle ~~Appel~~ Appel
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Charles Appel
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 24 1883

8. AGE: Years	Months	Days	If less than one day
59 60	1	24 25	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name William J Tuttle
13. Birthplace Md

MOTHER
14. Maiden Name Mary M Brooks
15. Birthplace Md

16 (a) Informant Charles Appel
(b) Address 258 S Highland Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22/43 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Dorsey Md
18 (a) Funeral director Wilbert E Howe
(b) Address 2004-6 Eutaw
19 (a) JAN 20 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1943 at 1.30 P M
21. I certify that death occurred on the date above stated; that I attended deceased from July 1940 to Jan 19 1943, and that I last saw h alive on Jan 19 1943.

	Duration
Immediate cause of death Cerebral Hemorrhage	5 Mins
Due to Arterio Sclerosis	10 yrs
Due to Bright's Disease	1 yr.
Other Conditions Diabetes	10 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Geo. T. Immerman M. D.
Address 2958 Harford Date signed 1/20/43

VE 2

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully checked.

MC 00109 City

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

G 00109
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 73 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2202 Maryland Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Walter Brooks

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Jennie Wallis Brooks
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) May 3, 1869

8. AGE: Years	Months	Days	If less than one day
73	7	13	____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Thomas E. Brooks
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Henrietta Ray Brooks
15. Birthplace Prince George County, Md.

16 (a) Informant Edgewood Nursing Home
(b) Address 6000 Bellona Ave. Balto, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (month) 14 (day) 1942 (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Reisterstown Rd, Pikesville, Maryland.

18 (a) Funeral director McCay & Weedfield
(b) Address 501 E. 22nd St.

19 (a) 1718 (b) [illegible] Registrar
Huntingtown Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Wm. A. Brooks 19 12-16-42 at 2:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1st 1942 to Dec 16 1942, and that I last saw h[illegible] alive on Dec 15 1942

Immediate cause of death Chronic Endocarditis, Duration years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard C. Brack M. D.
Address 2329 St. Paul Date signed 12-17-42

G 00110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 1/2

Registered No. G 00110

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1522 N Washington

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1522 N Washington (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louise Matilda Stanclift

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28, 1885

8. AGE: Years	Months	Days	If less than one day
57	9	22	1 hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER — 12. Name Bernard Teuiden

13. Birthplace Germany

MOTHER — 14. Maiden Name Louise Blommenthal

15. Birthplace Germany

16 (a) Informant Miss Sophie Stanclift

(b) Address 1522 N Washington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location City

18 (a) Funeral director Leland E Howe

(b) Address 2008 Orleans

19 JAN 20 1943 (b) Huntington Williams, M.D. (Local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1943 at 9 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-28 1942 to 1-19 1943, and that I last saw h. alive on 1-18 1942

Immediate cause of death: Acute Dilatation of the Heart — Duration: Instantaneous

Due to

Due to Chr. Myocarditis — Duration: Several Years

Other Conditions Chronic Lat Nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Hugh D. Judkins M. D.

Address 3313 E Baltimore St Date signed 1/19/43

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59B

Registered No. G 00111

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5008 Belair Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 5008 Belair Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Delena Ann Ripley

3 (b) If veteran, name war —

3 (c) Social Security Account No. no number

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 9 1869

8. AGE: Years	Months	Days	If less than one day
73	9	9	hr. min.

9. Birthplace New Point Va (Town, county, and state)

10. Usual Occupation

11. Industry or business Seamstress

FATHER
12. Name Wesley Ripley
13. Birthplace Va

MOTHER
14. Maiden Name Lekyta Jarvis
15. Birthplace Va

16 (a) Informant Mrs Mary Hale
(b) Address 5008 Belair Rd

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 20 43 (month) (day) (year)
(c) Cemetery or crematory Baron Cem
Location Virginia

18 (a) Funeral director Gilbert Funeral Home
(b) Address 200 E. Belvedere

19 (a) Penn [illegible] (Registrar) (b) Huntington Williams M.D. Registrar

JAN 20 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1943, at 8:14 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 18 1942 to Jan 18 1943 and that I last saw h[illegible] alive on Jan 18 1943.

Immediate cause of death Terminal Arteriosclerosis Heart Failure — Duration 15 yrs.

Due to —

Due to —

Other Conditions arthritis — 10 yrs.

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 4330 Belair Rd Date signed Jan 18 1943

G 00112

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G 00112

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo13da
(e) Length of stay in Baltimore (yrs., mos., or days) 2mo.13da.

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County
(c) City or town West New York (If outside city or town limits, write RURAL and give town)
(d) Street No. 6421 Bergenline Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME AUGUST KERL

3 (b) If veteran, name war WW

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Heista Miller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1886

8. AGE: Years 56 | Months 6 | Days 8 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Deckhand

11. Industry or business

FATHER
12. Name Henry Kerl
13. Birthplace Germany

MOTHER
14. Maiden Name Gesifna
15. Birthplace Germany

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20, 1943 (month) (day) (year)
(c) Cemetery or crematory National
Location Frederick Road

18 (a) Funeral director A. Lee Adler
(b) Address 4644 York Road

JAN 20 1943 Huntington Williams, Registrar
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH January 16, 1943 at 11:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 4, 1942, to Jan. 16, 1943, and that I last saw him alive on Jan. 16, 1943

Immediate cause of death: Bronchopneumonia, terminal — Duration 5 da.

Due to Metastasis to brain — Unk.

Due to Carcinoma of lung — Unk.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]

Address US Marine Hospital, Baltimore, Md. Date signed 1/19/43

Reinsch

G 00113

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G 00113

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. O. A.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3310 Chestnut Ave. (If rural give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country Germany

3 (a) FULL NAME Albert Reinsch

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	— None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Sarah E. Reinsch
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) July 17, 1878

8. AGE: Years	Months	Days	If less than one day
64	6	1	____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Barber

FATHER
12. Name Frank Reinsch
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Sarah E. Reinsch
(b) Address 3310 Chestnut ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road.

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615 Chestnut Ave.

19 (a) JAN 20 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18 1943, at 5 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute pulmonary edema	
Due to arteriosclerotic cardio vascular disease	
Due to	
Other Conditions Diabetes mellitus	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed Jan. 19 1943

VS 6

The ... important. Physicians: please write the causes of death clearly and legibly.

G 00114 78977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00114

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 720 Cumberland St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Sylvia (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1873

8. AGE: Years	Months	Days	If less than one day
69	5	13	hr. min.

9. Birthplace Maryland, Baltimore (Town, county, and state)
10. Usual Occupation Old age pension
11. Industry or business

FATHER
12. Name James Taylor
13. Birthplace Va.

MOTHER
14. Maiden Name Minty Wingate
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Ft Brooks Brooklyn

18 (a) Funeral director W. Va Brooks
(b) Address 1463 N. Carey St.

19 JAN 20 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18 1943, at 4:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1943 to 1-18 1943 and that I last saw h[e] alive on 1-18 1943.

	Duration
Immediate cause of death: Cardiac failure	?
Due to: Hypertension & V. disease	?
Due to: Arterio sclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Am Lond

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp Date signed 1-19 1943

G 00115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00115

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2008 Brunt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 - 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 Brunt st. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hammedue De Man

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C.	W.

6 (b) Name of husband or wife Bertina Deondeu
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1866

8. AGE: Years	Months	Days	If less than one day
77	5	3	hr. min.

9. Birthplace Algeriuna, France (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Veronica M. Shipley
(b) Address 701 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Elroy E. Wilson
(b) Address 1000 Brantley Ave

19 (a) JAN 20 1943 (Date rec'd by registrar) Huntington Pittsburgh Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1943 at 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1942 to Jan 18 1943, and that I last saw him alive on Jan 12 1943.

Immediate cause of death: Cardio Vascular Renal Disease — Duration: 2 years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emelham Fray M. D.
Address 1908 Penna Ave Date signed 1/20/43

VS 150

G 00116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 708 N Albert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leroy Allen

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21-1921

8. AGE: Years	Months	Days	If less than one day
21	3	10½	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Freeman Allen
13. Birthplace Va.

MOTHER
14. Maiden Name Lucy Jennings
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 223 N. Schroeder St.

19 (a) JAN 20 1943 (Date rec'd by registrar) (b) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15 1943, at 2 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1943 to 1-15 1943.
and that I last saw h[illegible] alive on 1-15 1943.

Immediate cause of death Pulmonary tbc. — Duration 3 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. K. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 1-17-43

G 00117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 00117

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 814 Pearce St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 814 Pearce St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE ROANE

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Martha Roane
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1889

8. AGE: Years	Months	Days	If less than one day
53 54	7	12	hr. min.

9. Birthplace Essex Co. Md
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George Roane
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Martha Roane
(b) Address 814 Pearce St

17 (a) Burial (b) Date thereof Jan. 20 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 2224 Schroeder Ave.

19 (a) JAN 20 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1943 at 10 50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said , find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Williams M.D.
Medical Examiner.
Date signed 1-16-43

VS 6

G 00118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

90B

Registered No. G 00118

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene Sts

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1428 W. Mosher St (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** Rosetta Candy

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband ~~or wife~~ York Candy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 46 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and State)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Brown

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden Name Catherine ?

MOTHER 15. Birthplace Maryland

16 (a) Informant York Candy

(b) Address 1428 Mosher St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21 43 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N Schroeder St.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

JAN 20 1943

VS No

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/16 1943 at 11 35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/15 1943 to 1/16 1943, and that I last saw her alive on 1/16 1943.

Immediate cause of death: Cardiac Failure — Duration

Due to: Pericarditis

Due to:

Other Conditions: Empyema of Lung. (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: See above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard Jones M.D.

Address 1428 Mosher St Date signed 1/18/43

G 00119

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1943 G 00119 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 253 S. WASHINGTON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 253 S. WASHINGTON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES A. ROWENS

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: 216 09 4443
4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: MARY E. ROWENS
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): NOV. 17 1901
8. AGE: Years 41 | Months 2 | Days 1 | If less than one day: hr. min.
9. Birthplace: EASTON MD. (Town, county, and state)
10. Usual Occupation: TOOL MAKER
11. Industry or business: EASTERN AIR CRAFT CO.

FATHER
12. Name: ALBERT F. ROWENS
13. Birthplace: TALBOTT CO. MD.

MOTHER
14. Maiden Name: SALLY A. KILLEN
15. Birthplace: TALBOTT CO. MD.

16 (a) Informant: MARY A. ROWENS (WIFE)
(b) Address: 253 S. WASHINGTON ST.
17 (a) CREMATION (Burial, cremation, or removal) (b) Date thereof JAN. 20/43 (month) (day) (year)
(c) Cemetery or crematory: LOUDON PARK
Location: FREDERICK AVE.
18 (a) Funeral director: Lilly and Queen INC.
(b) Address: 403 S. WOLFE ST.
19 (a) JAN 20 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 18 1943 at 5 A M
21. I certify that death occurred on the date above stated; that I attended deceased from JAN 15 1943 to JAN 18 1943. and that I last saw h IM alive on 1-18 1943.

Immediate cause of death: CORONARY THROMBOSIS — Duration: 3 DAYS
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature: James F. Kavanagh M.D.
Address: 3324 W. Fredericks Date signed 1-18-43

VS 8

G 00120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00120

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 127 S. CLINTON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 127 S. CLINTON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME PAULINE M. HARTLOVE

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: WILLIAM A. HARTLOVE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): MAY 8 1893

8. AGE: Years 49 | Months 8 | Days 10 | If less than one day: hr. min.

9. Birthplace: GERMANY (Town, county, and state)
10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: ANDREW SYNDER
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: CAROLINE RITZ
15. Birthplace: GERMANY

16 (a) Informant: WILLIAM A. HARTLOVE (HUS)
(b) Address: 127 S. CLINTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 22/43 (month) (day) (year)
(c) Cemetery or crematory: OAK LAWN
Location: EASTERN AVE EXT.

18 (a) Funeral director: Lilly and Zeller INC.
(b) Address: 403 S. WOLFE ST.

19 (a) JAN 20 1943 (b) [illegible] Registrar
Date received by registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 18 1943, at 7/30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from March 23, 1942 to Jan. 18 1943, and that I last saw her alive on Jan. 18 1943.

Immediate cause of death	Duration
Coronary occlusion	5 hours
Due to Arterio-sclerosis	?
Due to Chronic valvular heart disease	?
Other Conditions Chronic asthmatic bronchitis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: C. B. Bromwell M. D.
Address: 3037 O'Donnell St. Date signed: 1-19-43

G 00121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00121 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 N. LAKEWOOD AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 N. LAKEWOOD AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PETER V. CROGHAN

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 216-01-0096

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: LORETTA M. CROGHAN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 3 1892

8. AGE: Years 50 | Months 2 | Days 16 | If less than one day: hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation SHIPPING CLERK

11. Industry or business

FATHER
12. Name PETER V. CROGHAN
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name MARY E. CHAMBERS
15. Birthplace BALTO. MD.

16 (a) Informant LORETTA M. CROGHAN (WIFE)
(b) Address 6 N. LAKEWOOD AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 22/43 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly and Zeller INC.
(b) Address 403 S. WOLFE ST.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

AM.

20. DATE OF DEATH JAN. 19 1943 at 5/30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 3rd 1940 to Jan. 19th 1943, and that I last saw him alive on Jan 11th 1943.

Immediate cause of death Coronary Thrombosis — Duration ½ hr.

Due to Chr. Myocarditis — 1 yr.

Due to Chr. Nephritis — 2 4 yrs.

Other Conditions Bronchial Asthma

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. McDermott

Address 1136 Poplar Grove St. Date signed 1/20/43 M. D.

VS 3

H.G. Wollenweber M.D. asst medical Exr

G 00122

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

Registered No. G 00122

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton + Fulton
(c) Hospital or institution:
St. Agnes Hospital 164
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 740 N. Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles M. Stump

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
3 ✓			hr. min.

9. Birthplace W. Va.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Paul
13. Birthplace W. Va.

MOTHER
14. Maiden Name ? Buckalew
15. Birthplace W. Va.

16 (a) Informant Paul Stump (Father)
(b) Address 740 N. Fulton St Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 21. 43 (month) (day) (year)
(c) Cemetery or crematory County Cemetery
Location Gilmer, W. Va.

18 (a) Funeral director Harry H Withers
(b) Address 401 Edmondson ave. Baltimore Md

19 [redacted] Huntington W. Va. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19 1943 at 7:13 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 18 1943. to Jan 19 1943. and that I last saw h[illegible] alive on Jan 19 1943.

Immediate cause of death Lobar pneumonia — Duration

Due to

Due to

Other Conditions pleurisy & appendicitis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rowberg
Address St. Agnes Hosp Date signed 1/19/43

Physicians: please write the causes of death clearly and legibly. Causes of death which may be the result of occupation should be so described. Indefinite and unsatisfactory terms, such as "heart failure," "old age," "senility," "debility," "exhaustion," and "convulsions" are not desirable as the principal cause of death.

G 00123

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G 00123

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

COMMON RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4022 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4022 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna P. Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Widow

6 (b) Name of husband or wife Late Charles Robert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1867

8. AGE: Years	Months	Days	If less than one day
75	3	7	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business Own Home

FATHER
12. Name Wm. Henry
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. W. Harry Smith
(b) Address 4022 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 21/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Road

18 (a) Funeral director Harry H. Mitzle
(b) Address 4101 Edmondson Ave

JAN 20 1943

19 Filed (Registrar) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18/43 19 . at 8-20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1938. to Jan 18 1943.
and that I last saw her alive on Jan. 18, 1943

	Duration
Immediate cause of death Endocar	
of Heart	24 hrs.
Due to Chronic Cardio-	
vascular disease	4 yrs
Due to	
	4 yrs
Other Conditions Ch. Nephritis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. E. Wells M. D.
Address 4100 Edmondson Ave Date signed

G 00124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. 00124

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT WRITE IN SPACES RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1017 Parkdale ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1017 Parkdale Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hilary Shipley Sr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Effie E. Shipley (If alive, give age years)

7. Birth date of deceased (mo., day, yr.) Mch. 30, 1870

8. AGE: Years	Months	Days	If less than one day
72	9	17	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Cabinet Maker

11. Industry or business Retired

FATHER

12. Name Allen Shipley

13. Birthplace Md

MOTHER

14. Maiden Name Harriett

15. Birthplace Md

16 (a) Informant Hilary Shipley Jr

(b) Address 1017 Parkdale Ave

17 (a) Loudon Pk (Burial, cremation, or removal) (b) Date thereof Jan. 20/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk

Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Mitchell

(b) Address 401 E. Lexington Ave

19 JAN 20 1943 (Date filed) (Registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17/43 19 at 4.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1923 to Jan 17 1943, and that I last saw h alive on Jan 16 1943.

Immediate cause of death Chr. arteriosclerosis - with senile dementia

Due to Respiratory infection

Due to Bronchial pneumonia

Other Conditions

Duration
Iyrs
4 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Frederick V. Baxter M. D.

Address Medical Arts Bldg. Date signed 1-19-43.

C 00125

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

Registered No. 00125

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1403 Morling Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 Morling Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Kenneth Eugene Buffington

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-10-7201

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6-1913

8. AGE: Years 29 | Months 3 | Days 13 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Edward T. Buffington
13. Birthplace Maryland

MOTHER
14. Maiden Name Dora E. Cockey
15. Birthplace Maryland

16 (a) Informant Edward T. Buffington
(b) Address 1403 Morling Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 21-1943 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(Address) 3631 Falls Road

19 (a) JAN 20 1943 (Date rec'd by registrar) (b) Huntingtown Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19. 1943 at 2.55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16 1943. to 1-19 1943. and that I last saw h alive on 1-19 1943.

Immediate cause of death

Due to Acute Glomerular Nephritis — Duration: 2 weeks

Due to

Other Conditions Myocardial degeneration — Duration: 3 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel Miller M. D.
Address 1500 N Broadway Date signed 1/19/43

G 00125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G 00125

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1026 N. Carey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Hermandez 79209

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24, 1878

8. AGE: Years	Months	Days	If less than one day
? 64	7	23	hr. min.

9. Birthplace India
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph ?
13. Birthplace India

MOTHER
14. Maiden Name Sarah ?
15. Birthplace India

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Pressman St. Hunting Ton Williamsport, Md.

19 (a) (Local Registrar) (b) Registrar

JAN 20 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17 1943, 9:10P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1943, to Jan. 17 1943 and that I last saw her alive on Jan. 17 1943.

Immediate cause of death: Generalized arteriosclerosis — Duration ?
Due to: Bronchopneumonia — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. Hartz
Address Balto City Hosp Date signed 1/18/43 M. D.

G 00127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 a

Registered No. G 00127

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3507 N. Charles
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 69 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3507 N. Charles
(If rural give location)
(e) Citizen of foreign country? ----- (Yes or No)
If yes, name country -----

3 (a) FULL NAME Carroll Taney Bond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife -------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) June 13, 1873

8. AGE: Years	Months	Days	If less than one day
69	7	5	-- hr. --- min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Chief Judge
11. Industry or business Court of Appeals

FATHER
12. Name James Bond
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Elizabeth Lyon
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Thomas Bond
(b) Address 524 Orkney Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/43 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) JAN 20 1943 (Date rec'd by registrar) (b) JAN 20 1943 Registrar

Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1943, at 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1942 to Jan 18 1943, and that I last saw h[illegible] alive on Jan 18 1943.

Immediate cause of death Coronary Occlusion — Duration

Due to Arterio-Sclerosis — Dilated Aorta

Due to Cardiac Hypertrophy — Chronic Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter A. Baetjer

Address 1115 St Paul St Date signed 1/19/43

G 00128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13b ✓ Registered No. G 00128

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 553 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1920 Fleet St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Price 67430

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1887

8. AGE: Years	Months	Days	If less than one day
55	5	12	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation janitor
11. Industry or business

FATHER
12. Name John
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Rackey
15. Birthplace Germany

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/43 (month) (day) (year)
(c) Cemetery or crematory Schwartz's
Location O'Donnell St.

18 (a) Funeral director M. J. E. Oppel's Sons
(b) Address Lombard & Ann Sts.

19 (a) JAN 20 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18 1943, at 12:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1941 to Jan. 18 1943, and that I last saw him alive on Jan. 18 1943.

Immediate cause of death	Duration
Pulmonary tuberculosis	28 mos?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Edwin S. Hartz M. D.
Address Balto City Hosp. Date signed 1/19/43

G 00129

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61 ✓

Registered No. G 00129

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3407 Dennlyn Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3407 DENNLYN Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL LINAS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Gertrude nee Steinbach
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25-1880

8. AGE: Years	Months	Days	If less than one day
62	8	24	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Simon Linas
13. Birthplace Russia

MOTHER
14. Maiden Name Ethel —
15. Birthplace Russia

16 (a) Informant Mrs. Gertrude Linas
(b) Address 3407 Dennlyn Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-43 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Mikvah Kodash Cong.

18 (a) Funeral director Jack Levin Inc
(b) Address 1431 E. Balto. St. Huntington Williams, M.D.

19 (a) JAN 20 1943 (Date received by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19-43 19 at 4:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19, 1943 to Jan 19, 1943.
and that I last saw him alive on Jan 19 1943.

Immediate cause of death Coronary Thrombosis — Duration 24 Hours
Due to
Due to
Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore Cooper M. D.
Address 2101 Park Ave Date signed 1/21/43

Hth. Wallanwelon M.D. asst medical Examiner

Wayne

G 00130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 G 00130 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2037 Llewellyn Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2037 Llewellyn Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura Delta Riggs

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Washington, D.C.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Robinson
(b) Address 2037 Llewellyn Ave

17 (a) Burial (b) Date thereof 1 21 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1411 Pennington Ave

JAN 20 1943
(Date rec'd by registrar)

(b) Harrington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

35

20. DATE OF DEATH Jan 19 1943, at 12 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death arteriosclerotic cardiovascular-renal disease

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed Jan 19 1943

VS 6

Physicians: please write the causes of death clearly and legibly.

G 00131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 00131
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4609 Park Heights Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4609 Park Heights Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marguerite Kay Ellermann

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Robert C. Ellermann
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): [illegible] 1895

8. AGE: Years: 47 | Months: 5 | Days: 21 24 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: at home

FATHER
12. Name: Wm. O. Webster
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Margueretta Lightner
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mr. Robert C. Ellermann
(b) Address: 4609 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-43 (month) (day) (year)
(c) Cemetery or crematory: Greenmount Cem.
Location: Baltimore, Md.

18 (a) Funeral director: C. Vernon Lemmon
(b) Address: 4611 Park Heights Ave

19 Jan 20-1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19 1943, at 6 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Bronchial pneumonia — Duration:
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
Was autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Robert Lee Gretter M.D.
Medical Examiner.
Date signed: Jan 19 1943

VS 6

G 00132 EMORY ✓ 562 G 00132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT FOLD OR MUTILATE. PREPARED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 342 E. 22nd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 87 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 342 E. 22nd St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nellie L Emory

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1855

8. AGE: Years	Months	Days	If less than one day
87	—	—	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER | FATHER

12. Name John Leonard

13. Birthplace Ireland

14. Maiden Name Catherine Kenny

15. Birthplace Ireland

16 (a) Informant Miss L. Emory

(b) Address 342 E 22nd Sts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 1943 (month) (day) (year)

(c) Cemetery or crematory Mount Marie

Location Towson

18 (a) Funeral director Mary M Wedefeld

(b) Address 501 E 22nd St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16th 1943 at 8.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20th 1942 to Jan 16th 1943, and that I last saw h alive on Jan 16th 43

Immediate cause of death Congestion of Lungs & Pleurisy

Duration 24 hrs

Due to Arteriosclerosis, Senility (Over)

Duration 3 yrs

Due to

Other Conditions Large Abdominal mass

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J E Boulton M. D.

Address 3909 Gaywood Blvd Date signed 1/20/43

VS 150

G 00133

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G 00133

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 Leeway St. - Dundalk (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James K. Flateboe · (James Kenneth Flateboe)

3 (b) If veteran, name war: world

3 (c) Social Security Account No. 532-12-8420

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1914

8. AGE: Years 28 | Months 1 | Days 26 | If less than one day hr. min.

9. Birthplace Seattle, Wash. (Town, county, and state)

10. Usual Occupation machinist

11. Industry or business Koppers Co.

FATHER 12. Name EMAR Flateboe

FATHER 13. Birthplace Norway

MOTHER 14. Maiden Name Beatrice Leswell

MOTHER 15. Birthplace Missouri

16 (a) Informant

(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/20/43 (month) (day) (year)

(c) Cemetery or crematory

Location Everett, Washington

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address North & Pa. - Baltimore, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/18 1943, at 2.45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came (Autopsy or Inquiry) (Autopsy or Inquiry) to death on the day stated above.

Immediate cause of death: Fractured Skull — Duration:

Due to

Due to

Other Conditions. Fractured Rt. femur, Generalized for some hours (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Pending

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Jan 17 at 1.30 A M
(c) Where did injury occur? Edmondson Ave & Ridgewood Ave. Balto Co. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Place While at work? No (Specify type of place)
(e) Means of injury Struck by Streetcar

23. Signature Dougla H. MacNealy M.D. Medical Examiner.

Date signed 1/18/43.

VS 6

G 00134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

Registered No. G 00134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga Sts.
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 hour
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3100 Chesley Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Charlotte J. Reamer (Charlotte J. Reamer)

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: Warford M. Reamer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1872

8. AGE: Years	Months	Days	If less than one day
70	3	7	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Victor Clunet
13. Birthplace Baltimore

MOTHER
14. Maiden Name Unknown (Harriett E. Farlow
15. Birthplace Balto., Md.

16 (a) Informant Miss Sophie A. Clunet
(b) Address 3100 Chesley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1943, at 11:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from January 18 1943, to January 18 1943, and that I last saw her alive on ninth 19

Immediate cause of death
Acute Pulmonary Edema

Due to Hypertensive Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James Klugmann M. D.
Address Mercy Hospital Date signed January 19 1943

VS 150

G 00135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 9 28

Registered No. G 00135

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 21 E. 21st St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 ~~5~~
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 21 E. 21st St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY B. CLARKE

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	None	male	white	married

6 (b) Name of husband or wife Bessie R.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1875

8. AGE: Years	Months	Days	If less than one day
67	5	12	hr. min.

9. Birthplace Richmond, Va.
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business Real Estate Broker

FATHER
12. Name Andrew Clarke
13. Birthplace Richmond, Va.

MOTHER
14. Maiden Name Sallie Phillips
15. Birthplace Williamsburg Va.

16 (a) Informant Mrs. Bessie R. Clarke
(b) Address 21 E 21St Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director W.M. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18, 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2-1942 to 1-18-1943 and that I last saw h[illegible] alive on 1-18-1943

Immediate cause of death
Cer. Endocarditis
Due to Duration
Chronic Arthritis 2 yrs
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 1901 Eutaw Date signed 1/21/43

G 00136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3/A

G 00136 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2403 W. North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2403 W. North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM A. SHELLEY

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Claire
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1881

8. AGE: Years	Months	Days	If less than one day
61	7	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Carpenter (retired)
11. Industry or business

FATHER
12. Name Henry Clay Shelley
13. Birthplace Baltimore

MOTHER
14. Maiden Name Josie Youngman
15. Birthplace Baltimore

16 (a) Informant Mrs. Claire Shelley
(b) Address 2403 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Wm. J. Tucker & Son

18 (a) Funeral director Harter Funeral Home
(b) Address

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1943, at 4P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic interstitial nephritis	15 yrs
Due to (Arteriosclerosis)	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury

23. Signature H. L. Williamson M.D. Medical Examiner.
Date signed 1-20-43

VS 6

00137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

G 00137 Registered No.

TE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. ... especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1717 Park Ave.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) life
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 Park Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Helen M. Willey

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-9874

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Day Allen Willey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1865

8. AGE: Years	Months	Days	If less than one day
77	11	15	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name James N. Muller
13. Birthplace Baltimore

MOTHER
14. Maiden Name Helen Carr
15. Birthplace Baltimore

16 (a) Informant Helen M. Willey
(b) Address 1717 Park Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 1/21/43 (month) (day) (year)
(c) Cemetery or crematory: Greenmount
Location Greenmount Ave. & Oliver St.
(d) Funeral director: John O. Mitchell & Sons, Inc.
(e) Address 1900 Eutaw Place

(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1943 at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to Jan 19 1943 and that I last saw her alive on Jan 19 1943.

Immediate cause of death	Duration
Myocardial degeneration	3 yrs.
Due to	
Due to	
Other conditions General arterio Sclerosis	3 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry E. Nolan M. D.
Address 3 W. Biddle St. **Date signed** Jan 19-43

VS 180

For O.P. Gibson

G 00138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 V

G 00138 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 68 W Fayette
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 68 W Fayette St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E Barber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	b	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8 62

8. AGE: Years	Months	Days	If less than one day
81 yr			hr. min.

9. Birthplace Md (Town, county and state)

10. Usual Occupation Domestic

11. Industry or business Home wife

FATHER
12. Name Anderson
13. Birthplace "

MOTHER
14. Maiden Name Emily Woodland
15. Birthplace Va.

16 (a) Informant Mrs. Rosie Rogers
(b) Address 68 W Fayette St

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/30/43 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave.

19 (a) (b) Huntington Williams, M.D. Registrar

JAN 28 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/28/43 19 , at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1/43 19 to 1/28/43 19 , and that I last saw h alive on 1/28/43

Immediate cause of death Uraemia Edema 3 days
Due to Uraemia cystitis Pyelonephritis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. Ellis M. D.
Address 617 Park ave Date signed 1/28/43

VS 3

Physicians: please write the causes of death clearly and legibly. Any illegible or incomplete information should be corrected promptly. Accuracy important.

G 00139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1 a

G 00139 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 513 Orchard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 513 Orchard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert Cottman

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1879

8. AGE: Years 64 63 | Months | Days | If less than one day hr. min.

9. Birthplace Fairmount, Md. (Town, county and state)

10. Usual Occupation Oyster Shucker

11. Industry or business

FATHER
12. Name ? Unknown
13. Birthplace Md.

MOTHER
14. Maiden Name Susan ?
15. Birthplace Md.

16 (a) Informant Mrs. Maggie Cottman
(b) Address 513 Orchard St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/21/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

20 [illegible] (Signature by registrar) Hector Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15-1943 to 1-17-1943 and that I last saw him alive on 1-15-1943.

Immediate cause of death Apoplexy
Chronic - Cerebral Renal
Disease & Coma
Duration 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Jackson M.D.
Address 618 N. Eutaw St. Date signed 1/19/43

D-71821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136 ✓ Registered No. 1120

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 Orleans Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clarence Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Separated

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22-1895

8. AGE: Years	Months	Days	If less than one day
47	4	26	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name George Robinson
13. Birthplace Pa.

MOTHER
14. Maiden Name Nellie ?
15. Birthplace N.C.

16 (a) Informant Baltimore City Hospitals
(b) Address records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/43 (month) (day) (year)
(c) Cemetery or crematory Batts National
Location Balto Md

18 (a) Funeral director Isaiah L Brown Son
(b) Address 1086 Montgomery Street

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17 1943, at 8 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1943 to 1-17 1943, and that I last saw h alive on 1-17 1943.

Immediate cause of death Pulmonary tuberculosis — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Pattison M. D.
Address Balto City Hosp Date signed 1-18-43

VS 150

G 00141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124R

Registered No. G 00141

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 534 W Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Benjamin Edward White

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
–	192 01-0778	M	W	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years	Months	Days	If less than one day
36			hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business Restaurant

FATHER
12. Name John White
13. Birthplace Lithuania

MOTHER
14. Maiden Name Pauline White
15. Birthplace Lithuania

16 (a) Informant Mrs Buchanan
(b) Address 606 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 21 43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belgic Road.

18 (a) Funeral director Charles W Buchanan
(b) Address 637 Washington Blvd

19 (a) 20 1943 (b) for Huntington Williams M.D. (By Mc'day Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1943, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic myocardial degeneration	
Due to	
Due to	
Other Conditions Fatty degeneration of Liver (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed Jan 19 1943

VS 6

Physicians: please write the causes of death clearly and legibly. The ... important.

G 00142 G 00142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

330 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 409 N. Luzerne Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 409 N. Luzerne Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leo P. Kavanagh

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 217-03-5659

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ********

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28, 1917

8. AGE: Years	Months	Days	If less than one day
25	7	21	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Leo M. Kavanagh
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary C. Smith
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Leo M. Kavanagh
(b) Address 409 N. Luzerne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof I/21/1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John A. Nolan,
(b) Address 3000 E. Baltimore St.

19 (Date received by Registrar) JAN 20 1943 (Huntington Williams, M.D.)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18. 1943 at 8.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1943 to Jan 18 1943, and that I last saw h/M alive on Jan 18 1943

Immediate cause of death: ACUTE CARDIAC FAILURE (DILITATION) — Duration: 4 MIN.

Due to BILATERAL BRANCHO PNEUM. & A - VIRUS INFECTION — 17 DAYS

Due to INFLUENZA. — 3 DAYS

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry F Kavanagh M. D.
Address 3315 McElderry St. Date signed 1-20-43

G 00143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195E

G 00143 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. 04
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 723 N. Carey St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Jordan

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife: Nolley Edwards
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 15, 1886

8. AGE: Years	Months	Days	If less than one day
56	10	1	hr. min.

9. Birthplace: Northampton Co. Va.
(Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: John Johnson
13. Birthplace: Greensboro, N. C.

MOTHER
14. Maiden Name: Ann Maria ?
15. Birthplace: Northampton Co. Va.

16 (a) Informant: Ollie L. Waiters (D)
(b) Address: 723 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/43 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn
Location: Baltimore, Md.

18 (a) Funeral director: Charles G. Cooper
(b) Address: 514 N. Calhoun St.

19 (a) JAN 20 1943 (b) Registrar for Baltimore City

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1943, at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & an autopsy thereon and from the evidence obtained by said inquest & autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fracture of skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident 16-1
(b) Date of occurrence Jan 16 1943 at 5 P M
(c) Where did injury occur? Carey & Lanvale St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No
(Specify type of place)
(e) Means of injury Knocked down by a falling shutter

23. Signature Robert Lee Stalnaker M.D.
Medical Examiner
Date signed Jan 17 1943

G 00144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

G 00144 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 638 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mount Moss.

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-14-3943

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	Married

6 (b) Name of husband or wife alice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1922

8. AGE: Years	Months	Days	If less than one day
21	20		hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Dennie Moss

13. Birthplace Va.

MOTHER 14. Maiden Name Aletha Bradley

15. Birthplace Va.

16 (a) Informant Bennie Moss

(b) Address 908 S. Sharp st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-43 (month) (day) (year)

(c) Cemetery or crematory Emporia Cem

Location Emporia Va

18 (a) Funeral director William A Jackson

(b) Address 916 Pendleton ave

JAN 20 1943 (Date rec'd by registrar) (Huntington Williams Hosp)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 17 1943, at 2 10 A.M

21. I HEREBY CERTIFY That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Cause of death	Duration
Immediate cause of death Bullet wound of abdomen	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:

(a) Accident, suicide, or homicide Homicide

(b) Date of occurrence Jan. 16 1943 at ? M

(c) Where did injury occur? 424 N. Pearl St (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? no (Specify typical place).

(e) Means of injury Shot in abdomen

23. Signature Robert Lee Leatherman M.D. Medical Examiner.

Date signed Jan. 17, 1943

VS 6

G 00145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 G 00145 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2210 Canary Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2210 Canary Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Whitener

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Charles Whitener
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business at Home

FATHER
12. Name Frederick Bentrapp
13. Birthplace Germany ?

MOTHER
14. Maiden Name
15. Birthplace Germany.

16 (a) Informant Mrs Richardson
(b) Address 2210 Canary Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21/43 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave.

19 (a) JAN 21 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18 1943, at 8:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 17 1943, to Jan. 18 1943, and that I last saw he alive on Jan. 18 1943.

	Duration
Immediate cause of death Myocardial insufficiency	10 hrs.
Due to Hypertension and general debility.	1 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John V. Szymbrichi, M. D.
Address 1902 Eastern Ave Date signed 1-20-43

VS 3

G 00146

426000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00146

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument & Broadway

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo

(e) Length of stay in Baltimore (yrs., mos., or days) dead 2 mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Dorchester

(c) City or town Wingate. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME W. Milford Todd

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Edna

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) 7-1-97

8. AGE: Years	Months	Days	If less than one day
45	6	19	____ hr. ____ min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Watermen

11. Industry or business

FATHER 12. Name William Todd

13. Birthplace Md.

MOTHER 14. Maiden Name Clara Robinson

15. Birthplace Md.

16 (a) Informant Records.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28-43 (month) (day) (year)

(c) Cemetery or crematory

Location Toddsville Md

18 (a) Funeral director Grayvette S Pc Compte

(b) Address Cambridge Md

(Date rec'd by registrar) JAN 21 1943

(b) Huntington Williams M.D.

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1943 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 25 1942 to Jan. 20 1943, and that I last saw him alive on Jan. 20 1943

Immediate cause of death Uraemia & Pyuria

Due to Sarcoma of Prostate Gland

Due to X Ray Therapy

Other Conditions Urinary Retention

(Include pregnancy within 3 months of death)

Date of operation 12-19-42

Major findings of operation: Tumor Prostate & Bladder

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William S. Baker M. D.

Address Johns Hopkins Hosp. Date signed 1-20-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 00147 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1707 Madison Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward H. Fleet Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Rachael Fleet
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 2, 1876

8. AGE: Years	Months	Days	If less than one day
66	1	16	hr. min.

9. Birthplace Montgomery Co Md (town, county, and state)
10. Usual Occupation Postal Clerk
11. Industry or business

FATHER
12. Name Edward H Fleet
13. Birthplace Montgomery Co Md

MOTHER
14. Maiden Name Rebecca Simpson
15. Birthplace Montgomery Co Md.

16 (a) Informant Mrs Rachel Fleet (wife)
(b) Address 1707 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 21, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Wm. Geo. H. Wallace
(b) Address 1631 Druid Hill Ave

19 (a) JAN 21 1943 (b) Huntington Wilkinson, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 18 1943, at 2:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1943, to Jan 18 1943, and that I last saw alive on Jan 18 1943

Immediate cause of death Uraemia Nephritis — Duration Probably 1 yr

Due to —

Due to —

Other Conditions Hypertension & Nephritis Duration 5 yrs

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph L Thomas M. D.
Address 1424 E Monument St Date signed 1/20/43.

G 00148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G 00148

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 Madison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Madison Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CAROLINE SCOTT MURRAY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife James W. Murray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1864

8. AGE: Years 78 | Months 1 | Days 24 | If less than one day hr. min.

9. Birthplace Hampton, Va. (Town, county, and state)

10. Usual Occupation Midwife

11. Industry or business

FATHER
12. Name William Scott
13. Birthplace Hampton, Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace Va.

16 (a) Informant Mrs Hester Clark
(b) Address 1614 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) JAN 21 1943 (Registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION P

20. DATE OF DEATH Jan. 19, '43 19 , at 2:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8-43 19 to 1-19-43 19 . and that I last saw h. or alive on 1-18-43 19 .

Immediate cause of death Hemiplegia — Duration

Due to Cerebral Hemmorrhage — Duration

Due to — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Tyler Coleman M. D.
Address 1039 McCulloh St. Date signed

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00149

00149

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5255 Chesterfield St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John ANDREW MAJKA

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-2178

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6 1911

8. AGE: Years 31 | Months 6 | Days 14 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation HANDYMAN 936 Fell St

11. Industry or business BELTS, WHARF WAREHOUSE, &c

FATHER
12. Name George M. Majka
13. Birthplace Poland

MOTHER
14. Maiden Name Katherine RYS
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore Md

18 (a) Funeral director George A. Weber
(b) Address 705 S. Ann St

19 (Date) JAN 25 1943 (Registrar) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1943, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20th 1943 to Jan 20th 1943 and that I last saw him alive on Jan 20th 1943.

Immediate cause of death Cardiac or resp. failure —

Due to Pontomillar abscess

Due to Rupture into bt. space & cellulitis of neck & mediastinum

Other Conditions myocardiopathy

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operations: none

of autopsy: none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Harrold M. D.
Address Johns Hopkins Hosp. Date signed 1-23-43

G 00150

mgm 79115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. G 00150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 ds.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1929 E. Lafayette Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Armigar

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1875

8. AGE: Years	Months	Days	If less than one day
67	11	19	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation unemployed - Pension

11. Industry or business

FATHER
12. Name Peter Armigar
13. Birthplace Md.

MOTHER
14. Maiden Name Rose Lessner
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 1/23/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Road

18 (a) Funeral director Charles E. Schimmel
(b) Address 2601-03 E. Madison, St.

JAN 21 1943

(Local Registrar) (b) Huntington Williamsport, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20 1943 at 5-30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-12 1943 to 1-20 1943, and that I last saw h alive on 1-20 1943

Immediate cause of death
Carcinoma Jejuna — Duration ?

Due to Carcinomatosis Peritonei — Duration 8 ms.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not Done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. K. Rabkin M. D.
Address Balto. City Hosp. Date signed 1-20-43

C 00151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 35

Registered No. C 00151

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3208 Lawrence Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3208 Lawrence Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RUTH A. SPEDDEN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Child

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 20, 1938

8. AGE: Years 4 | Months 3 | Days — | If less than one day hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Daniel A. Spedden
13. Birthplace Maryland

MOTHER 14. Maiden Name Carol A. Pritzlaff
15. Birthplace Pa

16 (a) Informant Daniel A. Spedden
(b) Address 3208 Lawrence Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnel St. Et.

18 (a) Funeral director Leo J Cook.
(b) Address 1701 S. Patterson Pk. Huntington Pharmacy, Md.

19 (a) JAN 21 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1943; at 11:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death Pneumonia, lobular	
Due to Pneumonia	
Due to measles.	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. A. Wohlgemuth M.D.
Medical Examiner.
Date signed 1-20-43

VS 6

G 00152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00152 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 620 E. 34th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 E. 34th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES K. ADAMS

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	none	male	white	married

6 (b) Name of husband or wife Sarah Pritchett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1859

8. AGE: Years	Months	Days	If less than one day
83	11	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation retired pilot
11. Industry or business Maryland Pilot Asso.

FATHER
12. Name Adams
13. Birthplace Baltimore

MOTHER
14. Maiden Name Frances O'Connell
15. Birthplace

16 (a) Informant Mrs. Sarah P. Adams
(b) Address 620 E. 34th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JAN 21 1943 (c) Date received by local registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 13 1942 to Jan. 19 1943 and that I last saw h[illegible] alive on Jan. 7 1943.

Immediate cause of death Carcinoma of the prostate gland. — Duration 4 yrs.
Due to Metastasis to pelvic spine — Duration 2 yrs.
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Jan 20, 1940
Major findings of operation: Carcinoma of prostate.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. P. Symmiell M.D.
Address 1 Medical Arts Bldg Date signed 1/20/43

00153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G 00153

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2124 N. Smallwood St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN W. HENDERSON

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 212-18-7831

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Dora Henderson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/21/1871

8. AGE: Years 71 | Months 0 | Days 19 | If less than one day hr. min.

9. Birthplace: Rockville, Md. (Town, county, and state)

10. Usual Occupation: Car Repair Man - Retired

11. Industry or business: Pa. R. R.

FATHER
12. Name: George Henderson
13. Birthplace: unknown

MOTHER
14. Maiden Name: unknown
15. Birthplace: "

16 (a) Informant: Mr. Leonard Henderson
(b) Address: 2124 N. Smallwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/43 (month) (day) (year)
(c) Cemetery or crematory: Grace Chapel
Location: Stanley, Va.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

JAN 21 1943 (Date received by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1943, at 7 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Hypertensive cardiovascular renal	
Due to: Disease	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 1-20-43

VS 6

Physicians: please write the causes of death clearly and legibly. The ... supporting ... upon or caused ...

G 00154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

Registered No. G 00154

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3900 Calvert St
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 18 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Ruxton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Wilhelm (Birth F-6727)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-18-43

8. AGE: Years | Months | Days | If less than one day: 6 hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Leston Calvert Wilhelm.
13. Birthplace Baltimore

MOTHER
14. Maiden Name Dorothy Ruth Bolte.
15. Birthplace Ruxton Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Carnegie Institution

18 (a) Funeral director J. Edmondson
(b) Address

19 (a) JAN 21 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17 1943, at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1943 to 17 1943 and that I last saw him alive on 1-17 1943 at noon

Immediate cause of death Cerebral hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John L. Closson M. D.
Address Union Memorial Hosp Date signed 1-19-43

VS 150

00155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1930 Registered No. G 00155

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1609 N. Pratt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 N. Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Thomas Spierman

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Spierman

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) May 10-1865

8. AGE: Years 77 | Months 8 | Days 9 | If less than one day ___ hr. ___ min.

9. Birthplace New York State
(Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Patrick Spierman
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret —
15. Birthplace Ireland

16 (a) Informant Mary Spierman
(b) Address 1609 N. Pratt St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 22-1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Hoff & B. M. Hafer
(b) Address Pratt & Monday Sts

19 (a) JAN 21 1943 (Date rec'd by registrar) Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19 1943 at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-16 1943 to 1-19 1943, and that I last saw h[illegible] alive on 1-18 1943.

Immediate cause of death	Duration
Acute cardiac dilatation	1 hr.
Due to Chronic myocarditis hypertension	2 yrs.
Due to Senility	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Alais M. D.
Address 47 N Fulton Date signed 1-19/43

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE INK.

G 00156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943 Registered No. G 00156

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 W. Chase St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years
(Birth F 67681)

3 (a) FULL NAME Baby Boy ~~McDonald~~ McDONNELL

3 (b) If veteran, name war —

(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 18-1943

8. AGE: Years	Months	Days	If less than one day
0	0	2	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John F. McDonnell
13. Birthplace Clarksburg W. Va

MOTHER
14. Maiden Name Eleanor Watts
15. Birthplace Washington D.C.

16 (a) Informant John F. McDonnell
(b) Address 25 W. Chase St

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan 21-1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Pratt C. B. McWatters
(b) Address Pratt & Strieker Sts

19 (a) Jan 21 1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

JAN 21 1943

VS 2

MEDICAL CERTIFICATION

28. DATE OF DEATH Jan. 20, 1943, at 12:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/18/1943 to 1/20/1943 and that I last saw him alive on 1/20/1943.

Immediate cause of death
Asphyxiation ?
Suffocation ?
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hausteen M.D.
M. D.
Address 7 [illegible] Date signed 1/20/43

G 00157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00157 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 40 Holmhurst Ave Catons
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Blanche E. Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife E. M. Phillips

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) November 20, 1882

8. AGE: Years 60 | Months 1 | Days 29 | If less than one day ... hr. ... min.

9. Birthplace Egan, South Dakota
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Mr. Fuller
13. Birthplace United States

MOTHER
14. Maiden Name Flavella I. Rolfe
15. Birthplace United States

16 (a) Informant Mrs. Carrol J. Burnside
(b) Address 40 Holmhurst Ave., Catonsville

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan. 21, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Miller Lamoreux
(b) Address 1003 W. Baltimore St.

19 (a) ... (Undertaker) (b) Huntington Williams Reg. Mt. (Registrar)

JAN 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19 1943 at 7 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1943 to Jan 19 1943, and that I last saw her alive on Jan 19 1943.

Immediate cause of death
Anuria - Uremia — Duration
Due to Acute Nephritis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Catherine Rossberg
Address St. Agnes Hosp. Date signed 1/19/43

G 00158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00158

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green St.
(c) Hospital or institution: University Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 129 S. Pappleton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CROWELL SWAIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22, 1892

8. AGE: Years	Months	Days	If less than one day
50	10	28	hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace North Carolina

MOTHER
14. Maiden Name Unknown
15. Birthplace North Carolina

16 (a) Informant Mrs Ada Jenkins
(b) Address 129 S. Pappleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/43 (month) (day) (year)
(c) Cemetery or crematory Mt
Location Frederick Ave.

18 (a) Funeral director John F. Cowgur's Son
(b) Address 901 Hollins St.

19 (a) JAN 21 1943 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1943, at 12:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to arteriosclerosis

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams M.D.
Medical Examiner.
Date signed 1-20-43

VS 6

Physicians: please write the causes of death clearly and legibly. The accuracy important. Information supplied.

G 00159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9mo
(e) Length of stay in Baltimore (yrs., mos., or days) 8yrs 9 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Cincinnati (If outside city or town limits, write RURAL and give town)
(d) Street No. 1526 Republic Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LAURENCE A. ALLEN

3 (b) If veteran, name war

3 (c) Social Security Account No. 286 12 0030

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Eleanor Ledford

6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): Jan. 22, 1879

8. AGE: Years: 63 | Months: 11 | Days: 15 | If less than one day: hr. min.

9. Birthplace: Stanley, Kentucky (Town, county, and state)

10. Usual Occupation: Mate

11. Industry or business

FATHER
12. Name: William H. Allen
13. Birthplace: Hamilton County, Ohio

MOTHER
14. Maiden Name: Alice Boyce
15. Birthplace: Indiana

16 (a) Informant: Records-US Marine Hospital
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21-43 (month) (day) (year)
(c) Cemetery or crematory St marys
Location Hamden

18 (a) Funeral director A Reiley Slade
(b) Address 4807 York Road

19 (a) JAN 21 1943 (Delivered by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17, 1943, at 12: M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12, 1942 to Jan. 17, 1943, and that I last saw h~~e~~im alive on Jan. 17, 1943

Immediate cause of death: Bronchopneumonia, — Duration: 3 days

Due to: Carcinoma of stomach with metastases to liver, spleen, and ~~xxxx~~ abdominal lymphnodes — Unk.

Other Conditions: Pulmonary tuberculosis, old, healed, apical

(Include pregnancy within 3 months of death)

Date of operation: 4/14/42; 4/29/42

Major findings of operation: Esophagoscopy; exploratory lap; gastrostomy

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: [signature]

Address US Marine Hospital Baltimore, Maryland. Date signed 1/19/43 M. D.

G 00160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 b

Registered No. G 00160

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2110 Westwood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 D
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 Westwood ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hyman David Rabinowitz
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male
5. Color or race W
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Sarah
6 (c) If alive, give age 63 years
7. Birth date of deceased (mo., day, yr.) 1876
8. AGE: Years 67 Months Days If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retailer
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Russia
MOTHER 14. Maiden Name Unknown
15. Birthplace Russia
16 (a) Informant Wife
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phila Rd
18 (a) Funeral director Jas Louis Inc
(b) Address 1439 E. Balto St.
19 (a) JAN 21 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20 1943, at 1030 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1935 to Jan 20 1943, and that I last saw h alive on Jan 19 1943.

Immediate cause of death — Duration

Acute Cardiac dilation — 1 dy

Due to

Due to Acute myocardial failure, Chronic Bronchitis

Other Conditions Chronic nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature S. C. Feldman
Address 1439 E Balto St Date signed 1-20-43 M. D.

G 00161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940 Registered No. G 00161

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2102 Jefferson St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and name town)
(d) Street No. 2102 Jefferson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Esther Daily Wiener

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Samuel

6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 77 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER
12. Name Berel Rosenberg
13. Birthplace Russia
14. Maiden Name Etta Rosenberg
15. Birthplace Russia

16 (a) Informant Isadore Wiener
(b) Address 501 N Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-43 (month) (day) (Year)
(c) Cemetery or crematory Shaare Rachmeris
Location Baltimore

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Baltimore St

19 (a) JAN 21 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1943 at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1942 1943 to Jan 20 1943, and that I last saw her alive on 1/19 1943

Immediate cause of death: Coronary occlusion

Due to: Coronary Sclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice Shadeed M. D.
Address 2725 Keyser Ave Date signed 1/21/43

G 00162

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61a

Registered No. G 00162

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4608 Ballmall Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BABY BOY MEREN BLOOM (Birth # 67439)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-19-43

8. AGE: Years	Months	Days	If less than one day
0	0	0	2 hr. 30 min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business None

FATHER
12. Name Philip Merenbloom
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Irene Klitzner
15. Birthplace Balto., Md.

16 (a) Informant Irene Merenbloom
(b) Address 4608 Ballmall Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-43 (month) (day) (year)
(c) Cemetery or crematory Brooklyn
Location Philpot & Hamilton Aves.

18 (a) Funeral director Jack Lamb Inc.
(b) Address 1489 E. Baltimore St.

19 (a) JAN 21 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19, 1943, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/19 1943 to 1/19 1943, and that I last saw h/M. alive on 1/19 1943.

Immediate cause of death: Fatal atelectasis — Duration: 2 hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John T. Cole, M.D.
Address University Hosp. Date signed 1/19/43

VS 3

Physicians: please write the causes of death clearly and legibly.

egm 77967

G 00163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 00163

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 67 das
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 Woodyear St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Reeder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife Walter (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1900

8. AGE: Years	Months	Days	If less than one day
42	5 6	16	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Reeder
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Suell
15. Birthplace ?

16 (a) Informant B.C.H. records
(b) Address 4940 Eastern Avenue

17 (a) Burial (b) Date thereof 1/23/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Md.

18 (a) Funeral director Geo. G. Kelson
(b) Address 1302 Presstman St.

19 (a) Jan 21 1943 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-19 1943 at 10 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-13 1942 to 1-19 1943 and that I last saw h[illegible] alive on 1-19 1943.

Immediate cause of death	Duration
Cerebral hemorrhage	?
Due to Hypertension & V. disease	Chronic
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 1-20-43

G 00164 rgm 78874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 C

G 00164 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 415 N. Ann St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Gest

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1903

8. AGE: Years	Months	Days	If less than one day
39	1	19	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Edgewood Arsenal

FATHER
12. Name States Gest
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Balto. City Hosp. Records
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. (month) (day) 1943 (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Balto. Co. Md.

18 (a) Funeral director Robt. E. Williams
(b) Address 15 15 McCulloh St.

19 MAR 21 1943 Registrar
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-16 1943 at 5:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-24 1942 to 1-16 1943 and that I last saw him alive on 1-16 1943

Immediate cause of death C.N.S. Syphilis.

Duration Chronic

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eastern A. Osler M.D.
Address Balto. City Hosp. Date signed 1-18-43

G 00165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 00165 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1002. Granby St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1007. Granby St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anthony Terrana. (Birth F 6425)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Male.
5. Color or race: White.
6 (a) Single, married, widowed, or divorced: Infant.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 11. 1942.
8. AGE: Years | Months 1 | Days 9 | If less than one day hr. min.
9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Vincent. Terrana
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Brangley
15. Birthplace Balto Md

16 (a) Informant Vincent. Terrana
(b) Address 1002. Granby St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Jan. 21. 1943 (month), (day), (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road.

18 (a) Funeral director Pendell & Hyland
(b) Address 312 S. Highland Ave

19 (a) JAN 21 1943 (Date received) Huntington Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20, 1943, at 12 40P M

21. I certify that death occurred on the date above stated; that I attended deceased from January 12 1943, to Jan. 20, 1943, and that I last saw him alive on Jan. 20, 1943.

	Duration
Immediate cause of death: Broncho Pneumonia	5 days
Due to: Acute Bronchitis	5 days
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philburn Antignani M. D.
Address 2942 E. Fayette St. Date signed 1/21/43

VS 3

Please write plainly; any error or omission should be carefully supplied. The accuracy of age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

944 Registered No.

G 00166

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Wolfe Sts
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Raspeburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 8003 Bundell Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Christian J. Schatzschmeider
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Bertha M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 29 1884

8. AGE: Years 58 | Months 0 | Days 21 | If less than one day hr. min.

9. Birthplace Balto. Co. Maryland (Town, county, and state)

10. Usual Occupation Truck Farmer

11. Industry or business

FATHER 12. Name Charles Schatzschmeider
13. Birthplace Germany

MOTHER 14. Maiden Name Margaret Finkey
15. Birthplace Balto. Co. Maryland

16 (a) Informant Bertha M. Schatzschmeider
(b) Address Raspeburg Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23 43 (month) (day) (year)
(c) Cemetery or crematory Zion Lutheran
Location Cockeysville Md. Rt. 1

18 (a) Funeral director Cassell's Funeral Home
(b) Address 7401 Belair Road

19 (a) JAN 21 1943 (Date received by Registrar) Hunting Town, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1943, at 10:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1943 to Jan 20 1943, and that I last saw him alive on Jan 20 1943

Immediate cause of death Uremia — Duration 3 days

Due to Embolus to left Kidney — ?

Due to Mural Thrombi - Left auricle — ?

Other Conditions Central Thrombosis - Bronchopneumonia — 3 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: - see above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl Hum Katz M.D. M. D.

Address Sinai Hospital, Balto Date signed 1-20-43

G 00167 ✓ G 00167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6403 Rosemont Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6403 Rosemont Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary R. Grove

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Otto Grove
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16th. 1854

8. AGE: Years	Months	Days	If less than one day
89	10	3	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Christian Korb
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Weber
15. Birthplace Germany

16 (a) Informant Mrs. William H. Thomas
(b) Address 6403 Rosemont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 21/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director Lasakow Funeral Home
(b) Address 7401 Belair Road

19 (a) (Signature of registrar) Huntington Williams M.D.

JAN 21 1943

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19th. 1942 at 9A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/30 1940 to 1/19 1943 and that I last saw h[illegible] alive on 1/15/ 1943.

Immediate cause of death SENILITY — Duration —

Due to

Due to

Other Conditions Arteriosclerosis — unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John W. Isaacs M.D.
Address 630 E. Belair Rd Date signed 1/19/43

Physicians: please write the causes of death clearly and legibly. Be especially important. Information should be complete and accurate. Do not abbreviate. Do not use ditto marks. Be specific. Do not use indefinite terms such as "heart failure," "old age," "senility," "cancer," "tumor," "stroke," "paralysis," "infection," "hemorrhage," "shock," "coma," "uremia," "pneumonia," "bronchitis," "cirrhosis," "nephritis," "arteriosclerosis," "diabetes," "hypertension," "myocarditis," "endocarditis," "pericarditis," "peritonitis," "meningitis," "encephalitis," "abscess," "ulcer," "fistula," "gangrene," "embolism," "thrombosis," "aneurysm," "rupture," "perforation," "obstruction," "adhesion," "hernia," "volvulus," "intussusception," "prolapse," "stricture," "fibrosis," "sclerosis," "degeneration," "atrophy," "hypertrophy," "dilatation," "contraction," "spasm," "paralysis," "anesthesia," "hyperesthesia," "neuralgia," "neuritis," "myalgia," "arthralgia," "dermatitis," "eczema," "psoriasis," "pruritus," "urticaria," "edema," "anasarca," "ascites," "hydrothorax," "hydrocele," "varicocele," "varicose veins," "hemorrhoids," "fissure," "fistula," "abscess," "ulcer," "gangrene," "embolism," "thrombosis," "aneurysm," "rupture," "perforation," "obstruction," "adhesion," "hernia," "volvulus," "intussusception," "prolapse," "stricture," "fibrosis," "sclerosis," "degeneration," "atrophy," "hypertrophy," "dilatation," "contraction," "spasm," "paralysis," "anesthesia," "hyperesthesia," "neuralgia," "neuritis," "myalgia," "arthralgia," "dermatitis," "eczema," "psoriasis," "pruritus," "urticaria," "edema," "anasarca," "ascites," "hydrothorax," "hydrocele," "varicocele," "varicose veins," "hemorrhoids."

G 00168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 00168 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 Asquith St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 420 Asquith St
(If rural state location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John R. Keene

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race colored

6 (a) ~~Single, married~~, widowed, or divorced. Dennis Keene

6 (b) Name of husband or wife Dennis Keene

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1850

8. AGE: Years 92 Months Days If less than one day hr. min.

9. Birthplace Dorchester Co. Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name James Keene

13. Birthplace Dorchester Co, Md

MOTHER 14. Maiden Name Harriett Thomas

15. Birthplace Dorchester Co. Md

16 (a) Informant Mary L. Chesley

(b) Address 42 S. Asquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/43 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location

18 (a) Funeral director Thos. A. Walter

(b) Address 1000 Edmondson Ave

19 (a) Date received (b) Registrar Peyton Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 16 1943, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1943 to Jan 16 1943 and that I last saw him alive on Jan 16 1943

Immediate cause of death	Duration
Due to Interstitial Nephritis	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward Lewis M.D.

Address 612 E. Monument Date signed Jan 18 43

G 00169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00169 Registered No. 119a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 - N. Caroline st.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5401 Reisterstown Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN C. DOWDEN (Birth F 53351)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) July 15-42

8. AGE: Years | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John C. Dowden

13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Dorothy V. Toft

15. Birthplace Baltimore Md

16 (a) Informant Mrs Dorothy Dowden

(b) Address 5401 Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/43 (month) (day) (year)

(c) Cemetery or crematory St Pauls Cem

Location Violetteville Md

18 (a) Funeral director John J. Cowan Inc

(b) Address 901-03 S. Eutaw St

JAN 21 1943 (Date received) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-21 1943, at 6:10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-9 1943, to 1-21 1943, and that I last saw him alive on 1-21 1943.

Immediate cause of death Diarrhea of the Newborn — Duration 15 days

Due to —

Due to —

Other Conditions Malnutrition, Pyoderma of scalp, upper resp. infection. — 15 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Williams H. Feustein M.D.

Address St. Joseph's Hosp. Date signed 1-21-43

VS 8

G 00170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00170 Registered No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 211 E. Biddle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 E. Biddle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry G. Sehlhorst

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Marie Graubner Sehlhorst
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ---------- 1871

8. AGE: Years	Months	Days	If less than one day
About 71 years			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Night Watchman
11. Industry or business City of Baltimore

FATHER
12. Name Richard Sehlhorst
13. Birthplace Baltimore

MOTHER
14. Maiden Name Catherine Roeder
15. Birthplace Baltimore

16 (a) Informant William A. Sehlhorst
(b) Address Monkton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave. Baltimore, Md

18 (a) Funeral director A. W. Meamber
(b) Address 405 N. Calvert St.

JAN 21 1943
(Date rec'd by registr) (b) Huntington Williams, Reg. M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20 1942, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to Jan 20 1943, and that I last saw him alive on January 18

Immediate cause of death Cirrhosis Liver
Due to Gastric Hemorrhage
Due to
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature F. J. Kurlz
Address 110 E. Monkton Date signed 1/27/43 M. D.

VS 150

G 00171

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 00171 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2647 W. Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Jr. Knodt

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mary Knodt
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Jan 7 1874

8. AGE: Years 68 | Months 11 | Days 29 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Retired
11. Industry or business Restaurant Keeper

FATHER
12. Name Jacob Knodt
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Aleck
15. Birthplace Germany

16 (a) Informant Mary Knodt
(b) Address 2642 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23 1943 (month) (day) (year)
(c) Cemetery or crematory London Park
Location City

18 (a) Funeral director Mr. & Mrs. John W. Penfold & Son
(b) Address 601 W. Lafayette Ave

19 (a) JAN 21 1943 (Date rec'd by registrar) (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1943 at 11 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19..., to — 19..., and that I last saw h... alive on ... 19...

Immediate cause of death: Carcinoma Prostate Gland.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally, M. D.
Address Medical Investigator Date signed

VS 8

Please correct age is especially important. Physicians: please write the causes of death clearly and legibly. The ... Every item of information should be ... by typewriter.

G 00172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

G 00172

94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 W 23 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jamie Atkins

If U. S. Veteran specify WAR

(a) Residence: No. 114 W 23 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Atkins

6. DATE OF BIRTH (month, day, year) 1887

7. AGE — Years 55 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Greenwood South Carolina

FATHER

13. NAME Allen Hood

14. BIRTHPLACE (city or town) (State or country) SC.

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) SC

17. INFORMANT Mrs. Atkins

(Address) 114 W

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cem. Date Jan 21, 1943

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St

Jan 21 1943 Huntington Williams Undertaker.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 16, 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1943, to Jan 15, 1943

I last saw her alive on Jan 15, 1943 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Date unknown
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? By Dr Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D Garland Cheuvront M. D.

(Address) 1534 Druid Park Ave

OCCUPATION is very important. See instructions on back of certificate.

G 00173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

G 00173 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3rd Lieut. Quarters
(c) Hospital or institution: Fort McHenry
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3122 Chesley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK SEMRAD SEMRAD.

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-6470

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Ena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-3-1890

8. AGE: Years	Months	Days	If less than one day
52	10	16	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Captain

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Ena Semrad
(b) Address 3122 Chesley Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1-22-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Lemmert Funeral Home
(b) Address 2308 Hartford Rd

19 JAN 21 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1942, at 6 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 25/6
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-20-42 at 6 40 M
(c) Where did injury occur? Harbor off Pier 1 (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury Fell overboard & drowned

23. Signature H. L. Wallamaker M.D. Asst Medical Examiner.

Date signed 1-20-42

VS 6

Please supply all information requested. Physicians: please write the causes of death clearly and legibly.

G 00174 ✓ G 00174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Josephs Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5405 Pioneer Drive. (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Baby Girl Pulkett (Path. F 67 '98)

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	—

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1-17-43

8. AGE: Years	Months	Days	If less than one day
		2	— hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER 12. Name Wm C Pulkett
13. Birthplace Md

MOTHER 14. Maiden Name Helena Hartt
15. Birthplace Md

16 (a) Informant Hospital Record
(b) Address .....

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Leonard Mertz
(b) Address 2305 Harford Rd

19 (a) Filed JAN 21 1943 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19 1943, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1943 to Jan 19 1943, and that I last saw her alive on Jan 19 1943.

Immediate cause of death Atelectasis — Duration 2 da.

Due to Aspiration pneumonia

Due to Complete hardip & cleft palate.

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Stanley B. Klyanovich M. D.
Address St. Josephs Hosp Date signed 1-19-43

VS 8

G 00175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 00175 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1405 Eastern Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HENRY NOAH

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-9044

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Catherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6 1889

8. AGE: Years	Months	Days	If less than one day
54	-	14	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Wife - Mrs C.C. Noah

(b) Address 3704 Victory Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location

18 (a) Funeral director Leonard J. Buck

(b) Address 5305 Harford Rd.

19 (a) JAN 21 1943 (Date rec'd by registrar) Harrington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1943, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary arteriosclerosis with infarction	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.

Date signed 1-20-43

VS 6

G 00176

T.N 77706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00176

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 629 Pierce St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Lawrence

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C	Sept.

6 (b) Name of husband or wife Pearline
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct/ 10/1909

8. AGE: Years	Months	Days	If less than one day
32	3	27	hr. min.

9. Birthplace S.C (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name John Lawrence
13. Birthplace S.C

MOTHER
14. Maiden Name Lillis ?
15. Birthplace S.C

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JAN 21 1943

18 (a) Funeral director Commissioner of Health
(b) Address
JAN 21 1943 Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-5 1943, at 10 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-30 1942, to 1-5 1942, and that I last saw h[illegible] alive on 1-5 1943.

Immediate cause of death	Duration
Hodgkins disease	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp Date signed 1-14-43

VS 150

9760

G 00177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

Registered No. G 00177

T.N 15641

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 2614
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
63	4		hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Richard Butler Sr
13. Birthplace Va

MOTHER
14. Maiden Name Don't Know
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory UNIVERSITY HOSPITAL SCHOOL JAN 21 1943
Location

18 (a) Funeral director Commissioner of Health
(b) Address

JAN 21 1943 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10 1943, at 4:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8 1943 to 1-10 1943, and that I last saw him alive on 1-10 1943.

Immediate cause of death	Duration
Cardiac failure	?
Due to Hypertensive C.V. disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp Date signed 1-18-43

9761

G 00178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1519

G 00178 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co.
(c) City or town Baltimore Co. (If outside city or town limits, write RURAL, and give town)
(d) Street No. 3230 E. Baltimore St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Belt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 28, 1937

8. AGE: Years	Months	Days	If less than one day
5	3	17	hr. min.

9. Birthplace Baltimore Co. (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Dewey Belt
13. Birthplace Balto.

MOTHER
14. Maiden Name Mary Seymour
15. Birthplace Balto.

16 (a) Informant Mrs. admission Sheet
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19 43 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral
Location Old Frd. Rd.
18 (a) Funeral director Fred A. Knowles Son
(b) Address 1216 N. Charles St.
19 (a) Filed (Date) JAN 21 1943 (b) Registrar Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1943, at 3:30 PM
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1943, to Jan 15 1943, and that I last saw h[illegible] alive on Jan 15 1943.

Duration
10 Days

Immediate cause of death Cardio-Respiratory Failure
Due to Bronchitis
Due to Congenital Obstruction of Pylorus
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy Congenital Obstruction Pylorus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Wilhelm G. Goldsmith M. D.
Address Mercy Hospital Date signed 1-21-43

G 00179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1830

G 00179 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully worded. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2645 Boone St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ella Rainey Williams

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 20 - 1887

8. AGE: Years	Months	Days	If less than one day
55 56	9 8	29	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Phillips Williams
13. Birthplace Md.

MOTHER
14. Maiden Name Anne Franklin
15. Birthplace Md.

16 (a) Informant Mrs. Rainey Williams
(b) Address 2645 Boone St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 23 43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co.

18 (a) Funeral director Rayner Sanders
(b) Address 1212 E. Preston St.

19 (a) JAN 31 1943 (b) Registrar
Huntington Williams, M.D. Registrar

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19 1943, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1943, to Jan 19 1943 and that I last saw alive on Jan 19 1943

Immediate cause of death Cerebral Hemorrhage — Duration 2 hours
Due to arteriosclerosis
Due to
Other Conditions pulmonary edema
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Hoff M. D.
Address Johns Hopkins Hosp. Date signed Jan 30 1943

G 00180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89a

G 00180 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [redacted] Redwood & Greene
(c) Hospital or institution: University of Maryland Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Millard, Baltimore Co. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lawrence Hara

3 (b) If veteran, name war	3 (c) Social Security Account No.
/	/

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife /
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3 - 1929

8. AGE: Years	Months	Days	If less than one day
13	11	12	/ hr. / min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Student
11. Industry or business [redacted] School

FATHER
12. Name Walter W. Hara
13. Birthplace Maryland.

MOTHER
14. Maiden Name Bertha Hale
15. Birthplace Maryland

16 (a) Informant Mother - Bertha Hale
(b) Address Millers, Carroll Co Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 24/43 (month) (day) (year)
(c) Cemetery or crematory Beechlegarville
Location Beechlegarville Balto Co.

18 (a) Funeral director Edw C Gupton
(b) Address Hampstead Md

JAN 21 1943 (Date received by Registrar) Huntington Pittinger (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-21 1943 at 7 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-20 1943 to 1-21 1943 and that I last saw h[illegible] alive on 1-21 1943.

Immediate cause of death	Duration
Hyper[redacted]pyrexia	8 hrs.
Due to Streptococcus bacteraemia?	36 hrs.
Due to Middle ear infection	48 hrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: /
of autopsy No gross

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence / at M
(c) Where did injury occur? / (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? / While at work? (Specify type of place)
(e) Means of injury

23. Signature Averill Stowell M. D.
Address University Hospital Date signed 1-21-

VS 250

G 00181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 00181 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2900 Alvorado Square
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 Alvorado Square (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George R. Young. M

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Alice Wolford

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1858

8. AGE: Years	Months	Days	If less than one day
87 88	10	10	hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Mining Engineer

11. Industry or business

FATHER
12. Name George Young.
13. Birthplace England

MOTHER
14. Maiden Name ?
15. Birthplace England

16 (a) Informant Theodore Young.
(b) Address 2900 Alvorado Square

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22 43 (month) (day) (year)
(c) Cemetery or crematory Woodland Park
Location Dayton ave

18 (a) Funeral director E. Walter Tracy.
(b) Address 619 N. Bouldin St

JAN 21 1943 Huntington Williams MD (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19, 1943 at 3.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15, 1943 to Jan. 19 1943, and that I last saw him alive on Jan. 19, 1943.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	
Pneumonia, Lobar	
Due to Chronic Nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Janney M. D.
Address 7101 Harford Rd Date signed 1/20/43

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly. ...

G 00182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

309

G 00182

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1520-W. Durham Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) - -
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1823-E. Lafayette Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No?) If yes, name country

3 (a) FULL NAME James Michael Brazier

3 (b) If veteran, name war None

3 (c) Social Security Account No. 212-10-3793

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Hester V (Jordan)

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 9/23/1894

8. AGE: Years 48 | Months 3 | Days 26 | If less than one day - hr. - - min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Plumber

11. Industry or business Randle Jay Co.

FATHER
12. Name Thomas J. Brazier
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Long
15. Birthplace Washington DC.

16 (a) Informant Roland Brazier
(b) Address 68-S. Morley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North Av. & Rose Street

18 (a) Funeral director George S. Ruth Inc.
(b) Address 1735-Harford Ave.

Jan 21 1943 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20 1943, at 1 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1942 to Jan 20 1943, and that I last saw him alive on Jan 20 1943.

Immediate cause of death Coronary Thrombosis — Duration Sudden

Due to

Due to

Other Conditions Syphilis - Tertiary — 5 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph L. Bloom M. D.

Address 506 E. Preston St. Date signed Jan 21 1943

G 00183 G 00183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1635- Harford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City, town, or location Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1635- Harford Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3 (a) FULL NAME Ignatius Kuebarth

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Anna H. (Diarton)
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 7/1/1860

8. AGE: Years 82 | Months 11 | Days 19 | If less than one day — hr. — min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Retired
11. Industry or business Paperhanger

FATHER
12. Name Philip Kuebarth
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara ?
15. Birthplace Germany

16 (a) Informant Philip Kuebarth
(b) Address 1635- Harford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director George D. Pentz Sons
(b) Address 1236 Harford Ave

19 (a) (Date received by Registrar) Huntington Williams 1/22

JAN 22 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 — 20 — 1943 at 11:58 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/14 1943 to 1/20 1943 and that I last saw him alive on 1/20 1943.

Immediate cause of death Generalized Arteriosclerosis
Bronchopneumonia — Duration .....
Due to .....
Due to .....
Other Conditions Chronic Bronchitis
Bronchial Asthma
(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature S.H. Smith
Address 1223 E. North Ave Date signed 1/21/43 D.

Please write the causes of death clearly and legibly. Abbreviations, symbols, etc. are not acceptable. Do not use ditto marks.

G 00184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 00184

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: University Hospital "4

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Carroll

(c) City or town Sykesville

(If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Etta V. Berenger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
1	20		hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Curtis Berenger

13. Birthplace Md

MOTHER 14. Maiden Name Blanche Hipsley

15. Birthplace Md

16 (a) Informant Mr. Curtis Berenger

(b) Address Sykesville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22, 1943 (month) (day) (year)

(c) Cemetery or crematory Freedom Cem.

Location Carroll Co., Md.

18 (a) Funeral director C. Harry Weer

(b) Address Sykesville, Md.

19 (a) Date received JAN 21 1943 (b) Huntington Williams, M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20 1943, at 2:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1943 to 1-20 1943 and that I last saw her alive on 1-20 1943

Immediate cause of death Bronchopneumonia - ut

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Bronchopneumonia - lobular

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Theodore Kaelah M. D.

Address University Hospital Date signed 1-21-43

G 00185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46D

G 00185 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 532 S Decker av
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 y.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (~~Yes~~ or No) If yes, name country

3 (a) FULL NAME John L. Dorjas
3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business

FATHER
12. Name Michael Dorjas
13. Birthplace Poland

MOTHER
14. Maiden Name Catharine Wagnick
15. Birthplace Poland

16 (a) Informant
(b) Address 532 S Decker av

17 (a) [illegible] (b) Date thereof 1-22-43 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Pt Lookout
Location Dundalk av

18 (a) Funeral director John J Duda
(b) Address 2829 Hindman st

JAN 21 1943 (b) Huntington Williams M.D.
(Date received by local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1943, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 22 1942 to Jan 19 1943, and that I last saw h[illegible] alive on Jan 18 1943.

Immediate cause of death: Carcinoma of Rectum + Metastasis to
Due to: Ileotesi
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

Duration
9-22-42

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ed Schimunek M. D.
Address 5421 East Ave Date signed 1-19-43.

G 00186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00186 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) Same

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Harwood (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sharp, George

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1940

8. AGE: Years	Months	Days	If less than one day
2	7 6		hr. min.

9. Birthplace Harwood, Anne Arundel Co. (Town, county, and state)
10. Usual Occupation child
11. Industry or business

MOTHER / FATHER
12. Name George A. Sharp
13. Birthplace West River, Md.
14. Maiden Name Anne M. Owens
15. Birthplace Harwood

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21/43 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Druid Hill Ave & Law

18 (a) Funeral director T. A. Hardesty & Son
(b) Address Edmondson Ave

19 (a) Huntington Williams

JAN 21 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-20 1943, at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1942 to Jan 20 1943, and that I last saw h.M. alive on Jan 20 1943.

Immediate cause of death: respiratory failure — Duration: ?

Due to: miliary tuberculosis — Duration: 1 mo.

Due to: (a)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret A. D. Smith M. D.
Address Sydenham Hosp. Date signed 1-21-43

G 00187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 00187 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 12 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3603 Malden Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Infant boy Rice (Birth #67380)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-20-43

8. AGE: Years	Months	Days	If less than one day
			12 hr. 25 min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Edward L Rice
13. Birthplace Va

MOTHER
14. Maiden Name Marie Shauman
15. Birthplace Va

16 (a) Informant Edward L Rice
(b) Address 3603 Malden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/43 (month) (day) (year)
(c) Cemetery or crematory United Brethren
Location Mt Jackson Va.

18 (a) Funeral director Chenault & Donovan
(b) Address 2611 E Chestnut Ave.

19 (a) JAN 21 1943 (Registrar) (Huntington Williams) M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1943 at 9 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/20 1943 to 1/20 1943 and that I last saw him alive on 1/20 1943

Immediate cause of death	Duration
Asphyxiation	1 hr
Due to Prematurity	12 hrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jas L Shuham M.D.

Address Mercy Hosp Date signed 1/20/43

00188

428258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 b

G 00188 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 +

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1807 Madison Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Carter

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-16-9784

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-25-19

8. AGE: Years	Months	Days	If less than one day
23	1	25	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation General Work

11. Industry or business

FATHER 12. Name William Carter

13. Birthplace Md.

MOTHER 14. Maiden Name Laura Banks

15. Birthplace Va.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Balto. Md. (Burial, cremation, or removal) (b) Date thereof Jan. 22 43 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial Park

Location

18 (a) Funeral director Archibald A. Gaddis

(b) Address 2101 McCulloh St

19 JAN 22 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1943, at 8 15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 12 1943 to Jan 20 1943 and that I last saw him alive on Jan. 20 1943

Immediate cause of death Myocardial Failure — Duration 3 yrs.

Due to Boeck's sarcoid - generalized - in heart, lung (& cavity in rt. lung), Kidney.

Other Conditions Chronic passive congestion (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Sarcoid - generalized.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Wallace S. Brooke M. D.

Address Johns Hopkins Hosp. Date signed 1-20-43

VS 280

G 00189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 00189 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3612 Cottage Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-12
(e) Length of stay in Baltimore (yrs., mos., or days) 29 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3612 Cottage Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel N. Sass

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-8425

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Clara

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug, 18, 1893

8. AGE: Years 49 | Months 5 | Days 3 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Insurance Agent

FATHER
12. Name Nachman Sass
13. Birthplace Russia

MOTHER
14. Maiden Name
15. Birthplace Russia

16 (a) Informant Clara Sass
(b) Address 3612 Cottage Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22, 1943 (month) (day) (year)
(c) Cemetery or crematory Sharrei Zion Cemetery
Location Rosedale

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

JAN 22 1943 [illegible] Washington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

2.30

20. DATE OF DEATH January 21, 1943 at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1942 to Jan 4 1943 and that I last saw h alive on Jan 20 1943

Immediate cause of death: Coronary Thrombosis — Duration 1 hr

Due to: Hypertension & Arteriosclerotic Heart Disease — Duration 10 yrs.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. Highstein M. D.

Address 888 W. Lombard St Date signed 1-21-43

G 00130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 00130

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2702 Lauretta Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 - 2

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2702 Lauretta Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sadie R. Kreh,

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John H. Kreh,

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 6, 1870

8. AGE: Years	Months	Days	If less than one day
72	5	15	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER

12. Name Charles W. Chalmers,

13. Birthplace Baltimore Md.

MOTHER

14. Maiden Name Elizabeth Atkinson,

15. Birthplace Baltimore Md.

16 (a) Informant Miss Gladys H. Kreh,

(b) Address 2702 Lauretta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27 1943 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore City

18 (a) Funeral director George W. Little,

(b) Address 2700 Edmondson Ave.

19 JAN 22 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 21 1943 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-25 1942 to 1-21 1943 and that I last saw h[illegible] alive on 1-20 1943.

Immediate cause of death Cerebral Embolism — Duration 12 hrs.

Due to Coronary Thrombosis — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John S. Elmhirst M. D.

Address 2703 Edmondson Date signed 1-24-43

VS 8

G 00191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131 W

G 00191 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 757 Grantley St.
(c) Hospital or institution:

16-8

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 757 Grantley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas P. Ruley.

3 (b) If veteran, name war ----
3 (c) Social Security Account No. 717-07-7732

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Livinia L. Ruley,
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) October 12. 1879

8. AGE: Years	Months	Days	If less than one day
63	3	7	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Penna R.R.

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Livinia L. Ruley,
(b) Address 757 Grantley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22. 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore City

18 (a) Funeral director Robert S. Little,
(b) Address 2700 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 19 1943, at 8 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2, 1942 to Jan. 19 1943. and that I last saw him alive on Jan. 19, 1943

Immediate cause of death	Duration
E Edema of Lungs.	6 hrs.
Due to Dilation of heart	6 hrs.
Due to Chronic Hypertension	5 yrs.
Chronic Nephritis	5 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo E. Wells. M. D.
Address 4100 Edmondson Ave. Date signed 1/19/43.

VS 3

G 00192 Noble Will Monk

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G 00192 Registered No.

1. PLACE OF DEATH: 2435 Smith ave
(a) Baltimore City, Maryland Mallows mch
(b) Street address 2435 Smith ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25/12
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos -

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2435 Smith ave (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Noble Will | Monk (Birth F 6360)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Clarmie Hunt
6 (c) If alive, give age 26 years
7. Birth date of deceased (mo., day, yr.) 11-19-43
8. AGE: Years ~~1~~ Months ~~11~~ Days 2 Dys If less than one day hr. min.
9. Birthplace 2435 Smith ave (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Salem Monk
13. Birthplace Va

MOTHER
14. Maiden Name Clarmyrtle Hunter
15. Birthplace Va

16 (a) Informant Mother
(b) Address Va

17 (a) (Burial, cremation, or removal) (b) Date thereof 11/22/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Rt 2 Bel Air

18 (a) Funeral director Edw Lowman
(b) Address 2359 Maryland ave
JAN 22 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1921, at 8 am M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1943 to Jan 20 1943 and that I last saw him alive on Jan 20 1943
Immediate cause of death Premature Birth 6 mo 2 wks
Due to 11 11 11
Due to 11 11 11
Other Conditions None
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged additionally.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature R.S. Gilgour Phy ad
Address 2708 Baltimore Date signed 11/22/43

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The

00193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. C 00193

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1804 E. Oliver

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 D

(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1804 E. Oliver

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Anthony Gorman

3 (b) If veteran, name war: World War

3 (c) Social Security Account No.: —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26 1888

8. AGE: Years	Months	Days	If less than one day
54.	1 M.	24	hr. min.

9. Birthplace Balto Md.

(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER — 12. Name John G. Gorman

13. Birthplace Russia

MOTHER — 14. Maiden Name Bertha Gommers

15. Birthplace Germany.

16 (a) Informant Vincent Gorman

(b) Address 1804 E. Oliver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/43 (month) (day) (year)

(c) Cemetery or crematory Trinity

Location O'Donnell St.

18 (a) Funeral director J. Flemming & Son

(b) Address 32 S. Broadway

JAN 22 1943 Huntington Williams MD

(Deputy Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19. 1943. at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14 1943. to Jan 19 1943 and that I last saw him alive on Jan 19 1943.

Immediate cause of death	Duration
Exhaustion	1 day
Due to Lobar Pneumonia	5 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature R. E. Cameron M. D.

Address 1644 Hanover St Date signed 1/20/43

VS 150

00134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. C 00134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3854 Mayfield Av.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 - 9
(e) Length of stay in Baltimore (yrs., mos., or days) 63 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillie P. Gorsuch

3 (b) If veteran, name war — N
3 (c) Social Security Account No. — None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George R. Gorsuch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 5th 1867

8. AGE: Years	Months	Days	If less than one day
75	4	14	hr. min.

9. Birthplace Phila. Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

MOTHER | FATHER
12. Name John Shoemaker
13. Birthplace Pa.
14. Maiden Name Dollie Pearson
15. Birthplace La.

16 (a) Informant Mrs. Oscar A. Bartell Jr
(b) Address 3854 Mayfield Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/22/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem
Location

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) 1/22/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19th 1943, at 11:57 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1942. to Jan 19 1943. and that I last saw h[illegible] alive on Jan 19 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 Days
Due to Chronic Myocarditis	2 yrs
Due to Arteriosclerosis	2 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 3858 Hamilton Date signed 1/22/43

VS 180

Morgue

G 00195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 00195 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp. 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 438 Fawcett St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Salvadore Perrera

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Concetta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 13 1887

8. AGE: Years	Months	Days	If less than one day
56	0	5	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Wool dyer
11. Industry or business Consolidate Coal Co

FATHER
12. Name Michael Perrera
13. Birthplace Italy

MOTHER
14. Maiden Name Christinne ?
15. Birthplace Italy

16 (a) Informant Mrs. Josephine Correlli
(b) Address 843 West 33rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20 1943, at 4 05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said inquest & autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
arteriosclerotic Cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Trattner M.D. Medical Examiner.
Date signed Jan 21 1943

VS 6

Physicians: please write the causes of death clearly and legibly. Spelling important.

G 00136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 123

G 00136

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West Baltimore county
(c) Hospital or institution:
16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 day
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Columbia Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Evelyn E Curry

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-3299

4. Sex Fem | 5. Color or race Wht | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Davey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 11, 1902

8. AGE: Years 40 | Months 11 | Days 10 | If less than one day hr. min.

9. Birthplace Alberton Md
(Town, county, and state)

10. Usual Occupation Alberton Cotton Mills

11. Industry or business

FATHER
12. Name John Engler
13. Birthplace Md

MOTHER
14. Maiden Name Loyalsia Lusty
15. Birthplace Md

16 (a) Informant H. C. Curry.
(b) Address Ellicott City Md

17 (a) Burial (b) Date thereof 1-24-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Grand Lawn
Location Ellicott City Md

18 (a) Funeral director F C Dey-Hutchins
(b) Address Ellicott City Md

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/21 1943, at 12 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/11 1943 to 1/21 1943, and that I last saw h.e. alive on 1/21 1943

Immediate cause of death Hemorrhage from uterus

Due to Unknown

Due to

Other Conditions Spontaneous complete Abortion
(Include pregnancy within 3 months of death)

Date of operation 1/11/43

Major findings of operation

of autopsy: Hemorrhage from uterus

Duration
Days
12 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. B. Thompson

Address U. S. Gen. Hosp. #2 Date signed 1/24/43

VS 3

G 00197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 00197
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1306 N. Dallas St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 1 9
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1306 N. Dallas St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Murdock

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1903

8. AGE: Years	Months	Days	If less than one day
39	10	4	hr. min.

9. Birthplace Fauquier Va.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Augustus Coles
13. Birthplace Va.

MOTHER
14. Maiden Name Alice Sadden
15. Birthplace Va.

16 (a) Informant Charles Murdock
(b) Address 1306 N. Dallas St

17 (a) Burial (b) Date thereof Jan. 25, 1943
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery
Location A.A. County

18 (a) Funeral director Mrs. Robert A. Ellerbe & Dft.
(b) Address 1249 N. Caroline St.

19 (a) JAN 22 1943
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20, 1943, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10, 1943, to Jan 20, 1943, and that I last saw [illegible] alive on Jan 19, 1943.

Immediate cause of death Lobar Pneumonia — Duration 10 da.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Marie Adams M. D.
Address 312 E 23rd St Date signed 1-20-43

VS 150

00198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 00198

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution:
Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-7-25 28
(e) Length of stay in Baltimore (yrs., mos., or days) 1-7-25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Emmitsburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. St. Joseph's College
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Jerome Strassner (Barbara Strassner)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12, 1862

8. AGE: Years	Months	Days	If less than one day
80	9	9	hr. min.

9. Birthplace Essenville, Illinois
(Town, county, and state)

10. Usual Occupation Religious

11. Industry or business

FATHER
12. Name John Strassner
13. Birthplace Bavaria, Germany

MOTHER
14. Maiden Name Margaret Buchedlicker
15. Birthplace Bavaria, Germany

16 (a) Informant Mount Hope Retreat
(b) Address 6420 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 22 - 1942 (month) (day) (year)

(c) Cemetery or crematory Mount Hope Cemetery
Location Mount Hope Retreat, City.

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108 W. North Av. (W. F. Wooden-Suc

19 (a) JAN 22 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1942, at 2:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1941, to Jan. 21 1942; and that I last saw her alive on Jan. 21 1942.

Immediate cause of death	Duration
General arteriosclerosis	?
Due to acute pneumonitis	2 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel P. Clagett M. D.
Address 336 Frederick St. Date signed

VS 8

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PRINT PLAINLY WITH UNFADING INK.

G 00199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 00199 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 Cedarcroft Road, Govans
(c) Hospital or institution: HOME 27-12
(d) Length of stay in hospital or inst. (yrs., mos., or days) XXXXXX
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto. City
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 Cedarcroft Road (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

3 (a) FULL NAME EDWARD BURNESTON OWENS, Jr.

3 (b) If veteran, name war: NONE

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife: NONE
6 (c) If alive, give age XX years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1873

8. AGE: Years	Months	Days	If less than one day
70	0	14	..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Insurance Underwritter
11. Industry or business Md. Casualty Company

FATHER
12. Name Edward B. Owens
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name S. Kate Cassard
15. Birthplace Baltimore, Maryland

16 (a) Informant Miss Marie P. Owens (sister)
(b) Address 420 Cedarcroft Road, Govans

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22, 1943 (month) (day) (year)
(c) Cemetery or crematory Green Mount Cemetery
Location Green Mount & Oliver Sts., City

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108 W. North Av. (W.F. Wooden-Suc.)

19 JAN 22 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1943, 8P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1943, to Jan 20 1943, and that I last saw him alive on Jan 20 1943.

Immediate cause of death: Coronary Thrombosis — Duration 1 wk.
Due to: Arteriosclerosis — 5 yr.
Due to: Angina — 29 yr.
Other Conditions: None
Hypertension
(Include pregnancy within 3 months of death)
Date of operation: -
Major findings of operation: -
of autopsy: -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Huntington Williams Jr. M. D.
Address 3605 Dellwood Av. Date signed Jan 21-43

VS 3

Physicians: please write the causes of death clearly and legibly. Use only standard abbreviations.

BG 00200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 00200 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 549 Benninghaus Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 549 Benninghaus Rd (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME Lloyd J Haslup

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Florence M Haslup

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 20 1860

8. AGE: Years 82 | Months 10 | Days — | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Lloyd J. Haslup Sr.

13. Birthplace Maryland

MOTHER 14. Maiden Name

15. Birthplace Maryland

16 (a) Informant Margaret E. Jones

(b) Address 549 Benninghaus Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23 43 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md

18 (a) Funeral director E. J. WIPPERT & SON

(b) Address 301 Eutaw Place

19 (a) JAN 22 1943 Huntington Williams, M.D. (Signature of City Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1943, at 7 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14 1943 to 1-20 1943, and that I last saw h[illegible] alive on 1-19 1943.

Immediate cause of death

Dermal Arteriosclerosis

Due to

Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
7

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Henry Lotman M. D.

Address 521 [illegible] Date signed 1-22 43

00201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 469 G 00201

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Hilton Aves
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED
(a) State Md. (b) County Anne Arundel
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 102 Meadow Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Flora D. Wink

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Divorced

6 (b) Name of husband or wife James E. Wink
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/18/1876

8. AGE: Years	Months	Days	If less than one day
67	10	2	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Benjamin Simmons
13. Birthplace Maryland

MOTHER
14. Maiden Name Gloria L. Little
15. Birthplace Maryland

16 (a) Informant John Rich
(b) Address 102 Meadow Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive
Location Randallstown

18 (a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave

19 (a) JAN 22 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20, 1943, at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/20 1942 to 1/20 1943 and that I last saw her alive on 1/20 1943.

Immediate cause of death Carcinoma
3 primaries with
Intraabdominal
Due to metastases &
Chylous ascites
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation 12/23/42
Major findings of operation: Carcinoma 3 primaries. Abdominal metastases
of autopsy: Carcinoma 3 primaries

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Francis M. Cairns M. D.
Address St. Agnes' Hosp. Date signed 1/20/43

VS 2

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 00202 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street
(c) Hospital or institution: Union Memorial Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) Resident

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 222 Tunbridge Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Elizabeth McCoubrey (Elizabeth Paterson McCoubrey)

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife William James McCoubrey (D) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16 - 1866

8. AGE: Years	Months	Days	If less than one day
76	9	3	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER — MOTHER

12. Mother Name Margaret Christie (Christy)

13. Birthplace Ireland

14. Father Maiden Name Robert Patterson (Paterson)

15. Birthplace Scotland

16 (a) Informant Mrs C. D Swank

(b) Address Same as deceased

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/43 (month) (day) (year)

(c) Cemetery or crematory Govans Presby. Cem.
Location Govans, Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19th 1943 at 8.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from January 17 1943 to January 19 1943 and that I last saw her alive on January 19 1943

Immediate cause of death	Duration
Cardio-Respiratory Failure	
Due to Broncho Pneumonia	
Due to Arteriosclerotic Heart Disease - Heart Block	
Other Conditions Pernicious Anemia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Newland Edward Day M. D.
Address Union Memorial Hosp. Date signed 1-19-43

VS 150

G 00203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 00203 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2541 E. Biddle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2541 E. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Edward Hennessy

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-20-6533

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth Hennessy
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1892

8. AGE: Years	Months	Days	If less than one day
50	I	20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business Bendix Corp.

FATHER
12. Name Daniel Hennessy
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary K. Buckley
15. Birthplace Ireland.

16 (a) Informant Mr. William P. Hennessy
(b) Address 23 E. Ostend St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John O. Sullivan
(b) Address 3000 E. Baltimore St.

19 (a) 1/22/43 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 12 1941 to Jan. 20 1943 and that I last saw [illegible] alive on Jan. 20 1943.

Immediate cause of death Coronary Thrombosis — Duration 4 hours
Due to Arteriosclerotic Heart Disease — 1 year
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Israel Rosen M.D. M. D.
Address 2413 E. Monument St. Date signed 1/20/43

C 00204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. C 00204

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 120 Churchwarden Road
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 Churchwarden Road (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Anne Galbraith Carey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Francis King Carey
6 (c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) Sept 4 1864

8. AGE: Years	Months	Days	If less than one day
78	4	19	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Bannister Hall
13. Birthplace Baltimore Carlisle Co.

MOTHER
14. Maiden Name Louisa Polk
15. Birthplace Baltimore New Haven County

16 (a) Informant Francis J. Carey
(b) Address 120 Churchwarden Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23/43 (month) (day) (year)
(c) Cemetery or crematory Loudon
Location Balto Md

18 (a) Funeral director Henry W. Hopkins & Sons
(b) Address McCulloh & Richard Sts

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-21 1943, at 12:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw her alive on 1-16 1943.

Immediate cause of death CHR. ARTERIOSCLEROTIC HEART DISEASE — Duration 5 Yrs.
Due to
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John E. Dorsey M. D.
Address 1129 St. Paul St Date signed 1-21-43

VS 3

G 00205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

G 00205 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTO.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 631 N. Robinson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stanislaus Jelenoski

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: ROSIE JELENOSKI
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 2 1853

8. AGE: Years	Months	Days	If less than one day
90	0	19	hr. min.

9. Birthplace POLAND (Town, county, and state)
10. Usual Occupation RETIRED TAILOR
11. Industry or business FOR SELF

FATHER
12. Name UNKNOWN
13. Birthplace POLAND

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace POLAND

16 (a) Informant WILLIAM JELENOSKI (SON)
(b) Address 631 N. ROBINSON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 23/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Boden INC
(b) Address 403 S. Wolfe St.

19 (a) JAN 22 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21, 1943, at 1.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1943 to Jan 21, 1943 and that I last saw him alive on Jan. 20, 1943.

Immediate cause of death	Duration
pulmonary edema	
Due to Cardiac decompensation	
Due to Suprapubic prostatectomy	
Other Conditions (none)	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morton J. Lowenburg M. D.
Address Sinai Hosp Date signed 1/21/43

VS 3

G 00206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

463

G 00206

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1817 EASTERN AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-3
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 EASTERN AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES M. LANGREHR

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife: EIDTH LANGREHR
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 21 1887

8. AGE: Years	Months	Days	If less than one day
55	0	29	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation MERCHANT
11. Industry or business FOR SELF

FATHER
12. Name LOUIS LANGREHR
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name ANNA SCHUCKS
15. Birthplace BALTO. MD.

16 (a) Informant EDITH LANGREHR (WIFE)
(b) Address 1817 EASTERN AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 23/43 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN.
Location EASTERN AVE. EXT.

18 (a) Funeral director Lilly & Quilen INC.
(b) Address 403 S. WOLFE ST.

19 (a) 1/22/43 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 20 1943, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20 1942, to Jan. 20 1943 and that I last saw h[illegible] alive on Jan. 20 1943.

Immediate cause of death	Duration
Myocardial Insuffiency	3 da
Due to Carcinoma of pyloric end stomach	6 mos
Due to	
Other Conditions Metastasis in pancreas and liver	6 mos

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Segretakis M.D.
Address 1802 Eastern Ave. Date signed 1-20-43

G 00207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5201

G 00207 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore Overlea
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7524 Belair Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Eva Mealine

3 (b) If veteran, name war —

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 22, 1860

8. AGE: Years	Months	Days	If less than one day
82	2	28	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Michael Mealine
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Sherer
15. Birthplace Pennsylvania

16 (a) Informant Hospital Records
(b) Address

17 (a) burial (b) Date thereof 1/23/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director M. W. & D. Oppelt's Sons
(b) Address 200 Park Ave. S.E.

19 (a) JAN 22 1943 (b) Huntington Williams, M.D.
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1943, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from January 8 1943 to January 21 1943, and that I last saw her alive on January 20 1943.

Immediate cause of death	Duration
Carcinoma of Stomach	
Ulceration of Stomach	
Due to Acute Hemorrhage	
Due to Tumor of Kidney	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Kidney Tumor

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jamie B. Stegmaier M. D.
Address Mercy Hospital Date signed January 20/1943

G 00208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 00208

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da.
(e) Length of stay in Baltimore (yrs., mos., or days) ~~5 days~~ 5yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 East Preston Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAY BEE CUMMINGS

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 229-10-7986

4. Sex: MALE

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Vira Rouse

6 (c) If alive, give age: 36 years

7. Birth date of deceased (mo., day, yr.): August 8, 1899

8. AGE: Years: 43 Months: 5 Days: 13 If less than one day: hr. min.

9. Birthplace: Kinston, North Carolina (Town, county, and state)

10. Usual Occupation: Builder-Bethlehem Steel

11. Industry or business

FATHER
12. Name: James B. Cummings
13. Birthplace: ~~Marion~~ ~~Bryon~~ N. C.

MOTHER
14. Maiden Name: ~~North Carolina~~ Mary Bryon
15. Birthplace: North Carolina

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/43 (month) (day) (year)
(c) Cemetery or crematory: Kinston
Location: North Carolina

18 (a) Funeral director: Williams Bros Inc
(b) Address: 1317 E Lond St

19 (a) JAN 22 1943 Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21, 1943, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 17, 1943 to Jan. 21, 1943 and that I last saw him alive on Jan. 21, 1943.

Immediate cause of death: Pneumonia, lobar, right — Duration: 10 da.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. D. Cavin

Address: US Marine Hospital, Baltimore, Maryland. Date signed 1/22/43

JL- 77213 G 00209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 00209 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo-11da
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 Russell St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME W
George Turner

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-7998

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Verdalla Turner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14 1891

8. AGE: Years	Months	Days	If less than one day
51 52	7	3	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Lee Turner
13. Birthplace N. C.

MOTHER
14. Maiden Name Zilphia Gray
15. Birthplace N. C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (month) 22 (day) 43 (year)
(c) Cemetery or crematory Mt Auburn
Location Bates Md

18 (a) Funeral director Sarah E Brown Jon
(b) Address 1818 Montgomery St

19 JAN 22 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-17-43 19 , at 11 57 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-6 1942 to 1-17 1943 and that I last saw h[illegible] alive on 1-17 1943

Immediate cause of death Cardiac Failure — Duration ?

Due to Hypertensive cardio vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Cross Jr M. D.
Address B. C. H. Date signed 1-15-43

G 00210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 262

G 00210

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Green Sts

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Howard

(c) City or town 1926 Railroad Ave Elkridge Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1926 Railroad Ave
(If rural give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Earl J. Crone

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-6280

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	

6 (b) Name of husband or wife Minnie E. Crone

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1900

8. AGE: Years	Months	Days	If less than one day
42	1	4	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Crane operator

11. Industry or business Gas & Elec. Co.

FATHER
12. Name Robert Crone
13. Birthplace Md.

MOTHER
14. Maiden Name Ida Crane
15. Birthplace Md.

16 (a) Informant Minnie E. Crone
(b) Address 1926 Railroad Ave Elkridge, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-43 (month) (day) (year)

(c) Cemetery or crematory Mediondale Memorial Pk
Location Washington Blvd

18 (a) Funeral director Ambrose Fue

(b) Address 414 N. Fremont Pulaski Hwy Bel

19 (a) JAN 27 (To be filled by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 19 43 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to Jan 21 19 43, and that I last saw h alive on Jan 21 19 43.

Immediate cause of death	Duration
~~Pulmonary Tuberculosis~~	
Due to Miliary Tuberculosis	
Due to Carcinoma of pharynx (ovr) with metastasis to lungs	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Ella C. Funk M. D.

Address University Hosp Date signed 1/21/43

VS 250

G 00211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 00211 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1846 Eagle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1846 Eagle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** MARIA A. RYAN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1889

8. AGE: Years 53 | Months 1 | Days 15 | If less than one day ___ hr. ___ min.

9. Birthplace Howard Co., Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Thomas Ryan

13. Birthplace Eastern Shore, Md.

MOTHER 14. Maiden Name Emily Boardley

15. Birthplace Howard Co., Md.

16 (a) Informant Mary Ryan

(b) Address 1846 Eagle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23, 1943 (month) (day) (year)

(c) Cemetery or crematory Western Star. Cem

Location

18 (a) Funeral director Mrs. Katie B. Williams

(b) Address 3229 Lakeside Ave Huntington Station, Md.

19 (a) [illegible] (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1943, at 11:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration

CORONARY OCCLUSION

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.

Date signed 1-20-43

VS 6

G 00212 TALLY

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G 00212

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1100 N Mount St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 D
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 N Mount St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME Ben Talley

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 18, 1924

8. AGE: Years	Months	Days	If less than one day
18	6	0	— hr. — min.

9. Birthplace Mecklenburg Co. Va.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Public Work's

FATHER
12. Name Benjamin Talley
13. Birthplace Mecklenburg Co. Va.

MOTHER
14. Maiden Name Mamie Richardson
15. Birthplace N. Carolina

16 (a) Informant Lula B. Ruffin
(b) Address 1100 N. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location —

18 (a) Funeral director Mrs Katie R. Dorsey
(b) Address 322 N. Schroeder St

19 (a) JAN 22 1943 (Date received by Registrar) (b) Huntington Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 18 1943 at 3.45 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from 1/2/20 1943 to 1/18 1943 and that I last saw him alive on 1/14 1943.

Immediate cause of death Pulmonary Tuberculosis — Duration 6 mos

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —

of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature C. N. Pifer M.D.
Address 2536 W. Lanvale St. Date signed 1/23/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Use only approved abbreviations. Do not use ditto marks. Information should be given for every item. If unknown, state so.

G 00213

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G 00213

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Mem. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County
(c) City or town Bel Air - Offal (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Augustus L. Futman
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, (Married) widowed, or divorced.
6 (b) Name of husband or wife Mrs. Augustus L. Futman
6 (c) If dive, give age 62 years
7. Birth date of deceased (mo., day, yr.) 3/12/91
8. AGE: Years 71 | Months 10 | Days 10 | If less than one day ____ hr. ____ min.
9. Birthplace Missouri (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Futman
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Orville Watson
15. Birthplace Missouri

16 (a) Informant Union Mem Hospital
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25 1943 (month) (day) (year)
(c) Cemetery or crematory Offord, Pa.
Location Offord Pa.
18 (a) Funeral director C. E. Gipson
(b) Address Bel Air Md.
JAN 22 1943 (Date rec'd by registrar) (Filed) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1943 at 6:45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21 1943 to Jan 22 1943 and that I last saw him alive on Jan 18 1943

	Duration
Immediate cause of death: Cardio-respiratory failure	
Due to: Hypertensive Cardio-Vascular disease	3 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature John A. Nesbit Jr. M. D.
Address Union Memorial Hosp. Date signed 1-23-43

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RESERVED FOR BINDING

G 00214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 00214 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 798 Sara Ann St.

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 798 Sara Ann St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Marie Russell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F.

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single, Never Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 48. Months Days If less than one day hr. min.

9. Birthplace Washington, D.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James Russell,

13. Birthplace

MOTHER 14. Maiden Name Elizabeth ?

15. Birthplace

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-24-43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Adolphus Halyard

(b) Address 1 E Lanvale

JAN 22 1943 Registrar Washington Boulevard

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1943, at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/20 1943, to 1/20 1943, and that I last saw h[illegible] alive on 1/20 1943

Immediate cause of death: Cardiac collapse & respiratory failure

Due to: Lobar pneumonia, R.U.L. R.L.L.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration: Unknown

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature David Hart M. D.

Address Johns Hopkins Hosp. Date signed Jan. 30 1943

00215 BALTIMORE CITY HEALTH DEPARTMENT G 00215

CERTIFICATE OF DEATH 830 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1308 N. Dallas St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1308 N. Dallas St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura Fields

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 5, 1892

8. AGE: Years	Months	Days	If less than one day
50 Yrs.	3	14	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Isaiah Fields
13. Birthplace Ms.

MOTHER
14. Maiden Name Hattie ?
15. Birthplace Ms.

16 (a) Informant Lillian Watson
(b) Address 1221 N. Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 22, 1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location

18 (a) Funeral director Mrs. Robert O. Elliott Dft
(b) 1129 N. Caroline St.
(Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 11 1943, to Jan. 19 1943, and that I last saw him alive on Jan 19 1943

Immediate cause of death Acute myocarditis — Duration 2 days
Due to Cerebral Apoplexy — 8 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dow L. Berry
Address 1420 E. Chase Date signed 1-21-43 M. D.

VS 250

G 00216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00216 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument Lt. & Rutland Ave.
(c) Hospital or institution: Sinai Hospital of Baltimore, Inc.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1756 E. Preston St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia Bender (BENDA)

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Joseph C. Benda
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1895

8. AGE: Years	Months	Days	If less than one day
47	5	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Frank Beck
13. Birthplace Bohemia

MOTHER
14. Maiden Name Antonie Darovec
15. Birthplace Bohemia

16 (a) Informant Joseph C. Benda
(b) Address 1756 E. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Francis Leuchtenberg
(b) Address 900 N. Chester St.

19 JAN 22 1943 (Date received by Registrar) (Signature of Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1943, at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 19__, to Jan 21 1943, and that I last saw her alive on Jan 21 1943.

Immediate cause of death Brain Abscess? — Duration 8 wks?

Due to

Due to (or a)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Morse M. D.
Address Monument Lt. & Rutland Ave. Date signed 1-21-43
Sinai Hospital of Balto., Inc.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and

G 00217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No. G 00217

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 230 N. Belnont St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 230 N. Belnont St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALMORE PARKER

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-07-8246

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	Col	Singl

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 24 1889

8. AGE: Years	Months	Days	If less than one day
53	3	27	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Alfred Parker
13. Birthplace Virginia

MOTHER
14. Maiden Name Frances Mayo
15. Birthplace Virginia

16 (a) Informant Pearl Spriggs
(b) Address 1120 Russell Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. W. Kelson
(b) Address 343 Presstman St

19 (a) JAN 22 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 19 43, at 9 23 M

21. I HEREBY CERTIFY. That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Interstitial pneumonia	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. R. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-22-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

G 00218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 172

Registered No. G 00218

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5400 Denmore Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CLARENCE WILLIAMS

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Nettie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1885

8. AGE: Years	Months	Days	If less than one day
57	11	7	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name Clarence Williams
13. Birthplace Maryland

MOTHER
14. Maiden Name
15. Birthplace Maryland

16 (a) Informant Nettie Williams
(b) Address 5400 Denmore Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/43 (month) (day) (year)
(c) Cemetery or crematory Graceville, Md
Location

18 (a) Funeral director Mrs Catie A. Williams Hudson
(b) Address 1217 Pennsylvania Ave

JAN 22 1943 (Date rec'd by registrar) Schroeder & Co. Huntington, Milwaukee, Wis.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1943 at 7 P. M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-20-43 at M
(c) Where did injury occur? Hunter - Home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work? Yes (Specify type of place)
(e) Means of injury Fire wood exposure
23. Signature H. L. Wollenmeber M.D. Medical Examiner.
Date signed 1-22-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 00219 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2840 odonnell
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2840 odonnell st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Derenczy
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-05-6763

4. Sex: Male | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Josephine
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) ? 1897

8. AGE: Years 56 | Months | Days | If less than one day: hr. min.

9. Birthplace Poland (town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Adam
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Gilowicz
15. Birthplace Poland

16 (a) Informant Josephine Derenczy
(b) Address 2840 odonnell St

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 1-25-43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk apl

18 (a) Funeral director John J. Duda
(b) Address 2829 Hudson St

19 JAN 22 1943 (b) Huntingtown Millington Md. (Registered by number)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21, 1943 at 8:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1943 to Jan. 21, 1943, and that I last saw him alive on Jan. 19 1943.

	Duration
Immediate cause of death: Coronary occlusion	?
Due to: Arterio-sclerosis	?
Due to: Chronic valvular heart disease	?
Other Conditions: Chronic asthmatic bronchitis (Include pregnancy within 3 months of death)	?

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Bronushas, M. D.
Address 3037 Odonnell St. Date signed 1-24-43

VS 3

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and [illegible]. The [illegible] information should be [illegible] supplied.

00220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00220
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town [redacted] Quantico
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Blaine F. Bailey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Pearl Taylor

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) 2/24/1902

8. AGE: Years 40 | Months 10 | Days 28 | If less than one day hr. min.

9. Birthplace Quantico Md (Town, county, and state)

10. Usual Occupation Stockkeeper + filling Station Agent

11. Industry or business Self

FATHER
12. Name George M. Bailey
13. Birthplace Quantico, Md

MOTHER
14. Maiden Name Mayola Mills
15. Birthplace Quantico, Md

16 (a) Informant Mrs. Pearl Bailey
(b) Address Quantico, Md.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan. 22. 1943 (month) (day) (year)
(c) Cemetery or crematory Salisbury Grave Location Wicomico Memorial Pk.

18 (a) Funeral director Wm J. Tuckman + Sons
(b) Address North + Pa. Ave.

19 JAN 22 1943 (b) Quantico Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1943, at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/15 1943 to 1/22 1943 and that I last saw him alive on 1/22 1943.

Immediate cause of death: Myocardial Failure — Duration: 2 days

Due to: Thrombophlebitis and Gangrene — Duration: ?

Due to: Thrombo Embolitis Obl. Femoral — Duration: ?

Other Conditions: Arteriosclerosis, Chronic passive congestion — Duration: ?

(Include pregnancy within 3 months of death)

Date of operation Jan 18, 1943

Major findings of operation: Gangrene of [Amputation] foot Right

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Not
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. S. Bird M. D.
Address University Hosp Date signed 1-22-43

VS 250

G 00221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G 00221

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 806 S. Bond St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 806 S. Bond St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME andrew Wesolowski

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Helen
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Nov 30 1875

8. AGE: Years 67 | Months 1 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Poland.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business —

FATHER
12. Name Casimer Wesolowski
13. Birthplace Poland.

MOTHER
14. Maiden Name —
15. Birthplace Poland

16 (a) Informant Agnes Jaszkiewicz
(b) Address 2316 Fleet St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Roseneath St Ext.

18 (a) Funeral director Wm. S. Trakowski
(b) Address 2007 Eastern Ave.

19 JAN 22 1943 (b) ____
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19 1943, at 10 p M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1943 to Jan. 19 1943 and that I last saw him alive on Jan. 17 1943

	Duration
Immediate cause of death: Coronary occlusion	1
Due to: Coronary Disease	Indefinite
Due to: Arteriosclerosis	- -
Other Conditions: Myocardial Infarct — Bronchitis Pneumonia Terminal Edema	- -

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — — — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature 245 S. Broadway A. F. Rey M. D.
Address 245 S. Broadway Date signed Jan 22/43

VS 2

Please write plainly. Every item of information should be given as fully as possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00222

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 00222 Registered No. 13 a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2224 E. Lanvale St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Stirzel

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-9528

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1886

8. AGE: Years	Months	Days	If less than one day
56 57	4	20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business Stadius Mfg. Co.

FATHER
12. Name Alvin Stirzel
13. Birthplace Germany

MOTHER
14. Maiden Name Julia Schardt
15. Birthplace Germany

16 (a) Informant Mrs. Anna Stirzel
(b) Address 109 Rochester Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Lot 169-Sycamore

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

JAN 22 1943 (Filed by registrar) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1943, at 9:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hypertension	
cardiovascular disease	
Due to Chronic nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Fratner M.D.
Medical Examiner.
Date signed Jan 22 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1170

Registered No. G 00223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood + Green Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 314 Mt. Holly St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James C. Gary

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-12-9593

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W.	Married

6 (b) Name of husband or wife Georgia L. Gary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1889

8. AGE: Years	Months	Days	If less than one day
53	9	12.	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business James Keeley

FATHER 12. Name Chas. L. Gary

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Catherine Keeley

15. Birthplace Ireland

16 (a) Informant Mrs Gary

(b) Address 314 Mt. Holly St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23/43 (Month) (day) (year)

(c) Cemetery or crematory New Cathedral Location 4300 Old Frederick Rd

18 (a) Funeral director Harry H. Withee

(b) Address 4101 E. Monument Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1943 at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20 1943 to Jan. 20 1943 and that I last saw him alive on Jan 20 1943.

	Duration
Immediate cause of death Malignant hemotomesis	8 hrs
Due to Gastric (?) ulcer.	years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry A Brill M. D.

Address University Hospt. Date signed 1-20-43

VS 150

G 00224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 00224

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 413 North Bend Rd. La.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 & 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 North Bend Rd La (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary O. Grymes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Benjamin R.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29, 1865

8. AGE: Years	Months	Days	If less than one day
77	3	24	2 hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Arthur L. Johnson
13. Birthplace Maryland

MOTHER
14. Maiden Name Ruth E. Hasley
15. Birthplace Maryland

16 (a) Informant Col. Herbert L. Grymes
(b) Address 3104 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Witzke
(b) Address 401 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21, 1943, at 12:50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1, 1943 to Jan. 21, 1943, and that I last saw her alive on Jan. 21, 1943.

Immediate cause of death Myocarditis (chronic) — Duration 2 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene L. Cusa jr M. D.
Address 5104 Drury Lane Date signed 1/21/43

VS 150

G 00225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

G 00225 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 N. Rutland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Edward Bauer

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Fannie

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Dec. 15 - 1878

8. AGE: Years	Months	Days	If less than one day
69	1	20	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation None (Apartment

11. Industry or business Union Bros.

FATHER
12. Name Ernst Bauer
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Edmund Bauer (Son)
(b) Address 1518 N. Rutland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Lititz

18 (a) Funeral director John R Kenny
(b) Address 1242 Lexington (Address)

19 (a) (b) Registrar

[redacted] 1943 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1943 at 9:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 17 1943 to Jan. 20 1943 and that I last saw him alive on Jan. 20 1943.

Immediate cause of death Respiratory failure — Duration: 4 days

Due to Cerebral Hemorrhage — Duration: 4-5 yrs.

Due to Hypertension

Other Conditions Mitral stenosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elizabeth B. Schmidt
Address University Hospital Baltimore Date signed 1/20/43 D.

G 00226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G 00226

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1921 E. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME "Baby Girl" Steele (Birth F-67113)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/17/43

8. AGE: Years | Months | Days | If less than one day: 2 hr. min.

9. Birthplace md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name George Steele
13. Birthplace

MOTHER 14. Maiden Name Mary Stapleton
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JAN 22 1943

18 (a) Funeral director Commissioner of Health
(b) Address Huntington Williams, M.D.

19 JAN 22 1943 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 17 1943 at 1 P. M 30

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17-1943 to 1-17-1943 and that I last saw h[illegible] alive on 1-17-1943.

Immediate cause of death atelectasis lungs — Duration

Due to

Due to

Other Conditions Prematurity.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Kibler M. D.
Address Johns Hopkins Date signed 1/20/43

9763

G 00227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 00227 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 447 N Luzerne ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Jan.)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 447 N. Luzerne ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARIA WASIK (WASIK)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	WIDOW

6 (b) Name of husband or wife Michael Wasik
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1872

8. AGE: Years	Months	Days	If less than one day
69 70	11		hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frank Krzyszkowski
13. Birthplace Poland

MOTHER
14. Maiden Name Anna Berg
15. Birthplace Poland

16 (a) Informant Marie Turek
(b) Address 447 N. Luzerne ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M. Webey
(b) Address 408 Chester Street

19 (a) JAN 22 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1943, at 5:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1940 to Jan 19 1943, and that I last saw h[illegible] alive on Jan 19 1943

Immediate cause of death	Duration
Coronary Occlusion	1/19/43
Due to Ch. Myocarditis	3/1/40
Due to Arteriosclerosis	1936
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Roarke M.D.
Address 801 Lexington Date signed 1/21/43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and fully.

AB-78199 G 00228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 00228 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave. 11
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 923 Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Fowler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-? 70Yrs

8. AGE: Years	Months	Days	If less than one day
70 ?	?	?	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Pension

11. Industry or business

FATHER
12. Name William Fowler
13. Birthplace Ireland

MOTHER
14. Maiden Name Melvina Roleson
15. Birthplace Baltimore, Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23/43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore County

18 (a) Funeral director John M. Welty
(b) Address 444 Huntington Ave. Baltimore, Md.

19 (a) [illegible] (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-4 1943 at 5:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-28 1942 to 1-4 1943, and that I last saw him alive on 1-4 1943.

Immediate cause of death	Duration
? Enterocolitis last diseases	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 1-4-43

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G 00229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1860

Registered No. G 00229

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wolfe & monument St.
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 403 E. Cold Spring Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

2. FULL NAME John FRANK DLUGOSZ

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1931

8. AGE: Years	Months	Days	If less than one day
11	11	26	___ hr. ___ min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)
10. Usual Occupation Child
11. Industry or business "

FATHER
12. Name Frank Dlugosz
13. Birthplace Philadelphia, Pa.

MOTHER
14. Maiden Name Elsie Rutkevich
15. Birthplace Philadelphia, Pa.

16 (a) Informant Mrs. Jessie Conway
(b) Address 401 E Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/43 (month) (day) (year)
(c) Cemetery or crematory Philadelphia Pa.
Location

18 (a) Funeral director Walter P. McNamee
(b) Address 411 Forest Road.

19 (a) ___ (b) Huntington Williams M.D. (Registrar) Registrar

JAN 22 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1943, at 8 16 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage, extradural & brain.	
Due to	
Due to	
Other Conditions Congenital quadriplegia (Include pregnancy within 3 months of death)	
Date of operation 1-20-43	
Major findings of operation: as above	
of autopsy: no	

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1-22-43 at ___ M
(c) Where did injury occur? Cockeysville Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury fell to floor

23. Signature H. L. Wallenmeier M.D. Medical Examiner.
Date signed 1-23-43

Please fill in all items, if any, which are applicable. Use ink. WRITE ONLY WITH INK. Every item of information should be given if known or supplied. The correct age is especially important. Physicians: please write the causes of death clearly and state duration.

G 00230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00230 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton St.
(c) Hospital or institution: Ashburton House
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Woodlawn (If outside city or town limits, write RURAL and give town)
(d) Street No. 6412 Windsor Mill Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John A. Dexter

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	214-03-4820

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Genevieve J. Dexter
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) May 11, 1873

8. AGE: Years	Months	Days	If less than one day
69	8	9	hrs. min.

9. Birthplace Elizabeth, New Jersey (Town, county, and state)
10. Usual Occupation Treasurer
11. Industry or business Seaboard Brass & Copper Co

FATHER
12. Name Samuel Dexter
13. Birthplace New Jersey

MOTHER
14. Maiden Name Miss McGregor
15. Birthplace Scotland

16 (a) Informant Mrs. Genevieve J. Dexter
(b) Address 6412 Windsor Mill Rd., Wdln

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Phillips Lamoreaux
(b) Address 1005 W. Baltimore St.

JAN 22 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20, 1943 at 6.50P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942 to Jan 20 1943 and that I last saw him alive on Jan 20 1943

Immediate cause of death Cerebral hemorrhage — Duration

Due to Arteriosclerosis

Due to

Other Conditions Insanemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. J. Klenck M. D.
Address 4710 Liberty Hgts Ave Date signed

G 00231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

65 B

Registered No. G 00231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Greene & Redwood

(c) Hospital or institution: Univ. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 -

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Carroll

(c) City or town Westminster (If outside city or town limits, write RURAL and give town)

(d) Street No. R. F. D. # 4 (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harold Bankard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 23 1941

8. AGE: Years	Months	Days	If less than one day
1	10	29	hr. min.

9. Birthplace Carroll Co. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Earl Jos. Bankard

13. Birthplace Carroll Co

MOTHER 14. Maiden Name Viola Virginia Bell

15. Birthplace Carroll Co

16 (a) Informant Earl Jos Bankard

(b) Address Westminster R.F.D. #4

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25-43 (month) (day) (year)

(c) Cemetery or crematory Carrollton Cemetery

Location Near Westminster Md

18 (a) Funeral director D. Bankard Boyer

(b) Address Westminster Md.

19 (Date rec'd by registrar) JAN 23 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22, 1943 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 22, 1943 to Jan 22 1943, and that I last saw him alive on Jan 22, 1943.

Immediate cause of death	Duration
Septicemia, [Meningococcus]	24 hrs
Due to Adrenal Hemorrhage	18 hrs
Due to	
Other Conditions Generalized Purpura	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Adrenal Hemorrhage

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. Earl Steele, M. D.

Address Univ. Hosp. Date signed 1-22-43

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

428462

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 00232 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. VA (b) County
(c) City or town Wheeling (If outside city or town limits, write RURAL and give town)
(d) Street No. 126 N PARK St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter J. Fox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 10 - 6 - 80

8. AGE: Years	Months	Days	If less than one day
62	3	16	hr. min.

9. Birthplace W. VA (Town, county, and state)

10. Usual Occupation ACCOUNTANT

11. Industry or business

FATHER
12. Name John W Fox
13. Birthplace GERMANY

MOTHER
14. Maiden Name Wilhelmina Otto
15. Birthplace W. VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25 '43 (date) (year)
(c) Cemetery or crematory Wheeling West Va
Location

18 (a) Funeral director John O Mitchell Undertaking Co
(b) Address 1900 Eastern Place

19 JAN 23 1943 (Huntington Milligan Mitchell Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 22 1943 at 11.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 15 1943 to JAN 22 1943, and that I last saw h.i.M alive on JAN 22 1943

Immediate cause of death Cerebral Edema — Duration

Due to Operation

Due to Brain tumor

Other Conditions (any)

(Include pregnancy within 3 months of death)

Date of operation 1-18-43

Major findings of operation: Brain Tumor

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irving J. Sherman M.D. M. D.
Address Johns Hopkins Hosp Date signed 1-23-43

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JL G 00233 73258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 00233 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 17 L
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9mo. 8da
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 421 N. Paca St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Luckey

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Phillipine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1869

8. AGE: Years	Months	Days	If less than one day
73	0	25	hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name Alfred James Luckey
13. Birthplace New York

MOTHER
14. Maiden Name Mary O'Dell
15. Birthplace New York

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1/23/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto., Md.

18 (a) Funeral director William Cook Son
(b) Address 517 St Paul St

JAN 23 1943 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21. 1943, at 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1942, to Jan 21 1943, and that I last saw him alive on Jan 22 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days

Due to Hypertensive C.V.D. — Duration ?

Due to

Other Conditions Arteriosclerosis — Duration 2 mos

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Bierman M. D.

Address Balto City Hosp Date signed Jan 22 1943

Instruction for Williams, Hyperpyrexia, Hemorrhage, Cerebral, Due to Hypertension C.V.D. Due to Arteriosclerosis
Per - Robert Lee Sutherland M.D.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00234 Dr. Jarrett

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 00234 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Lexington Street
(c) Hospital or institution:
Aged Womens and Aged Mens Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W. Lexington Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie Haman

3 (b) If veteran, name war: NV

3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1860

8. AGE: Years	Months	Days	If less than one day
82	8	29	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Caspar Haman
13. Birthplace Germany

MOTHER
14. Maiden Name Annie Hartman
15. Birthplace Germany

16 (a) Informant Aged Womens and Aged Mens Home
(b) Address 1400 W. Lexington Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/43 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location Balto Md

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul Street

JAN 23 1943

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1943, at 11.05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/27/1939 to 1/21/43 19..., and that I last saw her alive on 1/20/43 19...

Immediate cause of death: Myocarditis, chronic — Duration: 1

Due to

Due to

Other Conditions: Chronic bronchitis
Senile Dementia.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas B. Jarrett M.D.
Address 11 E. Chase St., City Date signed 1/22/1943

VS 250

G 00235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83N

G 00235 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 215 N. Chester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 215 N. Chester St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Effie E. Johnston

3 (b) If veteran, name war: W | 3 (c) Social Security Account No. NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband: Edward R. Johnston
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 31st 1868

8. AGE: Years: 74 | Months: 5 | Days: 20 | If less than one day: hr. min.

9. Birthplace: Berkley Springs W. Va.
(Town, county and state)

10. Usual Occupation: Housewife

11. Industry or business: at Home

FATHER
12. Name: (Unknown) Brown
13. Birthplace: "

MOTHER
14. Maiden Name: Ellen Hood
15. Birthplace: Mt Airy Md.

16 (a) Informant: Edward Johnston
(b) Address: 215 N. Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 23rd 1943 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Greenmount
Location: Balto Md

18 (a) Funeral director: William Cook
(b) Address: 120 St Paul St

19 JAN 23 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21st 1943, at 1145 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1943 to Jan 21, 1943 and that I last saw h[illegible] alive on Jan 21 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days

Due to: Arterio Sclerosis — 1 year

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: Edward L Cook
Address: 2530 E Baltimore Date signed: 1/23/43

G 00236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 00236

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1940 E. Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1940 E. Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DAVID WALTER BAKER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 27, 1942

8. AGE: Years	Months	Days	If less than one day
		26	hr. min.

9. Birthplace WEST VIRGINIA
(Town, county, and state)

10. Usual Occupation -

11. Industry or business -

FATHER
12. Name WALTER BAKER
13. Birthplace WEST VA.

MOTHER
14. Maiden Name MABEL CHUMLEY
15. Birthplace WEST VA.

16 (a) Informant WALTER BAKER
(b) Address 1940 E. Lombard ST.

17 (a) BURIAL (b) Date thereof 1-24-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory TRINITY
Location BALTIMORE

18 (a) Funeral director Fred W Ozarzewski
(b) Address 1930 Eastern Ave

19 (a) (b) by Williams M.D.
JAN 23 1943 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1943, at 1 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular primary	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-23-43

G 00237 ✓ G 00237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. .....

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1822 Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 623 W 29th St (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) **FULL NAME** William Nicolas Varina

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sophia .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1869

8. AGE: Years	Months	Days	If less than one day
73	2	6	..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Pipefitter
11. Industry or business

FATHER
12. Name William N. Varina
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Emma Williams
15. Birthplace Balto. Md

16 (a) Informant Sophia Varina
(b) Address 623 W 29th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave.

18 (a) Funeral director Cashman, Jos. I.
(b) Address 414 N. Frankstown Rd.

19 (a) ..... (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

JAN 23 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1943, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1943, to Jan 19 1943, and that I last saw him alive on Jan 19 1943.

Immediate cause of death
Carcinoma of Sigmoid Colon — Duration 2 yrs

Due to .....

Due to .....

Other Conditions Arteriosclerotic C.V. Disease
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Chester J. Lukowski M.D.
Address 5217 Ravenwood Rd Date signed 1/21/43

00238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

G 00238 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1307 Kenhilla
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 Kenhilla (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida E. Reuling

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Leonard Reuling
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-9-1873

8. AGE: Years	Months	Days	If less than one day
69	10	11	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER 12. Name Godfrey Koffenberger
13. Birthplace Md

MOTHER 14. Maiden Name Mary Bump
15. Birthplace Md

16 (a) Informant Elsworth Reuling
(b) Address 3405 Clifton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-43 (month) (day) (year)
(c) Cemetery or crematory Balto County
Location Balto Md

18 (a) Funeral director Leonard Hunt
(b) Address 2205 Harford Rd

19 JAN 23 1943 (Date received by registrar) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 19 43, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 43, to Jan 20 19 43, and that I last saw her alive on Jan 20 19 43.

Immediate cause of death	Duration
abdominal hernia of rectum	1 day
Due to	
uremia	
Due to	
Other Conditions Colonic pneumonia	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: none
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Eugene Covington md
Address 3301 N. Charles St Baltimore Md M. D.
Date signed 1-21-43

G 00239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45c

G 00239 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3624 Ash St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 3624 Ash St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Higdon, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie E. Higdon
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) April 8, 1873

8. AGE: Years	Months	Days	If less than one day
69	9	13	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business Ash Insulation Co.

FATHER
12. Name John Higdon,
13. Birthplace Md.

MOTHER
14. Maiden Name Ellen E. Pogue.
15. Birthplace Md.

16 (a) Informant Annie E. Higdon.
(b) Address 3624 Ash St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Road

18 (a) Funeral director Ehrmantraut & Donovan
(b) Address 3615-17 Eastern Ave

JAN 23 1943 (Registered by Registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21, 1943, at 11 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1921, to Jan 21, 1943.
and that I last saw him alive on Jan 16 1943.

Immediate cause of death Coronary Thrombosis

Due to Carcinoma rectum with metastasis, Chin, nose etc.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
Address 20 W. Mulberry St. Date signed 1/23/43

G 00240 ✓ G 00240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1623 N Patterson Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 N Patterson Park Ave (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) **FULL NAME** Eleanor Jenkins

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, ~~married~~, widowed, or ~~divorced~~: Widow

6 (b) Name of husband or wife Walter R Jenkins
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Mar 20th 1863

8. AGE: Years 79 | Months 10 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Sr Shipley
13. Birthplace Md

MOTHER 14. Maiden Name Rachael Wilson
15. Birthplace Md.

16 (a) Informant Walter R Jenkins
(b) Address 1623 N Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25th 1943 (month) (day) (year)
(c) Cemetery or crematory Messiah Lutheran
Location Loyrolay. Md

18 (a) Funeral director Leo E. Leo Cook
(b) Address 1701-03 N Patt Park Ave

JAN 23 1943 Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-21 1943, at 10 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1936 to Jan 18 1943, and that I last saw her alive on Jan 18 1943.

Immediate cause of death Arteriosclerosis Cardio Vascular Renal — Duration 10 yrs

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Albert Kermock M. D.
Address 1934 Wellers Av Date signed 1/22/43

Approved Robert Lee Trustin M.D. Asst. Med. Examiner

G 00241
427436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46a

G 00241
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County
(c) City or town Orlando (If outside city or town limits, write RURAL and give town)
(d) Street No. Orlando Country Club (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Henry Davidson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-21-86

8. AGE: Years	Months	Days	If less than one day
56	3		hr. min.

9. Birthplace Scotland (Town, county, and state)
10. Usual Occupation Steward
11. Industry or business

FATHER
12. Name Henry Davidson
13. Birthplace Scotland

MOTHER
14. Maiden Name Hamilton Maxwell
15. Birthplace Scotland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan 26 43 (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln
Location Wash. D.C.

18 (a) Funeral director John C. Mitchell Funeral Home
(b) Address 1900 Eutaw Place

JAN 28 1943 Huntington Williams (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 21 1943 at 3:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1942, to JAN 21 1943, and that I last saw him alive on JAN 21 1943.

Immediate cause of death Carcinoma of esophagus & pneumonia, Influenza

Duration

Due to

Due to

Other Conditions lung abscess

(Include pregnancy within 3 months of death)

Date of operation 1/11/43 gastrostomy

Major findings of operation:

of autopsy carcinoma of esophagus & pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address Date signed Jan 28 43

G 00242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

✓ G 00242 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2645 N. Charles St.
(c) Hospital or institution:

12-6

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2645 N. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLOTTE WEISBERGER.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
------	None	Female	White	Widow

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1866

8. AGE: Years	Months	Days	If less than one day
76	2	21	hr. min.

9. Birthplace Austria. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Herman Langer,
13. Birthplace Austria.

MOTHER 14. Maiden Name Regina Thieberger,
15. Birthplace Austria.

16 (a) Informant Mr. S. Weisberger,
(b) Address 2645 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1.24.43. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director ~~Harris Levine & Son~~
(b) Address 1902 Eutaw Place.

JAN 29 1943 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22, 1943, at 9:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jany 16 1943 to Jany 22 1943. and that I last saw h~~er~~ alive on Jany 22 1943.

Immediate cause of death	Duration
Acute Cardiac Dilatation	
Due to Arteriosclerosis Bronchitis (Acute)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Myer A Wemberg MD M. D.
Address 1724 Eutaw Place Date signed 1/27/43

G 00243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

109

G 00243 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2319 Riggs Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2319 Riggs Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Amelia E. Ezell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William H
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9, 1870

8. AGE: Years	Months	Days	If less than one day
72	4	12	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jno H Moeller
13. Birthplace Unknown

MOTHER
14. Maiden Name — Ezell
15. Birthplace Unknown

16 (a) Informant Emma Sedicum
(b) Address 2319 Riggs Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director J Vernon Keehner
(b) Address 2301 Edmondson Ave

19 JAN 22 1943 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1943, at 7 3 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1943, to Jan 21 1943 and that I last saw h[illegible] alive on Jan 21 1943

Immediate cause of death: Pulmonary thrombosis and phlebitis — Duration: 1 day
Due to: Streptococcus Infection
Due to:
Other Conditions: Subsiding Pneumonia — 5 day
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 1/24/43

G 00244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45c

G 00244 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Martinsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 S. Queen St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles J Thornton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Manager
11. Industry or business Dunlap Lumber Co.

FATHER
12. Name J. B. Thornton
13. Birthplace Maine

MOTHER
14. Maiden Name A. Tall
15. Birthplace Maine

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/43 (month) (day) (year)
(c) Cemetery or crematory
Location Martinsburg W. Va.

18 (a) Funeral director J. Marion Kerlin
(b) Address 230 Edmondson Ave

19 (a) (Signature of Registrar) (b) Huntington Williams Mar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/22 1943, at 4:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/27 1942, to 1/22 1943, and that I last saw h[illegible] alive on 1/22 1943

Immediate cause of death	Duration
Metastatic carcinoma	
Due to Salivary gland	
Human	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R K Thompson M. D.
Address Union Hosp. Date signed 1/22/43

G 00245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00245 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3629 Roberts Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3629 Roberts Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EDWARD SNYDER

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 189-09-8474

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1908

8. AGE: Years 34 | Months 10 | Days 23 | If less than one day: 24 hr. min.

9. Birthplace Sunbury, Pa. (Town, county, and state)
10. Usual Occupation Boiler Maker's Helper
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Charles J. Snyder
13. Birthplace Pa.

MOTHER
14. Maiden Name Anna M. Stout
15. Birthplace Pa.

16 (a) Informant Mrs. Catherine Snyder
(b) Address 3629 Roberts Pl.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23, 1943 (month) (day) (year)
(c) Cemetery or crematory Sunbury
Location Sunbury, Pa.

18 (a) Funeral director William Cook Inc
(b) Address 1317 E. Pratt St.

JAN 23 1943 (Local registrar) Huntington Williams M.D. (Deputy registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1943, at 1 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral edema
Due to: Hemorrhage, subarachnoid, spontaneous
Due to:
Other Conditions: Nil.
(Include pregnancy within 3 months of death)

Date of operation: Nil
Major findings of operation:
of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallammer M.D. Medical Examiner.
Date signed Jan 23-43

G 00246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 00246 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6200 Fairwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 54 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6200 Fairwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA M. BARCHET

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Fred'k. C. Barchet
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 1872

8. AGE: Years	Months	Days	If less than one day
70	8	26	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Christian Ruppert
13. Birthplace Germany

MOTHER
14. Maiden Name Don't know
15. Birthplace Germany

16 (a) Informant Fred. Barchet
(b) Address 6200 Fairwood Ave.

17 (a) Burial (b) Date thereof 1/25/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville, Md.

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St.

19 (a) JAN 23 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1942 to 43 19 .
and that I last saw h alive on Jan 21 1943.

Immediate cause of death — Duration

Hazzard Pneumonia — 15 days

Due to Bronchial Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. L. Long M. D.
Address 414 Lombard Date signed

VS 8

G 00247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 00247

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4662 - Belair Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDGAR (PLITT) PLITT

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Evelyn Plitt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1840

8. AGE: Years 53 | Months — | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Richard Plitt
(b) Address 3600 Belvedere Ave

17 (a) Burial (b) Date thereof 1/25/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem.
Location Ulrich Sigmund Bonn

18 (a) Funeral director Zoof Oelsner Sons
(b) Address Baltimore Md.

19 (a) JAN 23 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 19 43 at 4 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Wallenmeyer M.D.
Asst. Medical Examiner.

Date signed Jan 23 - 43.

0248 ✓ G 00248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 0 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1618 Harford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 62.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 Harford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Patrick Gordon

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Agnes Gordon
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 26 - 1880

8. AGE: Years	Months	Days	If less than one day
62	7	26	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Balto City
11. Industry or business Water dept

FATHER
12. Name William Gordon
13. Birthplace Balto

MOTHER
14. Maiden Name Katherine O'Brien
15. Birthplace Balto

16 (a) Informant Agnes Gordon
(b) Address 1618 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md

18 (a) Funeral director Wm. J. Tynan & Sons
(b) Address 2006 Eastern Ave

19 (a) JAN 23 1943 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1943. at 12 44 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1942 to Jan 21 1943. and that I last saw h/his alive on Jan 20 1943

Immediate cause of death — Duration
Chronic Uraemia — 1 month
Due to Hypertensive Cardio Vascular Renal Disease — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Pokorny M.D.
Address 2200 E. Madison St. Date signed 1/22/43
M. D.

00249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74 ✓ Registered No. G 00249

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fairfield
(c) Hospital or institution: 2
Bethlehem Steel Co. dispensary
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 622 S. Fremont St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HAYWARD JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 248-20-5283

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Sarah Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1915

8. AGE: Years	Months	Days	If less than one day
28			hr. min.

9. Birthplace Sumter, S. Carolina
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Fairfield Shipyards

FATHER
12. Name Kirkly Johnson
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Massey Nelson
15. Birthplace S. Carolina

16 (a) Informant Sarah Johnson
(b) Address 622 S. Fremont ave

17 (a) Burial (b) Date thereof 1 | 28 | 43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Sumter South Carolina
Location South Carolina

18 (a) Funeral director Walter R. Young
(b) Address 139 W. Lanvale St

19 (a) (b) Huntington Williams Md
(Signature of Registrar)

JAN 28 1943

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1943, at 8 31 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said 4 find that said deceased came
(Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death Lymphatic Leukemia
acute

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. W. Williams M.D.
Asst Medical Examiner.

Date signed 1-27-43

G 00250

BALTIMORE CITY, HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12 | 17

Registered No. G 00250

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3700 N Charles -
(c) Hospital or institution:
at home 12-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3700 N Charles St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Tilford Lawton

3 (b) If veteran, name war — no —

3 (c) Social Security Account No. no

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Natalie Day Lawton (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) May-9-1855

8. AGE: Years 87 | Months 8 | Days 13 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Lumber -

11. Industry or business Lumber

FATHER
12. Name John L. Lawton
13. Birthplace Baltimore

MOTHER
14. Maiden Name Henrietta Thomas
15. Birthplace Baltimore

16 (a) Informant Mr. Dudley D. Lawton (son)
(b) Address 4137 Hawthorne Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-23-43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Sherwood Morrison Co.
(b) Address 1018 N Eutaw St.

19 (a) ... (Date rec'd by registrar) (b) ... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/22/1943 at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/27/1942 to Jan 22 1943 and that I last saw h.. alive on Jan 20, 1943.

Immediate cause of death
Myocarditis — Duration: Several mo.
Due to
arteriosclerosis — Some years
Other Conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore H. Morrison M. D.
Address 11 E. Chase St. Date signed 1/22/43

VS 3

Morgue

G 00251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195E

Registered No. G 00251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1124 Barclay St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William J. Madden

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-0098

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24, 1906

8. AGE: Years	Months	Days	If less than one day
36	8	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Welder

11. Industry or business Enterprise Wire & Metal Co.

FATHER
12. Name Thomas J. Madden
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Rose V. McKenna
15. Birthplace Baltimore, Md

16 (a) Informant Mrs. Rose V. Madden
(b) Address 1124 Barclay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location 4300 Old Frederick Rd.

18 (a) Funeral director Elmer W. Cowperthwaite
(b) Address 924 E. Eager St.

19 (a) 1/23/43 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 20 1943, at 1 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Crushing injuries to thorax and abdomen — Duration

Due to accident

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 20 1943 at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? 412 Colvin St While at work? yes (Specify type of place)
(e) Means of injury Struck by falling object

23. Signature Robert Lee Yeatch M.D. Medical Examiner.
Date signed Jan 21 1943

G 00252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 00252 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 629 Annabel Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1234 Ridgley St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie M. Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name John Murphy

13. Birthplace Balto

MOTHER

14. Maiden Name ? Muhl

15. Birthplace Balto

16 (a) Informant Lyllian Clark

(b) Address Sereima Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23 - 43 (month) (day) (year)

(c) Cemetery or crematory Rosedale Park

Location Frederick Rd

18 (a) Funeral director Joseph Kaunakas Inc

(b) Address 600 Park Blvd

19 (a) Hamilton (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1943, at 1:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 7 1935, to Jan 21 1943 and that I last saw her alive on Jan 21 1943.

Immediate cause of death	Duration
Cardio Vascular Disease	
Due to Arteriosclerosis	1939
Due to	
Other Conditions Diabetes Mellitus	1935

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edward J Milan M.D. M. D.

Address 682 Washington Blvd Date signed 1-21-43

G 00253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157a

G 00253 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1723 Belt St.
(c) Hospital or institution:
(d) Length of stay in hospitcl or inst. (yrs., mos., or days) 2 yrs 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1723 Belt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PAUL EARL SEYMOUR (Path 56440)

3 (b) If veteran, name war ------
3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife ----
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 18, 1942

8. AGE: Years	Months	Days	If less than one day
	5	5	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation ----
11. Industry or business

FATHER
12. Name Earl Seymour
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Hollis B. Butler
15. Birthplace Baltimore, Md.

16 (a) Informant Family
(b) Address 1723 Belt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave.

18 (a) Funeral director J. Fenwick McCauley
(b) Address 130 E. Fort Ave.

JAN 29 1943 registrar for Huntington Williams, M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1943 at 6 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 18 19VV to Jan 23 19 43
and that I last saw h.im alive on Jan 21 19 43.

Immediate cause of death

Due to Oedema of Lungs + Pneumonia (Final)

Due to

Other Conditions Hydrocephalus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration
used over
4 mo

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. L. Lichtenberg M. D.
Address YY W Madison Date signed 1/28/43

G 00254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 00254 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street 524 Charing Cross Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ADDISON ABBOTT

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 217-07-1783

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ruth Abbott

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1891

8. AGE: Years 52 | Months 10 | Days 20 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Baker

11. Industry or business

FATHER
12. Name Unknown Abbott
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25, 1943 (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Baltimore, Md.

18 (a) Funeral director Frederick A. Cole
(b) Address 1300 W. Lombard St.

19 (a) [illegible] Registrar (b) Huntington Williams Registrar

JAN 23 1943 Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21, 1943, at 6:45p M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21, 1943 to Jan. 21, 1943, and that I last saw him alive on Jan. 21, 1943

Immediate cause of death	Duration
Infaction of myocardium	few hrs.
Due to Arteriosclerotic coronary thrombosis	2 weeks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address US Marine Hospital, Baltimore, Maryland. Date signed 1/22/43 M. D.

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

00255 G 66255

CERTIFICATE OF DEATH 88

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto Eye & Ear Hospital 1214 Eutaw Place St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bert Thos Everingham

(a) Residence: No. 3818 8th St Brooklyn St., 25-4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

Birth 66017

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EVERY information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shall state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) January 4th 1943

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Robert P. Everingham
14. BIRTHPLACE (city or town) (State or country) Albany N. Y.

MOTHER
15. MAIDEN NAME Anna Maddalla
16. BIRTHPLACE (city or town) (State or country) Albany N Y

17. INFORMANT Robert P. Everingham
(Address) 3818 8th St Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
Place Glen Haven Md Date 1/23/43 19

19. UNDERTAKER William M. Marcott
(Address) 715 Linden St

20. FILED JAN 23 1943 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1943 to Jan. 22, 1943
I last saw him alive on Jan. 22, 1943. Death is said to have occurred on the date stated above, at 12 00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Septicemia	1-21-43
Left Post Orbital Abscess	1-14-43

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? YES

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None

(Signed) Solomon Pearman M. D.
(Address) 1814 Eutaw Place

G 00256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. G 00256

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison & Linden

(c) Hospital or institution: Maryland General Hospital 8

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore 5

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1807 N. Caroline St.

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) **FULL NAME** Mrs. Lora Jane Hedman

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Andrew J. Hedman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/28/1865

8. AGE: Years	Months	Days	If less than one day
77	10	23	hr. min.

9. Birthplace Galva, Ill.

(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER

12. Name Alexander Crowl

13. Birthplace Pa.

MOTHER

14. Maiden Name Mary J. Espy.

15. Birthplace Pa.

16 (a) Informant Miss Mary C. Hedman

(b) Address 605 Cathedral St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/24/1943 (month) (day) (year)

(c) Cemetery or crematory Prescott, Kansas

Location

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

19 JAN 23 1943 (Date Rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1943, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 15 1942, to Jan 21 1943, and that I last saw her alive on Jan 21 1943.

Immediate cause of death Heart Failure — Duration

Due to Carcinoma of breast & Generalized metastasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Lew M. Zimmerman M.D.

Address 1 E. Read Date signed 1/25/43

VS 2

G 00257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95C

Registered No. G 00257

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Delaware (b) County
(c) City or town Richardson Park
(If outside city or town limits, write RURAL and give town)
(d) Street No. 500 S. Maryland Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LAWRENCE OLIN SIMPSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 244-07-4589

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sybil Burris

6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1909

8. AGE: Years	Months	Days	If less than one day
33	11	5	hr. min.

9. Birthplace Portsmouth, Virginia
(Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business

FATHER
12. Name Fabe Simpson
13. Birthplace North Carolina

MOTHER
14. Maiden Name Elsie Wyncher
15. Birthplace North Carolina

16 (a) Informant Records-US Marine Hospital.
(b) Address Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 23 1943 (month) (day) (year)
(c) Cemetery or crematory Family Burying Ground
Location Roanoke, Halifax Co.

18 (a) Funeral director Butterworth & Son
(b) Address 2220 N. Charles St.

19 (a) JAN 23 1943 (Date rec'd by Registrar) (b) Huntington Hill, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22, 1943 at 9:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 12, 1943 to Jan. 22, 1943 and that I last saw him alive on Jan. 22, 1943

Immediate cause of death	Duration
Pulmonary edema and hydrothorax	1 week
Due to Cardiac hypertrophy and dilatation	Unk.
Due to Subacute glomerulo nephritis	2 mo.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. C. Austin M. D.

Address US Marine Hospital, Baltimore, Maryland. Date signed 1/23/43

G 00258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

$3a

Registered No. G 00258

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1612 John St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 John St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Grace Howard Grimmel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Widow.

6 (b) Name of husband or wife Geo. F. Grimmel

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 26 1867

8. AGE: Years 75 | Months 11 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Housework-Home

11. Industry or business

FATHER
12. Name Benjamin Howard
13. Birthplace Md

MOTHER
14. Maiden Name Ann L. Dwight
15. Birthplace Md.

16 (a) Informant Mrs. Gilbert Groetsa
(b) Address 1612 John St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25 1943 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director Fenton Bode
(b) Address 2234 Eutaw St

19 JAN 23 1943 (Date filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23rd 1943 at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21 1943 to Jan 22 1943 and that I last saw her alive on Jan 22 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 2 Days

Due to Unknown

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Wm Conrad Bode M. D.
Address 900 Maryland Ave Date signed 1-23-43

VS 8

C-00259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. C-00259

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1745 E. Preston St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harvey Jones

3 (b) If veteran, name war W
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Ethel M
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5 1867

8. AGE: Years	Months	Days	If less than one day
75	5	18	hr. min.

9. Birthplace Dorchester County, Md. (Town, county, and state)
10. Usual Occupation Store Keeper
11. Industry or business

FATHER
12. Name Charles Jones
13. Birthplace Dorchester Co.

MOTHER
14. Maiden Name Mary B. Nichols
15. Birthplace Dorchester Co. Md.

16 (a) Informant Carroll Jones
(b) Address 1745 E. Preston St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/25/43 (month) (day) (year)
(c) Cemetery or crematory Fredericksburg
Location Fredericksburg, Fredericksburg, Md.

18 (a) Funeral director WILLIAM COOK, INC.
(b) Address 1217 St. Paul St., Balto. Md.

19 (a) Huntington Williams M.D. (Registrar)
(b) JAN 23 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1943, at 2 20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest & inspection find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death arteriosclerotic cardiovascular disease — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Scarborough M.D. (Medical Examiner)
Date signed Jan 22 1943

G 00260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

G 00260 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 808 William St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 808 William St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine L. Holzner

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow.

6 (b) Name of husband or wife Henry A. Holzner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4th 1872

8. AGE: Years	Months	Days	If less than one day
70	3	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name William Hubbard.
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Rosalia Fitz Patrick
15. Birthplace Balto. Md.

16 (a) Informant Rose Mart
(b) Address 107 E. Hughes St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25th 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore Lawn.
Location Balto.

18 (a) Funeral director Charles F. Dill
(b) Address 1501 E. Baltimore St. Baltimore, Md.

19 JAN 23 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1943 to Jan 21 1943 and that I last saw her alive on Jan 21 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Hemiplegia	3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Wheeler MD
Address 1229 William St Date signed 1-23-43 M. D.

VS 3

G 00261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11 9a

Registered No. G 00261

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 811 N. Kenwood ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Ronald Albert (Birth F 6637 3)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 2 43

8. AGE: Years | Months | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Peter Albert
13. Birthplace Indianapolis Ind

MOTHER
14. Maiden Name Dorothy Thurston
15. Birthplace Baltimore Md

16 (a) Informant Mrs Dorothy Albert
(b) Address 811 N Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 - 23 - 43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Md
Location Pulaski Hwy Baltimore Md

18 (a) Funeral director John E Miller Inc
(b) Address 2435 E Oliver St

19 JAN 23 1943 (Date Rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 22 1943 at 9:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1 - 17 1943 to 1 - 22 1943 and that I last saw him alive on 1 - 22 1943.

Immediate cause of death	Duration
Atelectasis & Malnutrition	
Due to Enteritis	15 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Krieg M.D.
Address Bon Secours Hosp Date signed 1/23/43

VS 3

C 00262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1330

Registered No. C 00262

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not abbreviate. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caton + Walbert

(c) Hospital or institution:

St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3927 Woodbourne Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Marion [redacted] (Callanan)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4 1901

8. AGE: Years 41 | Months 4 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace Mass.

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Dennis Callanan

13. Birthplace Mass

MOTHER 14. Maiden Name Margaret Sullivan

15. Birthplace Mass

16 (a) Informant Mary Pearl

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-43 (month) (day) (year)

(c) Cemetery or crematory New Calvary Cem

Location Boston Mass

18 (a) Funeral director Geo. A. Fenby

(b) Address Fulton + Fayette

19 (a) JAN 23 1943 (Date received by local registrar) (b) Registrar

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-22 1943 at 6 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1943 to Jan 22 1943 and that I last saw h[illegible] alive on Jan 22 1943.

Immediate cause of death Meningitis

Due to

Due to (or)

Other Conditions pyelitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

of autopsy meningitis, pyelitis, pelvis [illegible]

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Kathryn Rooney

Address St. Agnes Hosp. Date signed 1/22/43

G 00263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 169

G 00263

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Fill all blanks. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County York.
(c) City or town Hanover
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Pine St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Warner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Elizabeth Palmer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/16/1921

8. AGE: Years	Months	Days	If less than one day
21	1	7.	hr. min.

9. Birthplace New Jersey.
(Town, county, and state)

10. Usual Occupation Helper

11. Industry or business

FATHER
12. Name Norman Warner.
13. Birthplace Do not Know.

MOTHER
14. Maiden Name Laura Long.
15. Birthplace Do not Know.

16 (a) Informant Elizabeth Warner.
(b) Address 3 Pine St Hanover Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26 1943 (month) (day) (year)

(c) Cemetery or crematory Mt Haven Hanover Pa
Location Hanover Pa.

18 (a) Funeral director W. G. Fleiss
(b) Address Hanover Pa.

JAN 24 1943 (Huntington Williams M.D.)
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1943, at 9:20 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inspection thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy & inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Duration
Immediate cause of death Crushing injuries of head and thorax.
Due to accident
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 23 1943 at M
(c) Where did injury occur? Pier no 5 Port Covington
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Freight car While at work? yes
(Specify type of place)
(e) Means of injury Caught between freight cars

23. Signature Robert Lee Gretzinger M.D.
Medical Examiner.
Date signed Jan 23 1943

G 00264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00264
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Applicant should correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 426 E. Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jerold M. Cook

3 (b) If veteran, name war

3 (c) Social Security No. 435-03-[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband of wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1466

8. AGE: Years	Months	Days	If less than one day
37			hr. min.

9. Birthplace Texas
(Town, county, and state)

10. Usual Occupation Cabinnigger

11. Industry or business Shipbuilding Co

FATHER
12. Name H. W. Cook
13. Birthplace Texas

MOTHER
14. Maiden Name Artie Brussard
15. Birthplace Texas

16 (a) Informant Mrs. B. M. Fulbon
(b) Address 2918 Oaklawn, Dallas Texas

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Dallas Texas

18 (a) Funeral director Charles W. Dill.
(b) Address 3109 Frederick Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1943, at 1:50 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cardiac hypertrophy & dilatation	
Due to syphilitic aortitis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Bratcher M.D.
Medical Examiner.
Date signed Jan. 23 1943

VS 6

G 00265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43D

G 00265 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Direct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3104 Mareco ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3104 Mareco ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. O'Malley

3 (b) If veteran, name war: none

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Edward O'Malley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5 1889

8. AGE: Years 53 | Months 9 | Days 16 | If less than one day hr. min.

9. Birthplace Washington, Pa
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Franklin Ryan
13. Birthplace Unknown

MOTHER
14. Maiden Name Ella Ryan
15. Birthplace Unknown

16 (a) Informant Mr. Edward O'Malley
(b) Address 3104 Mareco Ave

17 (a) Removal (b) Date thereof 1 | 23 | 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Washington Cem.
Location Washington, Pa.

18 (a) Funeral director Howard H. Blight Jr.
(b) Address 4914 Belair Road

19 (a) JAN 24 1943 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1943, at 12.20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1942 to Jan 1943, and that I last saw h.er alive on Jan 19 1943.

Immediate cause of death: Acute cardiac dilatation

Due to: arteriosclerotic heart disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration
4 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Dunn O'Meara M. D.
Address 3105 Belair Rd. Date signed 1-23-43

G 00266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 83a

G 00266 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address COLD SPRING LANE
(c) Hospital or institution: COLD SPRING NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-13-
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 6730 PINE AVE. DUNDALK (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA BOWERS

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife BEMJIMAN BOWERS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) UNKNOWN

8. AGE: Years	Months	Days	If less than one day
ABOUT 74			hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name UNKNOWN
13. Birthplace IRELAND

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace IRELAND

16 (a) Informant ANNA CONNER (NIECE)
(b) Address 1100 S. CLINTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JANE 25/43 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location OLD FREDERICK ROAD

18 (a) Funeral director Lilly and Zeller INC
(b) Address 403 S. WOLFE ST.

JAN 24 1943 (Local Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 23 1943 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1943 to Jan 23 1943. and that I last saw her alive on Jan 22 1943.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. N. Futterman M. D.
Address 7324 Reisterstown Rd. Date signed 1/23/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

00267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00267

Registered No. 940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 264 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Heck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Lucy Connor Heck

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1879

8. AGE: Years	Months	Days	If less than one day
63 ~~64~~	11	20	hr. min.

9. Birthplace Crisfield, Md. (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Olin Bradshaw
(b) Address Crisfield, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29-43 (month) (day) (year)
(c) Cemetery or crematory Crisfield Cem. Christfield Md
Location Christfield Md.

18 (a) Funeral director John Bradshaw
(b) Address Christfield Md.

19 (a) 1943 (b) Jan 24 (Delivered by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/11/43, at 8.40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above. (Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary Thrombosis — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B McNally M.D. Medical Examiner.

Date signed 1/11/43 (Coroner)

00268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1480

G 00268
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1709 Ritchie House Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 & 2
(e) Length of stay in Baltimore (yrs., mos., or days) 63 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 Ritchie House Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice May Higginbotham

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband: Walter Higginbotham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 23rd 1873

8. AGE: Years	Months	Days	If less than one day
69	2	0	hr. min.

9. Birthplace Phila., Pa.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name William K. Johnson
13. Birthplace Ark.

MOTHER
14. Maiden Name Marion R. Taylor
15. Birthplace Phila., Pa.

16 (a) Informant Alice M. Coleman
(b) Address 3208 Washington Blvd

17 (a) Burial (b) Date thereof 1/26/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto.
Location " Md.

18 (a) Funeral director Wm Cook Jas
(b) Address 121 N. St. Paul St

19 (a) (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

JAN 24 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23rd 1943, at 12.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to Jan 23 1943 and that I last saw her alive on Jan 23 1943.

Immediate cause of death: Cancer of Cervix with metastasis — Duration

Due to: Cancer of Cervix

Due to:

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation June 1943

Major findings of operation: Cancer of Cervix

of autopsy: Squamous

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas S. Bowyer M. D.
Address Med Arts Bldg Date signed 1-23-43

VS 180

G 00269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00269 / 172 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if obtainable. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. V
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4215 Rogers Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Samuel Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-1492

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary Jane Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 21st 1876

8. AGE: Years	Months	Days	If less than one day
66	3	28	hr. min.

9. Birthplace Alexandria Va.
(Town, county, and state)

10. Usual Occupation Marine Engineer
Name of employer Sand + Gravel Co.

FATHER
12. Name Samuel S. Johnson
13. Birthplace Alexandria Va

MOTHER
14. Maiden Name Laura F. Beach
15. Birthplace Alexandria Va.

16 (a) Informant Harry C. Johnson
(b) Address 4215 Rogers Ave

17 (a) Burial (b) Date thereof 1/25/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery Oak Lawn
Location Eastern Ave - Extended

18 (a) Funeral director William Cook Inc
(b) Address 1207 St. Paul St

19 (a) JAN 24 1943 (b) Huntington Hilleque M.D.
(Date received by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1943 at 4:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Drowning — Duration

Due to accident

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 23/6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan. 19 1943 at 4:15 P M
(c) Where did injury occur? Pier #1 Canton
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Md. Drydock Co. While at work? Yes
(Specify type of place)
(e) Means of injury Lung boat capsized

23. Signature Robert Lee Bratton M.D.
Medical Examiner.
Date signed Jan 22 1943.

G 00270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00270 Registered No. 33W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the cause of death clearly and correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1008 Ridgewood Road Roland Park

(c) Hospital or institution: Baltimore 27

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore 14

(If outside city or town limits, write RURAL and give town)

(d) Street No. 100 B. Ridgewood Road

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Belle Purnell Moore

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W	Widowed

6 (b) Name of husband or wife John P. Moore deceased

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27. 1858

8. AGE: Years	Months	Days	If less than one day
84	2	27 26	hr. min.

9. Birthplace Snow Hill. Md.

(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business None

FATHER

12. Name Thomas D. Purnell,

13. Birthplace Snow Hill Md

MOTHER

14. Maiden Name Julia Gray

15. Birthplace Snow Hill Md.

16 (a) Informant Samuel K. Dennis

(b) Address Court House Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jany 25/43 (month) (day) (year)

(c) Cemetery or crematory Presbyterian.

Location Snow Hill Md

18 (a) Funeral director Hy. W. Jenkins & Sons Co. Inc.

(b) Address Baltimore Md

19 JAN 24 1943 Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 23 1943, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1943, to Jan 23 1943, and that I last saw her alive on Jan 16 1943.

Immediate cause of death Bronchopneumonia

Duration 2 mos

Due to Bronchopneumonia 6 days

Due to Grippe

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Wm. Gilman Thomas M. D.

Address 847 Park Ave Date signed

G 00271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

G 00271 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 O, Donnell St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4700 O, Donnell St.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth A. Webb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Charles W.
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) March 11, 1886

8. AGE: Years	Months	Days	If less than one day
56	10	10	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name George McCracken
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Victora Reinesh
15. Birthplace Baltimore Md.

16 (a) Informant Charles W. Webb
(b) Address 4700 O, Donnell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

JAN 24 1943 Hunting for Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1943 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1940 to Jan 21 1943 and that I last saw h[illegible] alive on Jan 21 1943.

Immediate cause of death Uraemia

Due to Chronic glomerulo-nephritis

Due to

Other Conditions Coronary heart disease, Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Galen J. Gould M. D.
Address 14 N. Eutaw Date signed 1-22-43

G 00272 ✓ G 00272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30 D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Sts.
(c) Hospital or institution: South Balto. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 413 E. Fort Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick H. WITTMER.

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 217-05-4725

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary M. Wittmer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct. 22, 1879

8. AGE: Years 63 | Months 3 | Days 0 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business: Western Electric Co

FATHER
12. Name: Philip Wittmer
13. Birthplace: Germany

MOTHER
14. Maiden Name: Helena B. Hubner
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs. Mary M. Wittmer
(b) Address: 413 E. Fort Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25, 1943 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet
Location: Frederick, Md.

18 (a) Funeral director: J. Howard Strong
(b) Address: 3207 W. North Ave.,

JAN 1943 (b) ...
Registered by registrar ... Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/22 1943, at 8:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 5, 1941, to Jan. 22 1943, and that I last saw him alive on Jan 22 1943.

Immediate cause of death: Bronchial hemorrhage — Duration:
Due to: Aneurysm of aorta
Due to:
Other Conditions: Chr. pleurisy
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operations:
of autopsy: Arteriosclerosis.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Paul A. Mangano M. D.
Address 1213 Light St. Date signed

G 00273 ✓ G 00273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be obtained and supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2307 - Barclay Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2307-Barclay Street
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country -

3 (a) FULL NAME Elizabeth G. McDermott

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Daniel J. McDermott
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.): 11/15/1877

8. AGE: Years	Months	Days	If less than one day
65	2	6	-- hr. -- min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business:

FATHER
12. Name: Timothy Murphy
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Alice (Barra)
15. Birthplace: Baltimore, Md.

16 (a) Informant: Everett W. Beall
(b) Address: 510-E. 21st. Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/43 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Edmondson Av. Balto. Md.

18 (a) Funeral director: George J. Ruth Inc.
(b) Address: 1735-Harford Ave.

19 JAN 24 1943 (Date received by Registrar) Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/21/1943 at 9:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1938 to January 2 1943. and that I last saw h.er alive on January 21 1943.

Immediate cause of death	Duration
Myocardial Degeneration	7 days
Due to Myocarditis	4 yrs.
Due to Arteriosclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation -
Major findings of operation -
of autopsy -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at - M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? -
(e) Means of injury

23. Signature: Thomas F. Mattie M. D.
Address 582 E 22nd St Date signed 1/23/43

VS 3

G 00274 ✓ G 00274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59R

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1931-E.31st. Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1931-E.31st. Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME James J. Dailey

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 217-05-8437

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Barbara (Huemmer)

6 (c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.) 1/11/1889

8. AGE: Years 54 | Months - | Days 10 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Cab-Driver

11. Industry or business: Diamond Cab Co.

FATHER
12. Name: James Dailey
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Margaret Flaherty
15. Birthplace: Ireland

16 (a) Informant: Mrs. Barbara Dailey
(b) Address: 1931-E.31st. Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/43 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore, Md.

18 (a) Funeral director: George J. Ruth, Inc.
(b) Address: 1735-Harford Ave.

JAN 24 1943 Registered by (Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1943, at 5:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 1936 to January 21 1943. and that I last saw him alive on January 20 1943.

Immediate cause of death: Arthritis deformans — Duration: 7 yrs.

Due to:

Due to:

Other Conditions: None

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: H. Bellet Cairns M. D.
Address: 817 Hamilton Terr. Date signed

G 00275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00275 ✓ Registered No. 107

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully verified. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 213 Light Street
(c) Hospital or institution: South Baltimore Gen Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 923 S Ellwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country Birth ✓

3 (a) FULL NAME Baby Boy Trotta (F-66286) ✓

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5 - 43

8. AGE: Years | Months | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Tony Trotta
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Evelyn Schmidt
15. Birthplace Balto. Md.

16 (a) Informant Tony Trotta
(b) Address 923 S. Ellwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. Nork. Ave.

18 (a) Funeral director John. A. McCann
(b) Address 3000 E Balto. St.

JAN 24 1943 (Date rec'd by registrar) Huntington Williams, M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1943 at 5-50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1943 to Jan 23 1943 and that I last saw h[illegible] alive on Jan 23 1943.

Immediate cause of death: Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Mayguenaro

Address 1213 Light St Date signed 1/23/43 M. D.

G 00276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 E

G 00276 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3217 E. Fairmount Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3217 E. Fairmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret J. Dougherty

3 (b) If veteran, name war **** | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife **** Thomas Dougherty
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1889

8. AGE: Years	Months	Days	If less than one day
53	I	I5	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House Work, Home
11. Industry or business

FATHER
12. Name Frank Ogle
13. Birthplace Maryland

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs Doloris Baker
(b) Address 3217 E. Fairmount Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof I/25/1943 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director John A. Mason.
(b) Address 3000 E. Baltimore St.

19 JAN 24 1943 (b) [illegible] Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan, 21 1943, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 4 1942, to Jan 21 1943 and that I last saw h[illegible] alive on Jan. 18 1943.

Immediate cause of death: Cancer of Descending Colon. Duration 1 yr.
Due to: Cachexia
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Israel Rosen M. D.
Address 2413 E. Monument St. Date signed 1/23/43

G 00277 ✓ G 00277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 1113 E. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pete Peter Kobzaruk

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-09-5901

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years	Months	Days	If less than one day
About 58			hr. min.

9. Birthplace Russian (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business American Sugar Refining

FATHER 12. Name Harry ?

13. Birthplace Russian ?

MOTHER 14. Maiden Name Helen ?

15. Birthplace Russian ?

16 (a) Informant Nick Kobzaruk

(b) Address 1113 E. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25-43 (month) (day) (year)

(c) Cemetery or crematory Holy Trinity Russian

Location Anne Arundle County

18 (a) Funeral director John A. Greb Funeral Dir.

(b) Address 1423 E. Baca St.

Jan 24 1943 Huntington Williams, Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 23 1943, at 5-20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio Vascular - renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard Lee Grafton M.D. Medical Examiner

Date signed Jan. 23 1943.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G 00278 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor 10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Reilly

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Edward Cilldmend
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Wilkinson
15. Birthplace Ireland

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wendefeld
(b) Address 914 Gwynn Oak Ave
JAN 24 1943 (Date rec'd by registrar) (by) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1943 at 2 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 - 1943 to Jan 22 - 1943, and that I last saw her alive on Jan 21 - 1943.

Immediate cause of death	Duration
Edema of Lungs -	1 day
Due to Chronic Myocarditis	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Bell Hall M. D.
Address 163 1/2 North Ave Date signed 1/23/43

VS 150

G 00279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 00279 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 E. Randall St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 E. Randall St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry J. C. Hoffman
3 (b) If veteran, name war (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W.	married

6 (b) Name of husband or wife Ida M. Hoffman (nee Collins) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1860

8. AGE: Years	Months	Days	If less than one day
83		11	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Appraiser
11. Industry or business Orphan's Court

FATHER
12. Name August Hoffman
13. Birthplace Germany

MOTHER
14. Maiden Name Magdelena Klein
15. Birthplace Germany

16 (a) Informant Ida M. Hoffman
(b) Address 420 E. Randall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk. Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Kistler
(b) Address 410 E. Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) JAN 24 1943 Registrar

Huntington Hotel, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21, 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15, 1943 to 1-21 1943 and that I last saw h- alive on 1-26 1943

Immediate cause of death: Coronary Thrombosis — Duration 1 wk.
Due to Arteriosclerosis — 5 yrs +
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. S. Tolliod M. D.
Address 705 S. Fort Ave. Date signed 1-22-43

G 00280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 00280 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 427 S. Eden St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 427 S. Eden St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME: John Romaniello

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of wife: Jennie Romaniello
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 24 1876

8. AGE: Years	Months	Days	If less than one day
66	11	29 21	hr. min.

9. Birthplace Montello Italy (Town, county, and state)
10. Usual Occupation Musician
11. Industry or business

FATHER
12. Name Matteo Romaniello
13. Birthplace Italy

MOTHER
14. Maiden Name Liberata Verzilli
15. Birthplace Italy

16 (a) Informant Joseph Romaniello (Son)
(b) Address 433 E. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Vaca
(b) Address 52 N. Morley St.

Jan 24 1943 (b) Huntingtown Hill

VS 8

MEDICAL CERTIFICATION

28. DATE OF DEATH Jan. 22, 1943, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1, 1940 to Jan 22, 1943, and that I last saw h.. alive on Jan 20, 1943.

Immediate cause of death	Duration
Coronary Thrombosis	2 mos.
Due to Arterio Sclerosis, hypertension	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene L. Cassagne M. D.
Address 514 Druid Park Lane Date signed 1/23/43

00281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo4da
(e) Length of stay in Baltimore (yrs., mos., or days) 1mo4da

2. USUAL RESIDENCE OF DECEASED:
(a) State Texas (b) County
(c) City or town Austin
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2306 Leon Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK ALOYSIUS GREIS

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 8 177 14 8978

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 25, 1894

8. AGE: Years 48 | Months 4 | Days 25 24 | If less than one day: hr. min.

9. Birthplace Yonkers, New York
(Town, county, and state)

10. Usual Occupation 2nd Mate

11. Industry or business

FATHER
12. Name George Greis
13. Birthplace Germany

MOTHER
14. Maiden Name Palpina
15. Birthplace Germany

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/25/43 (month) (day) (year)
(c) Cemetery or crematory ARLINGTON CEM Baltimore Md.
Location LANSDOWNE, Pa. Baltimore Md.

18 (a) Funeral director A. Lee Cole
(b) Address 4644 York Rd
Huntingtown Baltimore, Md.

JAN 25 1943
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 20. 19 43 at 11a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16, 19 42 to Jan. 20, 19 43, and that I last saw h im alive on Jan. 20, 19 43.

	Duration
Immediate cause of death: Bronchopneumonia, bilateral, mild with hydrothorax	3 da.
Due to Carcinomatosis (mets)	3 mo.
Due to Carcinoma, primary, left side of nose with metastases to lungs, liver, heart, lymphnodes	3 yrs.
Other Conditions Tuberculosis, pulmonary, chronic with ulceration, left	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Allen
Address US Marine Hospital, Baltimore, Maryland. Date signed 1/23/43

VS 150

G 00282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8307 Registered No. G 00282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 - N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. - Ten Hills
(If outside city or town limits, write RURAL and give town)
(d) Street No. Dewey Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JANE DE ARMOND HARMON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Eugene M. Harmon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11 - 1867

8. AGE: Years 75 | Months 3 | Days 12 | If less than one day hr. min.

9. Birthplace Cincinnatti, Ohio
(Town, county, and state)

10. Usual Occupation Wife

11. Industry or business

FATHER
12. Name J. A. DeArmond
13. Birthplace Ohio

MOTHER
14. Maiden Name Ann Ferris
15. Birthplace Ohio

16 (a) Informant Wm. M. Harmon (Son)
(b) Address 930 E. 25th St. Chester, Ohio

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26 - 1943 (month) (day) (year)
(c) Cemetery or crematory Arlington National
Location Va.

18 (a) Funeral director Sylvester Brown Co.
(b) Address Baltimore, Md.

19 JAN 25 1943 (Date received) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 - 24 - 1943, at 7:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1 - 9 1943, to 1 - 24 1943, and that I last saw h[illegible] alive on 1 - 24 1943.

Immediate cause of death Respiratory failure — Duration

Due to Cerebro - vascular accident

Due to

Other Conditions Hypertension — 2

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.

Address St. Joseph Hospital Date signed

VS 8

G 00283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 93N

G 00283 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison + Linden Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Cecil
(c) City or town Rising Sun
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Clayton McDowell

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 26 1885

8. AGE: Years	Months	Days	If less than one day
57	2	29	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Henry Clayton McDowell
13. Birthplace Pa

MOTHER
14. Maiden Name Mary Gifford
15. Birthplace Md.

16 (a) Informant Maryland General Hospital
(b) Address Madison St Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28 1943 (month) (day) (year)
(c) Cemetery or crematory Hopewell
Location Port Deposit Md.

18 (a) Funeral director G. E. Tyson
(b) Address Rising Sun Md.

19 (a) JAN 25 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1943, at 2:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/13 1943, to 1/25 1943, and that I last saw him alive on 1/25 1943.

Immediate cause of death	Duration
Heart Failure	
Cardio-vascular	
Due to Degenerative Myocardial	
Disease & Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jos. W. Zimmerman M. D.
Address Md. Ben. Hosp. Date signed 1/25/43

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

00284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 00284 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1757 Montpelier St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1757 Montpelier (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louisa B. Jones

3 (b) If veteran, name war no

3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Winfield S. Jones.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21. 1865

8. AGE: Years 77 | Months 7 | Days 1 | If less than one day hr. min.

9. Birthplace N. J. (Town, county, and state)

10. Usual Occupation House Duties

11. Industry or business at Home

FATHER
12. Name George Fohs
13. Birthplace France

MOTHER
14. Maiden Name Sophie Hamheiser
15. Birthplace N. J.

16 (a) Informant Winfield S. Jones
(b) Address 2637 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25, 1943 (month) (day) (year)
(c) Cemetery or crematory Western
Location City

18 (a) Funeral director Mc Dub. John B. Gruhl & Son
(b) Address 201 N. Fayette St.

19 (a) JAN 25 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1943, at 10 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 25 1942 to Jan 22 1943, and that I last saw him alive on Jan. 22 1943.

Immediate cause of death	Duration
Myocardial Insufficiency	3 day
Due to Arterio Sclerosis	10 yrs
Due to Diabetes	10 yrs
Other Conditions Coma	2 day

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. L. Jennemann M.D.
Address 2558 Reisterstown Rd Date signed 1/24/43

00285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 00285 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3113 Presbury St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3113 Presbury St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah V. Blamberg

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Louis A. Blamberg 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9. 1860

8. AGE: Years 82 | Months 7 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation House Duties

11. Industry or business

FATHER 12. Name William R. Morris (Norris)

FATHER 13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Sarah Merriken

MOTHER 15. Birthplace Baltimore Md.

16 (a) Informant George N. Blamberg.

(b) Address 216 Chauncey Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 1943 (month) (day) (year)

(c) Cemetery or crematory, London Park

Location City

18 (a) Funeral director Wm. Jno. John W. Geisel & Son

(b) Address 804 W. Fayette St. Huntington Building, Md.

19 (a) JAN 25 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1943, at 10 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1943 to Jan 24 1943, and that I last saw her alive on Jan 20 1943.

Immediate cause of death: Coronary occlusion — Duration 1 hr.

Due to: Arterio-sclerosis. — yrs

Due to: Senile decay

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Collins M. D.

Address 3381 Frederick Ave Date signed 1-24-43

VS 3

00286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47d

Registered No. G 00286

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. and Rutland Ave
(c) Hospital or institution:
Sinai Hospital of Baltimore, Inc.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 2258 Brookfield Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Abraham Newman

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Sarah Yaffe
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 19 1899
8. AGE: Years 43 | Months 6 | Days 5 | If less than one day hr. min.
9. Birthplace Poland.
(Town, county, and state)
10. Usual Occupation
11. Industry or business Liquor store

FATHER
12. Name Isaac Newman
13. Birthplace Poland.

MOTHER
14. Maiden Name Gertrude Holzman
15. Birthplace Poland

16 (a) Informant Mrs. Sarah Newman
(b) Address 2258 Brookfield Ave
17 (a) Burial (b) Date thereof Jan. 25/43
(Burial, cremation, or removal) (day) (year)
(c) Cemetery or crematory Hebrew Rendale
Location Philadelphia Pa
18 (a) Funeral director Sol Levinson & Bro.
(b) Address 1124 E. Lexington St. Baltimore, Md.
19 JAN 25 1943 (b) Huntington Maryland
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24 1943, at 4 A M
21. I certify that death occurred on the date above stated; that I attended deceased from 1-20 1943, to 1-24 1943, and that I last saw him alive on 1-24 1943.

Immediate cause of death: Carcinoma of lung — Duration 6 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Moreo M. D.
Address Sinai Hospital of Balto., Inc. Date signed 1-24-43
Monument St & Rutland Ave

VE 8

Please write plainly, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00287 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edwood & Brune Street
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1419 Brunt Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Raymond Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race Black

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Ida Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1910

8. AGE: Years 32 | Months 1 | Days 11 | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Williams
13. Birthplace N. C.

MOTHER
14. Maiden Name Maggie Gorham
15. Birthplace N. C.

16 (a) Informant Bertha Williams
(b) Address 1419 Brunt St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/25/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

JAN 25 1943 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1943 at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1943, to Jan 22 1943 and that I last saw him alive on Jan 22 1943

Immediate cause of death Tetanus

Due to Chronic ulcer on Rt foot

Due to

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. K. Thompson M. D.
Address University Hosp. Date signed 1/24/43

VS 150

G 00288

AB-79349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1778 Registered No. G 00288

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3Day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 3302 Dupont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles King

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
W	None	M	W	Married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23-1880

8. AGE: Years	Months	Days	If less than one day
62	10	1	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER
12. Name Charles King
13. Birthplace Md.
14. Maiden Name Matilda Simon
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Co. Md

18 (a) Funeral director Wilhelm Colston
(b) Address 1217 Eutaw St

19 JAN 25 1943 Registrar by Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24-1943, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-21 1943 to 1-24 1943, and that I last saw him alive on 1-24 1943.

Immediate cause of death: Bronchopneumonia — Duration 2 days

Due to: Intestinal obstruction due to volvulus — 5 days

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 1-21-43

Major findings of operation: Volvulus with gangrene of half of colon

Of autopsy: not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Schmeisser, M.D.
Address Baltimore City Hosp. Date signed 1/25/43

C 00289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. C 00289

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp. 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Winston Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew E Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-3518

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Hester O. Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 27 1866

8. AGE: Years	Months	Days	If less than one day
76	11	25	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Balmar Corp.

FATHER
12. Name Edwin A. Jones
13. Birthplace Maryland

MOTHER
14. Maiden Name Susan ?
15. Birthplace Maryland

16 (a) Informant Wilmer T. Jones
(b) Address 600 Winston Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25 43 (month) (day) (year)
(c) Cemetery or crematory St Mary's Hampden
Location Roland Ave

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul Street

19 (a) JAN 25 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1943, at 4:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular-renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Jan 23 1943

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

7/170C

G 00290 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Severn (If outside city or town limits, write RURAL and give town)
(d) Street No. Route No 1 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIE MILLS

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 401-18-1999

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or~~ divorced.
M	W	DIVORCED

6 (b) Name of husband or wife RUTH. MILLS.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 6-1906

8. AGE: Years	Months	Days	If less than one day
36	1	18	hr. min.

9. Birthplace KNOX CO. KENTUCKY. (Town, county, and state)
10. Usual Occupation LABORER.
11. Industry or business BETHLEHEM SHIP BLDG CO.

FATHER
12. Name JOHN D. MILLS
13. Birthplace KNOX CO. KENTUCKY.

MOTHER
14. Maiden Name BELLE SMITH
15. Birthplace KNOX. CO. KENTUCKY.

16 (a) Informant ALEX SMITH.
(b) Address SEVERN MD ROUT 1

17 (a) Shipping (Burial, cremation, or removal) (b) Date thereof 1-25-43 (month) (day) (year)
(c) Cemetery or crematory BARBOURVILLE
Location KENTUCKY.

18 (a) Funeral director Bernard C Hoyle
(b) Address 121 E West St.

19 JAN 25 1943 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1943, at 11 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary Occlusion of abdomen — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation 1-24-43
Major findings of operation: Ruptured liver
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 24, 1943 at M
(c) Where did injury occur? Ray Highway and Jackson St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? —
(Specify type of place)
(e) Means of injury pedestrian struck by auto

23. Signature H. L. Williams Jr M.D.
Date signed 1-24-43 Asst Medical Examiner.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00291 DAEHNKE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1316 Registered No. G 00291

1. PLACE OF DEATH: (a) Baltimore City, Maryland 2208 Elmira St. (b) Street address Baltimore Md. (c) Hospital or institution: — (d) Length of stay in hospital or inst. (yrs., mos., or days) — (e) Length of stay in Baltimore (yrs., mos., or days) 5 Yrs.

2. USUAL RESIDENCE OF DECEASED: (a) State Md. (b) County — (c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town) (d) Street No. 2208 Elmira St. (If rural give location) (e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Linda Paehnke

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife William Paehnke.

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) 2 20 10

8. AGE: Years	Months	Days	If less than one day
72	11	2	____ hr. ____ min.

9. Birthplace Germany. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER

12. Name Charles Schroeder.

13. Birthplace Germany.

MOTHER

14. Maiden Name Wilhelmine Bergmann

15. Birthplace Germany

16 (a) Informant William Paehnke

(b) Address 2208 Elmira St

17 (a) Attending physician (Burial, cremation, or removal) (b) Date thereof 11-25-43 (Month) (day) (year)

(c) Cemetery or crematory Werlein

Location Edgemoor Ave

18 (a) Funeral director Edward Fowler

(b) Address Ware Blvd

NOV 25 1943 Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22 19 43, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 11-20 19 43 and that I last saw her alive on Nov. 21 19 43.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to " "

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

Duration 2 wks 2 yrs.

PHYSICIAN

Underline the cause, to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. J. Glasser

Address 18 Hallam Emergency Hosp. signed 11-22-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and correct age is especially important.

C 00292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1938 Registered No. G 00292

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 611 W Lee st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 611 W Lee st
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Robert

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-07-7949

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1891

8. AGE: Years 51 | Months 4 | Days | If less than one day hr. min.

9. Birthplace SC (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business B and O R.R

FATHER 12. Name unknown
13. Birthplace S.C.

MOTHER 14. Maiden Name Matthews
15. Birthplace S.C.

16 (a) Informant Family Lawson
(b) Address 611 W Lee st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto. Md

18 (a) Funeral director James A Stayer
(b) Address 142 W Hill St

19 (a) JAN 23 1943 (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1943, at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1942 to Jan 22 1943 and that I last saw h... alive on Jan 22 1943.

Immediate cause of death: Myocarditis — Duration ? 1 yrs

Due to

Due to

Other Conditions Bronchial Asthma ? (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wilmer H. Walls M. D.
Address 5154 Gwynn Date signed 1/23/43

G 00293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119N

G 00293 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3715 Hudson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 da
(e) Length of stay in Baltimore (yrs., mos., or days) 12 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3715 Hudson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country South F 66709

3 (a) FULL NAME Joan L. McKinney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11, 1943

8. AGE: Years | Months | Days 12 | If less than one day 12 hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John L. McKinney

13. Birthplace Alabama

MOTHER 14. Maiden Name Theo. McWilliams

15. Birthplace Baltimore, Md.

16 (a) Informant Theo McKinney

(b) Address R 3715 Hudson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/24/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location Baltimore Md

18 (a) Funeral director Leonard J. Coyne

(b) Address 21 W. 25th St. Huntington Williams, M.D.

19 (a) (Registrar's signature) (b) Registrar

JAN 25 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1943 at 9:44 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1943, to Jan 24 1943, and that I last saw h alive on Jan 23 1943.

Immediate cause of death Acute Gastro Enteritis E. Dehydration — Duration 1-11-43

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Eisenhower M.D.

Address 24 E. 4th Ave. Date signed 1-25-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

G 00294 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 106 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2002 Division St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Bell 77271

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: black

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1889

8. AGE: Years 53 | Months 1 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Daniel Taylor
13. Birthplace Va.

MOTHER
14. Maiden Name Julia Davis
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Pk
Location Balto Co. Md.

18 (a) Funeral director William G Jackson
(b) Address 916 Penna. Ave

19 JAN 25 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1943, at 1:55AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 8 1942, to Jan. 22 1943, and that I last saw her alive on Jan. 22 1943.

Immediate cause of death — Duration

Pulmonary tuberculosis — 7 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ad Hasty
Address Balto City Hosp Date signed 1/23/43

VS 150

G 00295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

G 00295 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 731 W. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CARL MURBACH

3 (b) If veteran, name war	3 (c) Social Security Account No. 216-12-826

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 12-1885

8. AGE: Years	Months	Days	If less than one day
57	3	9	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Teller
11. Industry or business

FATHER
12. Name Jacob L. Murbach
13. Birthplace Germany

MOTHER
14. Maiden Name Philippina Effner
15. Birthplace Germany

16 (a) Informant Mrs Robert Gehring
(b) Address Edmondson Ave & Longview Rd

17 (a) Burial (b) Date thereof Jan 25/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md

18 (a) Funeral director F. R. Nugent Son
(b) Address 340 Eutaw St Baltimore, Md

19 (a) JAN 25 1943 Hunting
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1943 at 3 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said I find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed Jan 24 43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43N

G 00296 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1726 Portugal Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 Portugal St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maryanna Buzgierski (BUZROWSKI)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868 ?

8. AGE: Years	Months	Days	If less than one day
75 74			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER
12. Name Frank Tadejewski
13. Birthplace Poland

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Poland

16 (a) Informant Tillie Biittner Daughter)
(b) Address 1722 Portugal Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-43 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md

18 (a) Funeral director George A Weber
(b) Address 705 So Amin street

19 (a) JAN 25 1943 Hunter's Mills, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23rd 1943 at 11 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20 1943 to Jan. 23 1943 and that I last saw h[illegible] alive on Jan. 23 1943

Immediate cause of death	Duration
Myocardial Insufficiency	1 wk.
Due to Chronic Interstitial Nephritis and Cardiac Failure.	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John V. Kendricken M. D.
Address 1802 Eastern Ave Date signed 1-23-43

00297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1192

G 00297 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished as far as practicable. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 wks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1527 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elaine Bekowsky (Birth F 60794)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-18-42

8. AGE: Years	Months	Days	If less than one day
~~Hours~~	2	21	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Herman Bekowsky

13. Birthplace New York

MOTHER 14. Maiden Name Ethel Fellman

15. Birthplace New York

16 (a) Informant Hosp. Rec.

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL JAN 23 1943 Commissioner of Health

18 (a) Funeral director

(b) Address

19 JAN 23 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-10 1943 at 12:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1943 to 1-10 1943, and that I last saw her alive on 1-9-43 19

Immediate cause of death	Duration
Dyaneea E	
dehydration	
Due to unknown etiology	
Due to	
Other Conditions Prematurity	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore Kardash M. D.

Address Univ. Hosp. Date signed 1-10-43

VS 150

9764

(GOWAN)

00298 **HEALTH DEPARTMENT—CITY OF BALTIMORE** G 00298

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 459

CITY OF BALTIMORE: (No. 2011 Ashton St.) (Ward) 20

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Premature Birth Gowan — If U. S. Veteran specify WAR ...

(a) Residence: No. 2011 Ashton St., ... Ward. (Usual place of abode) (If non-resident give city or town and State) (Birth F 47618)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 20 43

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Gowan

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ida Woodlin

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Worker (Address) 2011 Ashton St

18. BURIAL, CREMATION, OR REMOVAL — Place ... 19 ...

UNIVERSITY MEDICAL SERVICE JAN 23 1943 Commissioner of Health

19. UNDERTAKER ... (Address) Huntington Williams, MD

20. JAN 25 1943 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 22, 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1943 to 22 1943

I last saw h— alive on Jan 21 1943 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Harry Glazerman M. D.

(Address) 22 W Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 3

9766

G 00293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132

G 00293 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument St & Rutland Ave.

(c) Hospital or institution: Sinai Hospital of Baltimore Inc, Aged Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 years

(e) Length of stay in Baltimore (yrs., mos., or days) 85 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City Balto.
(If outside city or town limits, write RURAL and give town)

(d) Street No. Sinai aged Home
(If rural give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Pauline Cohen

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	W

6 (b) Name of husband ~~or wife~~ Adolph Cohn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24 1854

8. AGE: Years	Months	Days	If less than one day
88	-	24	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Simon Marcus

13. Birthplace Germany

MOTHER 14. Maiden Name Henrietta Cohn

15. Birthplace Germany

16 (a) Informant Mrs. H. M. Cohn

(b) Address 7016 East 24th St. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/43 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship

Location Balto. Md.

18 (a) Funeral director Harris Homansville Inc.

(b) Address 902 Eastern Ave

19 (a) JAN 25 1943 (Date received by registrar) Wallace Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24- 1943, at 12 20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1943 to 1-24 1943, and that I last saw her alive on 1-24 1943.

Immediate cause of death	Duration
Uraemia	3 days
Due to Renal failure	
Due to (a)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Robert A. Moore M. D.

Address Monument St & Rutland Ave signed 1-24-43

VS 3

G 00300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X G 00300 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County New York
(c) City or town New York
(If outside city or town limits, write RURAL and give town)
(d) Street No. Alwyn Court, 7th Ave. 58th St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac M. Strauss

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	married

6 (b) Name of husband or wife Clara R. Strauss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1861

8. AGE: Years	Months	Days	If less than one day
81	4	7	hr. min.

9. Birthplace Maine
(Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Henry Strauss
13. Birthplace Germany

MOTHER
14. Maiden Name Fannie Kaufman
15. Birthplace Germany

16 (a) Informant Mrs. Clara R. Strauss
(b) Address 3306 Carlisle Ave.

17 (a) Entombment (b) Date thereof 1/27/43.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Cemetery or Crematory Greenmount Cemetery
Location Baltimore, Md.

18 (a) Funeral director Harris Sonnheim & Son
(b) Address 1902 Eutaw Place

19 (a) [illegible] Attending Physician
(Date received by Registrar) JAN 25 1943 Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24 1943, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 22 1943, to Jan. 24 1943, and that I last saw him alive on Jan. 24 1943.

Immediate cause of death	Duration
Acute pulmonary edema	
Due to Hypertensive Cardiovascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Etta C. Funk, M. D.
Address University Hosp. Date signed 1/24/43

G 00301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00301 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1702 Eutaw Place.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 724 Newington Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JONAS MEYER

3 (b) If veteran, name war ----------
3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1890

8. AGE: Years	Months	Days	If less than one day
52	6	13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Gustav Meyer.
13. Birthplace Germany.

MOTHER
14. Maiden Name Mina Stern.
15. Birthplace Germany.

16 (a) Informant Mrs. E. Newman.
(b) Address 611 Whitelock St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1.26.43. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Harris Funeral Home
(b) Address 1924 Eutaw Place.

19 (a) JAN 25 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24th. 1943, at 7:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/20 1943, to 1/24 1943, and that I last saw him alive on 1/24 1943.

Immediate cause of death Coronary thrombosis. — Duration 3 days.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel E. Bogorad, M.D.
Address 1905 W. Balto. St. Date signed 1/25/43

G 00302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 00302

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1500 E. Madison
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.J. (b) County Balto.
(c) City or town Turner Sta. Balto. Co.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 546 New Pittsburgh Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Zurinc Watkins.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 3 1942

8. AGE: Years	Months	Days	If less than one day
	4	18	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Child
11. Industry or business "

FATHER
12. Name Augustin Watkins
13. Birthplace Maryland

MOTHER
14. Maiden Name Marie Stevenson
15. Birthplace Maryland

16 (a) Informant Marie Stevenson
(b) Address Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25 1943 (month) (day) (year)
(c) Cemetery or crematory Dist Catonsy
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bloadley Ave

19 (a) JAN 25 1943 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/21/43 19 at 9:5 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.

Cause of death	Duration
Immediate cause of death: Broncho-pneumonia	
Due to:	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Grigsby B. Raichelly M.D. Medical Examiner.
Date signed 1/21/43

G 00303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 b

G 00303 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BLANKS RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 251 N. Bruce st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 251 N. Bruce st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margarett Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	S.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 17, 1907

8. AGE: Years	Months	Days	If less than one day
15	10	4	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name James Robinson

13. Birthplace Va

MOTHER 14. Maiden Name Elva Jones

15. Birthplace Md.

16 (a) Informant Elva Jones

(b) Address 251 N. Bruce st

17 (a) Burial (b) Date thereof 1/25/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy Anderson

(b) Address 1000 Brantley ave

19 (a) (b)
(Date received by registrar) Registrar

JAN 25

Hunting[illegible] Williams, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1943, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1943, to Jan 21 1943, and that I last saw H alive on Jan 20 1943.

Immediate cause of death Pulmonary Tuberculosis — Duration 1 yr.

Due to —

Due to —

Other Conditions Laryngeal T.B.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Douglas Sheppard M. D.

Address 1631 W. Brantley Date signed 1/25/43

G 00304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00304 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: So. Balt. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 201 S. Sharp St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Monroe

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-0948

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Colored	Married

6 (b) Name of husband or wife Hattie Monroe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, Age 42

8. AGE: Years	Months	Days	If less than one day: hr.	min.
42	10	21	9	00

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Robert Monroe
13. Birthplace North Carolina

MOTHER
14. Maiden Name Laura McGhenan
15. Birthplace North Carolina

16 (a) Informant Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/43 (Month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1010 Bradley Ave

19 (a) (Date received by Registrar) (b) Registrar

Hearing for Monroe, [illegible]

VS 15

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-22 1943 at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-12 1942 to 1-22 1943, and that I last saw him alive on 1-22 1942.

Immediate cause of death	Duration
(a) Bronchio-pneumonia	
Due to Carcinoma of Stomach	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 1-9-43

Major findings of operation: Ca of St

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Manganaro M. D.
Address 1213 Light St. Date signed

G 00305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 190

Registered No. G 00305

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Flet St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2806 Elliott St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary O'Connor

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1888

8. AGE: Years	Months	Days	If less than one day
55	9	11	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name James O'Connor
13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Bridget Higgins
15. Birthplace Pennsylvania

16 (a) Informant Lillian Klingler
(b) Address 2806 Elliott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/43 (month) (day) (year)
(c) Cemetery or crematory St. Matthews
Location Baltimore Md

18 (a) Funeral director Leonard J. Carrington
(b) Address 245 [illegible] Baltimore Md

19 (a) JAN 25 1943 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1943 at 10 15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Exposure to cold. — Duration

Due to Alcoholism

Due to

Other Conditions Pulmonary emphysema marked

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 24/6
(a) Accident, suicide, or homicide Accident?
(b) Date of occurrence January 1943 at ? M
(c) Where did injury occur? Lot near Pennsy R.R. (City or town) Unincorporated area.
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? not
(e) Means of injury Exposed buried to death.

23. Signature Robert L. D. Graham M.D. Medical Examiner
Date signed Jan 25 1943

427098

G 00306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 00306

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 E. Chase St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby George Barnhill (Birth-F 64881)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-17-42

8. AGE: Years | Months: 1 | Days: 5 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name George Barnhill
13. Birthplace

MOTHER 14. Maiden Name Aretha ?
15. Birthplace Md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A.A. County Md.

18 (a) Funeral director Mrs. Robert A. Elliott Dft.
(b) Address 1129 N. Carlin St

19 (a) JAN 25 1943 (Registrar) Huntington Hitchcock, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1943 at 7.23 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1942 to Jan 22 1943. and that I last saw him alive on Jan 22 1943.

Immediate cause of death Respiratory & Cardiac Failure

Due to Atelectasis

Due to Pneumonia

Other Conditions (Bilat.)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 1 wk 2 wks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Kibler M. D.
Address Johns Hopkins Hosp. Date signed 1/23/43

G 00307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 128

Registered No. G 00307

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3123 Dudley Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Auld.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Edward R. Auld

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1880

8. AGE: Years	Months	Days	If less than one day
62.	11	27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business self

FATHER
12. Name John Uhl
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Smith
15. Birthplace Maryland

16 (a) Informant David Auld, 3123 Dudley Ave.
(b) Address Johns Hopkins Hosp

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Maryland

18 (a) Funeral director Wm. Cook Sons
(b) Address 1 E. Baltimore St.

JAN 25 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/24/1943 7:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry & Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry & Autopsy find that said deceased came (Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death a. Peritonitis — Duration 24 hrs.
Due to Acute hemorrhagic pancreatitis — Duration 2 wks.
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Was autopsy: Yes. same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Douglas B. McNally M.D. Medical Examiner.
Date signed 1/27/43.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

G 00308

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 00308
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Same

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County St Mary's
(c) City or town DEMERON DAMERON
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROGERS, Rosalee (Rosa Lee Rogers)

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Hayes Rogers

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Oct 23, 1919

8. AGE: Years 23 | Months 3 | Days 0 | If less than one day: hr. min.

9. Birthplace Franklin, North Carolina (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name T. L. Henson (Hanson)
13. Birthplace Franklin, N.C.

MOTHER
14. Maiden Name Ethel Bradley
15. Birthplace Otto, N.C. (Franklin, N.C.?)

16 (a) Informant hospital records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 25, 1943 (month) (day) (year)
(c) Cemetery or crematory
Location Otto, Macon Co., N. C.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md. Williamsport, Md.

19 (a) JAN 25 1943 (Date received by registrar) Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 23 1943 at 10:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 23 1943 to JAN 23 1943, and that I last saw him alive on JAN 23 1943.

Immediate cause of death: Peripheral circulatory collapse — Duration: 1½ days
Due to: meningococcemia
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Margaret H. D. Smith M. D.
Address Sydenham Hosp Date signed 1-28-43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly

G 00309

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G 00309 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf. 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2324 N. Calvert.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine V. Keys.

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife. --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) about 1862

8. AGE: Years	Months	Days	If less than one day
about 80			hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Richard Keys
13. Birthplace Maryland C

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Elsie E. Hastings
(b) Address 1815 Thornton Rd.

17 (a) Burial (b) Date thereof 1/26/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md. Williamsport, Md.

19 (a) (b)
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23, 1943, at 9 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-23 1943 to 1-23 1943 and that I last saw her alive on 1-23 1943

Immediate cause of death	Duration
(a) Arteriosclerotic H.D.	
Due to (b) Arteriosclerosis Gen.	
Due to (c)	
Other Conditions Infected Abrasions Leg Varicose Ulcers Legs Bilat	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Z. Reichmann, M.D.
Address Church Home & Inf. Date signed 1/27/43

VS 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Please write the causes of death clearly and legibly. correct age is especially important. Physicians: please

C 00310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93F

G 00310 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 E. Preston St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 E. Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth E. Brack

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife George E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1869

8. AGE: Years	Months	Days	If less than one day
73 75	8	17	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Seifert
13. Birthplace Germany

MOTHER
14. Maiden Name Zehner
15. Birthplace

16 (a) Informant Mrs Mabel Brack
(b) Address 2211 E. Preston Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Lemmon Funeral Home
(b) Address 1000 W. Lanvale Ave. Baltimore Md

19 (a) JAN 25 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1943, at 6 40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Jan 28 1943

VS 6

G 00311

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 d G 00311 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 E. Preston ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 E. Preston ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George C. Bracke

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-3504

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Elizabeth P.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1870

8. AGE: Years	Months	Days	If less than one day
72 72	4	10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Supervisor
11. Industry or business Md. Casualty Co.

FATHER
12. Name Charles Ernst Bracke
13. Birthplace Germany

MOTHER
14. Maiden Name Henrietta Theobet
15. Birthplace Germany

16 (a) Informant Mrs Nettie Bracke
(b) Address 224 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore, Maryland

18 (a) Funeral director Wm J. Tichnor & Son
(b) Address North & Penna Ave Baltimore Md. Hunting

19 (a) (Address of registrar) (b) Registrar

JAN 25 1943

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1943, at 6 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Graham M.D. Medical Examiner.
Date signed Jan 23 1943

correct age is especially important. Physicians: please write the causes of death clearly

G 00312

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

G 00312 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 St. Paul St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Turner

3 (b) If veteran, name war | 3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1881

8. AGE: Years 61 | Months 7 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name Richard Turner
13. Birthplace Charles County, Md

MOTHER
14. Maiden Name Sarah Coulter
15. Birthplace Charles County Md.

16 (a) Informant Mabel Wilson
(b) Address 101 Carroll Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Mr. George H. Williams
(b) Address 1631 Druid Hill Ave

19 (c) JAN 25 1943 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1943 at 6 40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 9 1943 to Jan 21 1943, and that I last saw him alive on Jan. 21 1943.

Immediate cause of death	Duration
Congestive Heart Failure	
Due to Myocardial Insufficiency	
Due to Generalized Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. H. Baynes M. D.
Address Provident Hospital Date signed 1-22-43

VS 8

G CC313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

G 00313 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Underlining or capitalizing the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6420 Reisterstown Road

(c) Hospital or institution: Mount Hope Retreat

(d) Length of stay in hospital or inst. (yrs., mos., or days) 38-9-0

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2207 East North Ave (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Garvey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1869

8. AGE: Years	Months	Days	If less than one day
73	10	16	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER 12. Name Peter Garvey

13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Garvey

15. Birthplace Ireland

16 (a) Informant Mount Hope Retreat

(b) Address 6420 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-1943 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Location Old Frederick Rd.

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (W. E. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 1943, at 7:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934 to Jan. 23 1943 and that I last saw her alive on Jan. 23 1943

	Duration
Immediate cause of death: General arteriosclerosis	
Due to: Left Cerebral Hemorrhage	1 wk.
Due to:	
Other Conditions: Melancholia	30 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Damian P. Magin M. D.

Address 33 W. Burdett Ave Date signed

VS 8

G 00314

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G 00314

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Calvert 933-35
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days): Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: Baltimore
(c) City or town: Ruxton (If outside city or town limits, write RURAL and give town)
(d) Street No.: Berwick Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME: Katherine Fowke Robertson Hill

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no
4 Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Wm. P. Hill
6 (c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): Sept. 27, 1888
8. AGE: Years: 54 | Months: 3 | Days: 28 | If less than one day: hr. min.
9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: none
11. Industry or business: none

FATHER
12. Name: Alex. H. Robertson
13. Birthplace: Md.

MOTHER
14. Maiden Name: Estelle Fisher
15. Birthplace: Md.

16 (a) Informant: Mr. Wm. P. Hill (Husband)
(b) Address: Ruxton - Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 27-43 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville

18 (a) Funeral director: Stewart & Myers Co.
(b) Address: 108 W. Saratoga Ave.

19 (a) Jan 25 (Date rec'd by registrar) (b) 43 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 24 1943, at 6 25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an entry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Burns, 2nd & 3rd degree entire body — Duration:
Due to:
Due to:
Other Conditions: no
(Include pregnancy within 3 months of death)
Major findings:
Of operations: no
Of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: Jan 19, 1943 at 10 A.M.
(c) Where did injury occur? at home address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury: Robe caught fire while making eggnog

23. Signature: T. L. Wollenweber M.D. Medical Examiner.
Date signed: 1-25-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

462

G 00315

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere Ave
(c) Hospital or institution:
Hebrew Home for the Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 months
(e) Length of stay in Baltimore (yrs., mos., or days) 27 17

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvedere
(Rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sam Rubin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	

6 (b) Name of husband or wife Gertrude Rubin
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
69	-	-	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Isaac Spiceman
13. Birthplace Russia

MOTHER
14. Maiden Name Baila —
15. Birthplace Russia

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location Ort. Free burial

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto. St.

19 (a) [illegible] (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

JAN 26 1943

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1943, at M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19..., to 19..., and that I last saw h... alive on 19...

Immediate cause of death Carcinoma of colon
splenic flexure — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of colon

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Edmund Kern
Address Lewndale Date signed 1/25/43 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00316 ✓ G 00316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83 N

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere Aves.
(c) Hospital or institution:
Hebrew Home for the Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 5 17

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. .....
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Jacob Kaplan

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Bessie Kaplan
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) [illegible] 60
8. AGE: Years 83 | Months - | Days - | If less than one day ..... hr. ..... min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business .....

FATHER
12. Name Meyer Aaron Kaplan
13. Birthplace Russia

MOTHER
14. Maiden Name .....
15. Birthplace Russia

16 (a) Informant Records
(b) Address .....
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Hebrew Rm
Location Sinai Park
18 (a) Funeral director Jacob Lewis Inc
(b) Address 1739 E. Balto. St
19 (a) JAN 25 1943 (b) .....
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25- 1943, at 5 9, M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-21- 1943. to 1-25-1943.
and that I last saw h~~im~~ alive on 1-25-1943.

Immediate cause of death	Duration
Right cerebral haemorrhage	
Hypertension, Arteriosclerosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....
23. Signature H Edmund Levin
Address Leverdale Date signed 1/25/43

VS 3 Huntington Williams, M.D.

PRINT WRITE PLAINLY, WITH CAPITAL LETTERS, AND BLACK INK. ANSWER ALL QUESTIONS, IF INFORMATION IS UNKNOWN SHOULD BE STATED. correct age is especially important. Physicians: please write the causes of death clearly and legibly

G 00317

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50

G 00317
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4111 Fairview ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No 4111 Fairview ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Hannah Schiffman

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Married

6 (b) Name of husband or wife Sidney H.
6 (c) If alive, give age 45 years
7. Birth date of deceased (mo., day, yr.) 6-6-1898

8. AGE: Years	Months	Days	If less than one day hr.	min.
44	6	17		

9. Birthplace New York U.S.A. (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name Samuel Rubin
13. Birthplace Russia

MOTHER
14. Maiden Name Clara Ackerman
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-43 (month) (day) (year)
(c) Cemetery Beth Hebrew Cemetery
Location Belair Rd

18 (a) Funeral director Jos Lewis Inc
(b) Address 1439 E. Balto St.

19 (a) (Date rec'd by registrar) JAN 25 1943 (b) Hunting for Willi Bowers

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1943, at 2:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to Jan 23 1943, and that I last saw her alive on Jan 20 1943.

Immediate cause of death Pulmonary edema — Duration 20 hrs.
Due to general metastasis — 20 mos.
Due to Carcinoma of breast — 30 mos.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Aug 6 1940 ?
Major findings of operation: Carcinoma of breast
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank Lemmon M. D.
Address 4004 Liberty Heights Ave Date signed 1/23/43

G 00318

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

G 00318 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2013 Baker St
(c) Hospital or institution:

14

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1500 John St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eva Stevenson

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Memphis Tenn. (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Moses Hornstein
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Son Frank Stevenson
(b) Address 3616 Fernhill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Pulaski Hwy & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1432 E. Balto St

19 (a) [illegible] (b) Huntington Avenue, Baltimore, Md.

JAN 25 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24 1943, at 11:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/18 1943, to 1/24 1943, and that I last saw h[illegible] alive on 1/24 1943.

Immediate cause of death: Acute Coronary Thrombosis — Duration

Due to Ch Diabetes

Due to Ch Hypertention

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature O. H. Hornstein M. D.
Address 733 Aisquith St Date signed 1/25/43

G 00319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

178A

G 00319 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1209 N. Decker Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES E. GALLUP SR.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-05-6957

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Lena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17 1878

8. AGE: Years	Months	Days	If less than one day
64	1 2	29.5	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business Labor

FATHER
12. Name James Gallup
13. Birthplace Wilmington, Delaware

MOTHER
14. Maiden Name Mary ?
15. Birthplace Germany

16 (a) Informant Lena Gallup
(b) Address 1209 N. Decker Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North Ave. Balto.

18 (a) Funeral director Wendell P. Lispel
(b) Address 2400 Eutaw Place

19 (a) JAN 25 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1943 at 7 a. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Carbon monoxide asphyxiation	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1-22-43 at M
(c) Where did injury occur? (City or town) (County) (State) home address
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work?
(Specify type of place)
(e) Means of injury Carbon gas from heating stove

23. Signature H. W. Williams M.D.
Medical Examiner.
Date signed 1-23-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00320 ✓ G 00320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 655 Haw
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. or location 655 Haw (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Strickland
3 (b) If veteran, name war W.W. I
3 (c) Social Security Account No. 242-01-9017
4. Sex Male
5. Color or race Col
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 19, 1900
8. AGE: Years 42 Months 9 Days — If less than one day hr. min.
9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business
FATHER 12. Name John Strickland
13. Birthplace Balto Md.
MOTHER 14. Maiden Name Cora Jones
15. Birthplace Salisbury Md.
16 (a) Informant
(b) Address 655 Haw St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26-43 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location
18 (a) Funeral director Mr. Peter R. Williams
(b) Address 322 N. Schroeder St
19 (a) JAN 25 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1943, at 9 9 M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1943 to Jan 19 1943 and that I last saw h— alive on Jan 19 1943.

Immediate cause of death Myocarditis — Duration 6 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible] M.D.
Address [illegible] Date signed 1/25/43

VS 2

G 00321 •

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 8 00321

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 725 W. Mulberry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 725 W. Mulberry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME THOMAS SMITH

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name ~~of husband~~ or wife Katie Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9 1873

8. AGE: Years	Months	Days	If less than one day
69	3	12	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Warnick ?
15. Birthplace Maryland

16 (a) Informant Harriett Kearney
(b) Address 725 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28 43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (c) Funeral director Mrs Katie R Williams
(b) JAN 25 1943 Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1943 at 9P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Carcinoma of Lung

Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. A. Wallenmeyer M.D.
Asst Medical Examiner.

Date signed Jan 22 - 43

G 00322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00322

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1645 Dorley Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Ly

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1645 - Dorley Ave (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME George Edward Baker Sr. (Birth F 5 27)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Mas. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1/27/1874

8. AGE: Years — | Months 1 | Days 3 | If less than one day — hr. — min.

9. Birthplace Balt. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Geo. Edw. Baker
13. Birthplace Baltimore

MOTHER 14. Maiden Name Pauline Melber
15. Birthplace Baltimore

16 (a) Informant Geo. Edw. Baker
(b) Address 1645 - Dorley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto Md.

18 (a) Funeral director George J. Kelly
(b) Address 220 N. Eutaw St.

19 (a) (Date rec'd by reg.) JAN 26 1943 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 23 1943, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21 1943, to Jan 23 1943 and that I last saw him alive on Jan 23 1943.

Immediate cause of death Paralytic Ileus
2 and intermittent bowel

Duration 2 Ds

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Paralytic Ileus and intermittent

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jos. J. Kenny M. D.
Address 2700 Hanford Rd. Date signed Jan 25 1943

Please write plainly, with ink. Underline and fill in all applicable items. Be sure to give correct age in each case. Physicians: please write the causes of death clearly and legibly.

C 00323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47

Registered No. C 00323

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Hoffman Sts.
(c) Hospital or institution:
St, Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 154 N. Decker Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael L. Lahey

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	Male	White	Single

6 (b) Name of husband or wife ######
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1878

8. AGE: Years	Months	Days	If less than one day
64	8 9	14	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Street Paver
11. Industry or business For Baltimore City

FATHER
12. Name Thomas Lahey
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Readron
15. Birthplace Ireland

16 (a) Informant Mary Ella Lahey
(b) Address 319 N. Ellwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John A. Moran.
(b) Address 3000 E. Baltimore St.

19 (a) JAN 25 1943 (Date received by registrar) (b) Huntington Williams, M.D. (Signature of registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1943, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1943 to Jan. 22 1943 and that I last saw him alive on Jan. 22 1943.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Carcinoma of left Lung.	
Due to	
Other Conditions [redacted]	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Fuesting M. D.
Address St. Joseph's Hospital Date signed 1-22-43

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 00324 ✓ G 00324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2908 E. Balt. St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter W. Thompson

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 219-03-0433

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nellie F. Thompson

6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Aug 27 1867

8. AGE: Years: 75 | Months: 5 | Days: 26 | If less than one day: hr. min.

9. Birthplace: Chicago, Ill.
(Town, county, and state)

10. Usual Occupation: Steel worker

11. Industry or business: Beth. Steel Co.

FATHER
12. Name: William Thompson
13. Birthplace: Louisianna

MOTHER
14. Maiden Name: Sallie Carr
15. Birthplace: Kentucky

16 (a) Informant: Mrs Nellie F. Thompson
(b) Address: 2908 E. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/1943 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location: Taylor Ave. Parkville.

18 (a) Funeral director: John A. Moran.
(b) Address: 3000 E. Baltimore St.

19 (a) JAN 25 1943 (Date received by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/23 1943, at 8 22 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/21 1943 to 1/23 1943, and that I last saw h[illegible] alive on 1/23 1943.

Immediate cause of death: Arterial sclerosis
Duration:
Hypertensive C-V-R. disease
Senile broncho pneumonia

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
[illegible] Md.
Date signed 1/23/43

VS 3

G 00325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940 C 00325 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 106 N. Chester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL, and give town)
(d) Street No. 106 N. Chester St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jennie Dunovitz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Jack

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Soloman Nathan

13. Birthplace Russia

MOTHER 14. Maiden Name Ida

15. Birthplace Russia

16 (a) Informant Husband

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-25- (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location Ferguson Hall Rd.

18 (a) Funeral director Jack Lewis Inc.

(b) Address 1439 E. Balto St

19 (a) (Date rec'd by Registrar) JAN 25 1943 Filled in by Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24-43 19 , at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/24 1943 to 19 , and that I last saw her alive on 1/24 1943.

Immediate cause of death — Duration

Due to Coronary Thrombosis

Due to Coronary Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles Flom

Address 3215 Eastern Date signed 1/25/43 M. D.

G 00326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 928

G 00326 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1330 W. Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1330 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) FULL NAME Emma F. Romoser

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1873.

8. AGE: Years 69 | Months 5 | Days 22 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles Romoser
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Elizabeth Haily
15. Birthplace Balto. Md.

16 (a) Informant Mrs. James Romoser
(b) Address 1330 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24/43 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave. & Longwood St

18 (a) Funeral director Harry H. Ritzke
(b) Address 401 Edmondson Ave

19 (a) (Date rec'd by registrar) (b) Registrar

JAN 25 1943 Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22/43, 19, at 9:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/20 1942 to 1/22 1943 and that I last saw her alive on 1/22 1943.

Immediate cause of death	Duration
Mitral Insufficiency	1
Due to Arteriosclerosis	?
Due to Hypertension	?
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carl A. Roetling, M.D.
Address 1326 W Lombard St Date signed 1/25/43

G 00327 ✓ G 00327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93N

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St.& Rutland Ave.
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 909 Lake Drive.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3 (a) FULL NAME ISIDOR HIMMEL

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
----------	None	Male	White	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1874

8. AGE: Years	Months	Days	If less than one day
69		3	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired Furniture Mnfgr
11. Industry or business

FATHER
12. Name Moses L. Himmel,
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Hannah Coblens,
15. Birthplace Baltimore, Md.

16 (a) Informant Miss. Jeannette Himmel,
(b) Address 909 Lake Drive.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/ 27 /43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Harris Levine & Son.
(b) Address 1902 Eutaw Place.

19 (a) (Date rec'd) JAN 25 19[illegible] (b) ..... Registrar
Livingston Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25th. 19 43 at 3 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 22 1943, to Jan 25 1943, and that I last saw h[illegible] alive on Jan 25 1943.

Immediate cause of death Myocarditis
arteria Sclerosis
acute cardiac dilatation

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Benjamin Kadan M. D.
Address 2306 Eutaw Place Date signed 1/25/43

Correct age is especially important. Physicians, please write the cause of death plainly and fully.

Spec.—1-50—M. & T.—650 Blks

00328 ✓ G 00328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 246 S. Washington ST., 7 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Premature birth no name

(a) RESIDENCE NO. 246 S. Washington ST., WARD
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: Colored | 5 Single, Married, Widowed, or Divorced. (write the word) Premature birth

6 If married, widowed, or divorced HUSBAND of WIFE of

7 DATE OF BIRTH (month, day, and year) January 23-1943

8 AGE: Years | Months | Days | If LESS than 1 day, hours or minutes

9 OCCUPATION OF DECEASED

10 Trade, profession, or particular kind of work

11 General nature of industry, business, or establishment in which employed or employer

12 Name of employer

13 Birthplace (State or foreign country)

14 Name of father

15 Birthplace of father (State or foreign country)

16 Maiden name of mother

17 Birthplace of mother (State or foreign country)

18 I saw the deceased from Jan 23 1943 to Jan 24 1943, that I last saw h.. alive on Jan 23 1943, and that death occurred, on the date stated above, at 3 A m.

19 Signature and title

20 Address

MEDICAL CERTIFICATE OF DEATH

21 DATE OF DEATH (month, day, and year) January 24-1943

22 I HEREBY CERTIFY, That I attended deceased from January 23 1943 to January 24 1943, that I last saw h.. alive on Jan 23 1943, and that death occurred, on the date stated above, at 3 A m.

The CAUSE OF DEATH* was as follows:

Premature birth

11 hours
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

23 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What were confirmed diagnosis? Fetal condition

Signed Samuel Silverstein, M. D.

(Address) 22 S. Broadway

*Fill in the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

24 PLACE OF BURIAL, CREMATION OR REMOVAL: [illegible] DATE OF BURIAL: JAN 25 1943

UNDERTAKER [illegible] ADDRESS

269 [illegible]

00329 ✓ G 00329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 510 N. Gilmor ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 N. Gilmor ST.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Amos Hines

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-18-9835 (F)

4. Sex Male. 5. Color or race W. 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lillie Hines

6 (c) If dead, give age at time of decease

7. Birth date of deceased (mo., day, yr.) 8-19-1872

8. AGE: Years 70 Months 5 Days 6 If less than one day, hrs. or min.

9. Birthplace Halifax Co. N.C (State, country, and county)

10. Usual Occupation Laborer.

11. Industry or business

PARENTS

12. Name Joseph Hines

13. Birthplace Halifax Co. N.C.

14. Maiden Name Jane Hackaday

15. Birthplace Halifax Co. N.C.

16 (a) Informant Mary Hicks (Sister)

(b) Address Fort Pierce Fla.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL JAN 25 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 JAN 25 1943 (Date rec'd by registrar) (Signature) Hunting Williams M.D. (Address)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1943, at 3 45 P M

20. I certify that death occurred on the date above stated; that I attended deceased from Jan 18 1943, to Jan 25 1943, and that I last saw him alive on Jan 18 1943;

Immediate cause of death

Hypostatic Cardio-Pneumonia of pneumonia

Due to Hypostatic

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Herbert Hunting Jr. M. D.

Address 724 Madison Ave. Date signed 1-21-43

VS 2

9768

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G 00330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

Registered No. G 00330

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 731 W. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 23 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give county)
(d) Street No. 731 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James A. Scoccini

3 (b) If veteran, name war: none

3 (c) Social Security Account No. None

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28 1877

8. AGE: Years 65 Months 7 Days 26 If less than one day hr. min.

9. Birthplace Cravagliana Novia Italy
(Town, county, and state)

10. Usual Occupation Watchmaker

11. Industry or business Unemployed

FATHER
12. Name Martino Scoccini
13. Birthplace Italy

MOTHER
14. Maiden Name Anna Galletti
15. Birthplace Italy

16 (a) Informant Italian Passport
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 (a) [illegible] Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1943 at 4 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 24 1943 to Jan 27 1943 and that I last saw [illegible] alive on Jan 27 1943.

Immediate cause of death: Uremia, 7 days
Due to Cardiac Failure, 3 days
Due to Cardiac Vascular ?
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Glassman M. D.
Address 753 W. Fayette St. Date signed Jan 27 1943

VS 3

correct age is especially important. Physicians: please write the causes of death clearly

G 00331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 00331
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1015 Race St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 Race St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arnold Foster (Birth F 6 2739)

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	–

6 (b) Name of husband or wife –
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 30, 1942

8. AGE: Years	Months	Days	If less than one day
	2	23	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation –
11. Industry or business –

FATHER
12. Name Otto Green
13. Birthplace Gloucester County, Va.

MOTHER
14. Maiden Name Vivian Foster
15. Birthplace Gloucester Co, Va.

16 (a) Informant Vivian Foster
(b) Address 1015 Race st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28, 1943 (month) (day) (year)
(c) Cemetery or crematory [illegible]
Location

18 (a) Funeral director Wm. Katie P. Williams
(b) Address 3229 Pennsdale St

19 (a) JAN 25 1943 (Date received by registrar) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/23 1943, at 11.00 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to natural death on the day stated above.

Immediate cause of death Broncho-pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. Mitchell M.D.
Medical Examiner.
Date signed 1/24/43.

G 00332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

✓ G 00332 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2648 Wilkens avenue
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) --20
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2648 Wilkens avenue (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME CATHERINE E. HENDERSON

3 (b) If veteran, name war ---
3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband or wife John F. Henderson
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1866

8. AGE: Years	Months	Days	If less than one day
76	2	10	... hr. ... min.

9. Birthplace Leesburg, Va. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name John Kearney
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant John F. Henderson
(b) Address 2648 Wilkens avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral Thos. J. Evans & Son
(b) Address 48 N. Mt. Royal Ave

19 (a) JAN 25 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1943, to Jan 23 1943, and that I last saw her alive on Jan 23 1943.

Immediate cause of death Carcinoma of breast — Duration About 1½ years
Due to Carcinoma
Due to
Other Conditions Metastases to lung.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Gordon M. D.
Address 101 W. Eager St Date signed 1-25-43

G 00333

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

178 A

Registered No. G 00333

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Rural, Parkville (If outside city or town limits, write RURAL and give town)
(d) Street No. 2917 Hiss Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vola Stewart Halsey

3 (b) If veteran, name war: —

3 (c) Social Security Account No. 212-05-1510

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nelson D. Halsey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22-1907

8. AGE: Years 36 | Months — | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)

10. Usual Occupation Operator

11. Industry or business C. & P. Telephone Co.

FATHER
12. Name Bradley A. Shutt
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ethel B. Reynolds
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Ethel B. Shutt
(b) Address 3114 Royston Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26-1943 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 5[illegible] Falls Road, Huntington Williams, Md.

19 (a) JAN 25 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1943 at 6.55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to natural death on the day stated above.

Immediate cause of death: Broncho-pneumonia — Duration

Due to

Due to

Other Conditions: Carbon Monoxide Poisoning (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/17/43 at 2.[illegible] A.M.
(c) Where did injury occur? Parkville (City or town) Balto. (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, or public place? Home (Specify type of place) While at work? No
(e) Means of injury Gas Poisoning in Garage from Gas

23. Signature Hugh B. Jacobs M.D. Medical Examiner.

Date signed 1/29/43

VS 6

00334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 00334 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution: US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 E. Eager Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM DEAL WAXTER, JR.

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Dorsey Shreve
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) December 13, 1896
8. AGE: Years 46 | Months 1 | Days 10 | If less than one day hr. min.
9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name William D. Waxter
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Daisy Shryock
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemy
Location Gilkeyville, Md.
18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place
19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar
JAN 25 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23, 1943, at 5:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 19, 1943 to Jan. 23, 1943, and that I last saw him alive on Jan. 23, 1943.

	Duration
Immediate cause of death: Lobar pneumonia, left lower lobe	4 days
Other Conditions: Erysipelas of face	6 days
Chronic alcoholism	Unk.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Carlin, M.D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 1/25/43

VS 15

G 00335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14

Registered No. G 00335

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St. & Calvert
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Park Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Emily Taber Ashburner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1864

8. AGE: Years	Months	Days	If less than one day
78	8	14	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Typist
11. Industry or business

FATHER
12. Name Mr. Charles Henry Ashburner
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mary Catherine Richardson
15. Birthplace Maryland

16 (a) Informant Katharine Ashburner
(b) Address 1309 Park Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Windsor Mill Rd., Balto.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) [redacted] Huntington Ave.

JAN 25 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24 1943, at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1943 to Jan 25 1943 and that I last saw h[illegible] alive on Jan 24 1943

Immediate cause of death Cardio Respiratory failure — Duration

Due to Pneumonia — 2 weeks

Due to Tuberculosis

Other Conditions Arthritis, Hypertension & Stroke — 5 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Atypical T.B. lung & L.L. [illegible]

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Mahoney Jr. M. D.
Address Union Memorial Hosp. Date signed 1-24-43

PHYSICIAN
Underline the cause to which death should be charged statistically.

G 00336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1577

G 00336

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution: Gone + Relieved 4-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) ~~0~~ 23 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town ~~Baltimore~~
(If outside city or town limits, write RURAL and give town)
(d) Street No. Stevenson Balto Co, Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Linda Talbot

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2, 1943

8. AGE: Years	Months	Days	If less than one day
		23	hr. min.

9. Birthplace Stevenson, Balt. Co., Md.
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Robert Talbert
13. Birthplace Balto Co Md.

MOTHER
14. Maiden Name Edith May Carey
15. Birthplace Baltimore Md.

16 (a) Informant Robert Talbert
(b) Address Stevenson Balto Co Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28 1943 (month) (day) (year)
(c) Cemetery or crematory Greene
Location Chestnut Ridge, Balto Co Md

18 (a) Funeral director Sandin & Bernstein
(b) Address Edmondson

JAN 25 1943 Huntington Williams M.D. (Local registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25 1943 at 7:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2 1943 to 1-25 1943 and that I last saw h ER alive on 1-25 1943

Immediate cause of death Respiratory failure — Duration 1 day

Due to Encephalocoele — 23 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: Encephalocoele

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury No

23. Signature Averill Stowell M. D.

Address University Hospital Date signed 1-25-43

G 00337 ✓ G 00337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cold Spring Lane
(c) Hospital or institution:
Cold Spring Nursing Home 1877
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 S. Arlington Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma I. Harrig

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife George Harrig

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1871

8. AGE: Years 71 | Months 6 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Vernon
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Lookingland
15. Birthplace Maryland

16 (a) Informant Mrs. Ida Kirby
(b) Address 11 Ridge Road, Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 25, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Miller Lamborn
(b) Address 1005 W. Baltimore St.

JAN 25 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22, 1943, at 12 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1943 to Jan 22 1943. and that I last saw her alive on Jan 19 1943.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Patterson M. D.
Address 2324 Reisterstown Road Date signed 1/23/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95B

Registered No. 6 00335

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3049 Brighton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3049 Brighton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edmund E. O'Brien

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-5251

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 22, 1881

8. AGE: Years	Months	Days	If less than one day
61	11	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Griffith & Boyd - Clerk

11. Industry or business Fertilizing

FATHER
12. Name Daniel O'Brien
13. Birthplace Austria

MOTHER
14. Maiden Name Mary E ?
15. Birthplace Ireland

16 (a) Informant Mr. Jesse C. Gawthrop
(b) Address 3049 Brighton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26, 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director Miller Lamasser
(b) Address 1003 W. Baltimore St.

JAN 25 1943 Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 19 43, at 8.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1942 to Jan. 23 1943, and that I last saw him alive on Jan. 23 1943.

Immediate cause of death Rheumatic heart disease — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hunt Williams

Address Rockdale, Md. Date signed M. D.

G 00339 G 00339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: 3136 Mc Elderry st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 3136 Mc Elderry st (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John W. Eurich

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-4903

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Josephine DiPino

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11th 1913

8. AGE: Years	Months	Days	If less than one day
29	8	12	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Bethlehem Fairfield

FATHER

12. Name Henry Eurich

13. Birthplace Baltimore Md

MOTHER

14. Maiden Name Lina Lasser

15. Birthplace Baltimore Md

16 (a) Informant Wife

(b) Address 3136 Mc Elderry st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27-43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Frank V. Pipitone

(b) Address 2818 E. Baltimore St

19 (a) Huntington West Virginia

Died Jan 25 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1943 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1942 to Jan 23 1943 and that I last saw h[illegible] alive on Jan 23 1943

Immediate cause of death Hypostatic pneumonia. — Duration 11 days

Due to Endocarditis. — 18 days

Due to acute aspiration of stomach contents (antemortem) — 6 hrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S. D. Ruark M. D.

Address Medical Arts Bldg Date signed

G 00340 ✓ G 00340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1106 E. Pratt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 E. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Dudzinski

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Poland. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name John Zuzacek
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland.

16 (a) Informant Henry Dudzinski
(b) Address 1106 E. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 6830 Eastern Ave

JAN 25 1943 Filed Dr. Nicholas M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1943 at 1.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1943, to Jan 25 1943. and that I last saw him alive on Jan 24 1943.

Immediate cause of death Cerebral apoplexy — Duration Acute

Due to Chronic Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Klein M.D.
Address 700 E. Pratt St. Date signed 1-25-43

G 00341

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 00341

CERTIFICATE OF DEATH 58 B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
Monument & Rutland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3610 Glen Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SELMA FINE

3 (b) If veteran, name war

3 (c) Social Security Account No. 159-18-6099

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Philip

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business House Wife

FATHER
12. Name Morris Middleman
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca Blum
15. Birthplace Russia

16 (a) Informant Philip Fine
(b) Address 3610 Glen Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 26, 1943 (month) (day) (year)
(c) Cemetery or crematory Anshei Emunah Cong. Location Washington Blvd

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

1/25/1943 (Date received by local registrar) (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/25/43 19 at 7:04 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12/24/42 19 to 1/25/43 19, and that I last saw h[illegible] alive on 1/25 1943.

Immediate cause of death	Duration
Congestive failure	
Due to Subacute bacterial endocarditis	
Due to Rheumatic fever	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isadore Shorofsky
Address Sinai Hosp. Inc Date signed 1/25/43 D.

G 00342 ✓ X 55 b G 00342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Park Ave.
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 4 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Kent Co.
(c) City or town Chestertown
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Beck Deputy

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John L. Deputy

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 25 1863

8. AGE: Years 79 | Months 1 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Chestertown Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name John Beck
13. Birthplace Kent Co.

MOTHER
14. Maiden Name Eliza M. Trimble
15. Birthplace Philadelphia Pa.

16 (a) Informant Mrs A.W. Strong (daughter)
(b) Address 1708 Park Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1-26-43 (month) (day) (year)
(c) Cemetery or crematory St Paul's
Location Chestertown Md

18 (a) Funeral director Edward Mowbray
(b) Address 108 W Mount Ave.

JAN 25 1943
(Date rec'd by reg.) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 42 to Jan 1943 and that I last saw h[illegible] alive on Jan 25 1943

Immediate cause of death Carcinoma of Spine — Duration Chron.

Due to Cancer of spine

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature W. Lumber Ford M. D.

Address 20 E. Aston St — Date signed

VS 3

AB-77594 G 00343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938 G 00343 Registered No.

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 128 Exter Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Braxton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Mary (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12-1872

8. AGE: Years	Months	Days	If less than one day
70	7	1	hr. min.

9. Birthplace Washington, D.C. (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Thomas Braxton (D)
13. Birthplace Va.

MOTHER
14. Maiden Name Tina Dorsey
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem. Co.
Location B. C. County Md.

18 (a) Funeral director Joseph B. Lock Jr.
(b) Address 1434 E. Central Ave.

(Date rec'd by registrar) (Signature of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-23 1943, at 11 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-24 1942, to 1-23 1943, and that I last saw h alive on 1-23 1943.

Immediate cause of death: Cardiac failure — Duration: 7

Due to: Arteriosclerotic heart disease — Duration: ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Ca alone

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Ralston M. D.
Address Balt. City Hosp. Date signed 1-25-43

C 00344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

Registered No. C 00344

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4202 Woodstock Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4202 Woodstock Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie R. Turney

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Raymond T. Turney

6 (c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.) Oct 23 - 1867

8. AGE: Years 75 | Months 3 | Days 1 | If less than one day hr. min.

9. Birthplace York Penna. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER

12. Name Bickel

13. Birthplace ?

MOTHER

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Raymond T. Turney

(b) Address 4202 Woodstock Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 26 43 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Baltimore

18 (a) Funeral director Philip Herzog Sons

(b) Address 2024 Orleans St.

19 (a) JAN 26 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1943 at 8.1 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-21 1943, to 1-24 1943, and that I last saw h~~e~~ alive on 1-23 1943.

Immediate cause of death: cerebral hemorrhage — Duration: 3 days

Due to: arterio-sclerosis — 10 yrs.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Owen O'Mooren M. D.

Address 3109 Belair Rd Date signed 1-25-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

00345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00345

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County
(c) City or town Lakeland (If outside city or town limits, write RURAL and give town)
(d) Street No. 312 So. Iowa Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country —

3 (a) **FULL NAME** Mrs. Nina Stokes

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, (widowed) or divorced.
Female	white	

6 (b) Name of husband or wife deceased.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1874

8. AGE: Years	Months	Days	If less than one day
68	0	11	— hr. — min.

9. Birthplace New York. (town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Lorenzo Hutton
13. Birthplace Vermont.

MOTHER
14. Maiden Name Julia Estes Devine.
15. Birthplace New York.

16 (a) Informant Bur. Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29, 1943 (month) (day) (year)
(c) Cemetery or crematory Dolgeville, N.Y.
Location Herkimer Co., N.Y.

18 (a) Funeral director Lansdale M. Barnes
(b) Address Sparks, Md.

19 (a) JAN 26 1943 (Registered by Registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26 1943, at 5:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 22 1943, to Jan. 26 1943, and that I last saw her alive on Jan. 26 1943.

Immediate cause of death Cardio-respiratory failure — Duration 4 hrs.

Due to Lymphosarcoma — Duration 4 yrs.

Due to (due to) —

Other Conditions Hypertensive Cardio-vascular Disease. — Duration 2

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank H. Ridgely, M.D.
Union Memorial Hospital
Baltimore, Md
Signed 1-26-43

00346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 1a

Registered No. G 00346

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 436 E 22nd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillian F. Lusby
3 (b) If veteran, name war No
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband Benjamin T. Worker
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 4th 1883

8. AGE: Years	Months	Days	If less than one day
60	0	20	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name Luke Swartz
13. Birthplace Md

MOTHER
14. Maiden Name Mary Jane Keith
15. Birthplace Md

16 (a) Informant Raymond T. Lusby
(b) Address 436 E. 22nd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/21/43 (month) (day) (year)
(c) Cemetery Loudon Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St.

19 (a) JAN 26 1943 Huntington Mill Registrar
(Date received)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/24 1943, at 10 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-21 1943, to 1-24 1943, and that I last saw h alive on 1-24 1943.

Immediate cause of death Cardiac Failure
Due to Hypertension
Due to (b)
Other Conditions Unknown
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

Duration
Cardiac Failure 2 years
Hypertension ?
(b)
Unknown ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence 19 at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emma M. Checchet M. D.
Address WBGH Date signed 1/24/43

00347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

Registered No. G 00347

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 7-35
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1800 E. Madison St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma Schneider

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband Henry George Schneider
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11 1864

8. AGE: Years	Months	Days	If less than one day: hr.	min.
78	7	14		

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name August Ehoff
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Stubba
15. Birthplace Germany

16 (a) Informant Mrs. Margaret Schneider
(b) Address 1800 E. Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 JAN 26 1943 (Date Rec'd by Registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1943, at 12:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1943 to Jan 24 1943, and that I last saw her alive on Jan 24 1943.

Immediate cause of death: Circulatory Failure — Duration 1 mo.
Due to: Hypertensive C.V.D.
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur Katz M. D.
Address Sinai Hosp. Date signed 1-25-43

Strike out words not applicable. Physicians, please write the cause of death clearly and legibly.

G 00348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1

Registered No. G 00348

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 908 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 28yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 908 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Stanley Rudge

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-05-8242

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22nd 1895

8. AGE: Years	Months	Days	If less than one day
48	0	3	hr. min.

9. Birthplace Phila. Pa (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Food Fair Co.

FATHER
12. Name Geo E Rudge
13. Birthplace England

MOTHER
14. Maiden Name Lillian Mitchell
15. Birthplace Harford Co. Md

16 (a) Informant Mrs Lillian Mitchell
(b) Address 908 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/43 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Parkville Md.

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St. Paul St

19 JAN 26 1943 (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25th 1943, 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/23/ 1943 to 1/25 1943 and that I last saw him alive on 1/23 1943.

Immediate cause of death Tuberculosis

Due to (a)

Due to

Other conditions Bronchopneumonia (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

Bwell
PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph S. Blum M.D.
Address 1206 E. Preston St. Date signed 1/28/43 M. D.

20349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

G 00349 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 10 S Poppleton St
(c) Hospital or institution:

1843

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 10 S Poppleton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence O Bray

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Robert S
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 24 1861

8. AGE: Years 81 | Months 7 | Days - | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation: none
11. Industry or business

FATHER
12. Name: Moses Lockhart
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Annie C Flury
15. Birthplace: Unknown

16 (a) Informant: Edith A Nicks
(b) Address: 10 S Poppleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/26/43 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Baltimore Md

18 (a) Funeral director: Wilhom Col Inc
(b) Address: 17 E Saratoga St

19 (d) JAN 26 1943 (Date rec'd by registrar) Huntington Williams MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1943, at 12 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1942 to Jan 24 1943 and that I last saw her alive on Jan 24 1943

Immediate cause of death: Arteriosclerotic heart disease — Duration: unknown

Due to:

Due to:

Other Conditions: Hypertension, essential

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Nathan Reznik

Address 216 S Eden St Date signed 1-25-43 (M. D. Y.)

VS 150

00350 #21786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

114a

G 00350 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 5

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 416 N. Spring St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wallace Davis

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-8748

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Ernnie

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) 9-25-99

8. AGE: Years	Months	Days	If less than one day
43 42	3	27	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Coal mine

FATHER 12. Name John Davis

13. Birthplace Va.

MOTHER 14. Maiden Name Emma White

15. Birthplace Va.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 1/28/43 (month) (day) (year)

(c) Cemetery or crematory

Location Fredricksburg Va

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Bryant Ave

JAN 26 1943 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1943 at 10 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 5 1942 to Jan. 22 1943 and that I last saw him alive on Jan. 22 1943.

	Duration
Immediate cause of death Acute congestion of lungs	
Due to Rt sided heart failure due to	
Due to silicosis of lungs	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Marjorie Hayes M. D.

Address Johns Hopkins Hosp. Date signed 1-23-43

G 00351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1

Registered No. G 00351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1430 N. Bethel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Truzel Griffin 79367

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	married

6 (b) Name of husband or wife Mabel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1916

8. AGE: Years	Months	Days	If less than one day
26	8	21	hr. min.

9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or busjness

FATHER
12. Name William Griffin
13. Birthplace S.C.

MOTHER
14. Maiden Name Pinkie Able
15. Birthplace S.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilkes
(b) Address 1200 Broadway

19 (a) JAN 26 1943 (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 23 1943 at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 22 1943 to Jan. 23 1943 and that I last saw him alive on Jan. 23 1943

Immediate cause of death

Pulmonary tuberculosis — Duration: 1 yr?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. S. Hartz M. D.
Address Balto City Hosp Date signed 1/29/43

0352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600 a Registered No. G 00352

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 Shady Side Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard Robert Porter (Birth F 6 6 2 6 1)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-7-43

8. AGE: Years	Months	Days	If less than one day
		11	14 hr. 20 min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name Marion Russell Porter
FATHER 13. Birthplace Baltimore, Md.
MOTHER 14. Maiden Name Dorothy May Fetsch
MOTHER 15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Dorothy Porter
(b) Address 1633 Shady Side Rd.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan 14, 1943 (month) (day) (year)
(c) Cemetery or crematory Crematory
Location Maryland General Hospital

18 (a) Funeral director
(b) Address

19 (a) JAN 26 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 18, 1943, at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 7 1943 to Jan. 18 1943 and that I last saw him alive on Jan. 18 1943.

Immediate cause of death	Duration
Intracranial Hemorrhage	
Due to Pressure on head during delivery. Uterus breached & ruptured	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature D. A. Román-Vega M. D.
Address Md. Gen. Hosp. Date signed 1-21-43

VS 3

G 00353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 00353 Registered No.

PLEASE WHITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 801 Union Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 801 Union Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Susan Jane Hunt.

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow.

6 (b) Name of husband or wife Wm. H. Hunt.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20 1858

8. AGE: Years	Months	Days	If less than one day: hr.	min.
84	8	5		

9. Birthplace Hanover, Pa. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Routson.
13. Birthplace Pa.

MOTHER
14. Maiden Name ? Mumert.
15. Birthplace Pa.

16 (a) Informant Mrs. J. O. Jones.
(b) Address 801 Union Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Freedom, Md.

18 (a) Funeral director Jacob Hartenstein
(b) Address Mt. Freedom, Pa.

19 (a) (Date received by Local Registrar) JAN 30 1943 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25, 1943, at 12 30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/16 1943 to 1/25 1943, and that I last saw her alive on 1/23 1943.

Immediate cause of death	Duration
Cerebral Hem.	10 days
Due to arterio sclerosis	4 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Williams M.D.
Address 1020 K. Charles Date signed 1/26/43 M. D.

G 00354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61a

G 00354 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2712 E Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Anton Zaras (Birth F-67693)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1-20 43
8. AGE: Years | Months | Days: 5 | If less than one day: hr. min.
9. Birthplace Franklin Sq. Hospital (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Anton Charles Zaras
13. Birthplace Balto, Md.

MOTHER
14. Maiden Name Margaret Helen Modrak
15. Birthplace Balto, Md.

16 (a) Informant Mrs. Anton Zaras
(b) Address 2711 E Monument street, Balto.

17 (a) B (Burial, cremation, or removal) (b) Date thereof 1-26-43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Rosedale Ave

18 (a) Funeral director John J. Ruppa
(b) Address 2829 Hudson St

19 (a) JAN 26 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25- 1943, at 3 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/20 1943 to 1/25 1943 and that I last saw him alive on 1/25 1943.

Immediate cause of death: Pulmonary atelectasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Eldon Eyerman Jr
Address Franklin Sq Hosp Date signed 1/25/43 M. D.

VS 3

C 00355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 480

Registered No. C 00355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2353 W. North Ave.
(c) Hospital or institution: 15

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2353 W. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNE E. E. PEPPLER

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife James B. M. Peppler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1878

8. AGE: Years	Months	Days	If less than one day
65	0	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Henry L. Adler
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Maria Englebreath
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. James B. M. Peppler
(b) Address 2353 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) JAN 26 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION A

20. DATE OF DEATH Jan. 25, 1943 at 6:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1942 to Jan 25 1942 and that I last saw her alive on Jan. 24 1942.

Immediate cause of death: Exhaustion — Duration 6 mos.
Due to Carcinoma Metastasis — 3 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Jan. 1940
Major findings of operation: Carcinoma of Cervix Uteri
of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Harry L. Adler M. D.
Address 2452 Eutaw Pl Date signed 1/25/43

PHYSICIAN
Underline the cause to which death should be charged statistically.

G 00356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92B

G 00356

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 331 N. Fulton Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 d

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 331 N. Fulton Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HARRY C. CROSS

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 12, 1868

8. AGE: Years	Months	Days	If less than one day
74	5	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation carpenter

11. Industry or business

FATHER 12. Name John W. P. Cross

13. Birthplace A. A. Co., Md.

MOTHER 14. Maiden Name Elizabeth A. R. Fairbank

15. Birthplace Baltimore, Md.

16 (a) Informant Mr. George W. Cross

(b) Address 331 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Balto., Md.

18 (a) Funeral director Wm. J. Tickner & Sons

(b) Address Baltimore, Md.

19 (a) JAN 30 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1939, to Jan 24 1943, and that I last saw h[illegible] alive on Jan 23 1943

Immediate cause of death Cardiac Arrhythmia — Duration 10 days

Due to Arterial Sclerosis — 4 years

Due to Arterial Degeneration and Stenosis — 4 years

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury

23. Signature Herbert E. Tapp M. D.

Address 3048 N. Howard St. Date signed 1/29/43

G 00357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930

G 00357 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1525 Fleet Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 Fleet Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Slowik

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-9011

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sophia Slowik
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 1880 ?

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Lord Mott Co

FATHER
12. Name John Slowik
13. Birthplace Poland

MOTHER
14. Maiden Name Magdalena ?
15. Birthplace Poland

16 (a) Informant Sophia Slowik (Wife)
(b) Address 1525 Fleet Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-43 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George A Weber
(b) Address 705 So. Ann Street

19 (a) ~~JAN 26 1943~~ Huntington Williams, M.D. Registrar
(b) ~~JAN 28 1943~~

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25th 1943, at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21 1943, to Jan. 25 1943, and that I last saw him alive on Jan. 25 1943.

Immediate cause of death
(a) Acute Paralytic Ileus
Due to (b) Dr. Arthur's Chr. Myocarditis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Hosp. 2 P.M.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jane V. Douglas M. D.
Address York Rd. Date signed 1/26/43

G 00358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 00358 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore M.T. W.M.H. (If outside city or town limits, write RURAL and give town)
(d) Street No. South Ave (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES ANDREW DOLLENGER

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 212 09 5209

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Antoinette Wollenger

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 2-5-1909

8. AGE: Years 33 | Months 11 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation AUTO MECHANIC

11. Industry or business AUTO MECHANIC.

FATHER
12. Name George Wollenger
13. Birthplace Maryland

MOTHER
14. Maiden Name Barbara Bellmayer
15. Birthplace Maryland

16 (a) Informant Mrs. Antoinette Wollenger
(b) Address South Ave

17 (a) BURIAL HEART (Burial, cremation, or removal) (b) Date thereof JAN. 27/43 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilligent Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) (Date received) JAN 26 1943 (b) Registrar Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1943 at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21 1943 to Jan 29 1943 and that I last saw him alive on Jan 29 1943.

Immediate cause of death: Coronary Thrombosis — Duration 3 days

Due to: ____

Due to: ____

Other Conditions: Rheumatic CVD Class 3 — 10 yrs?
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: ____

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature Harry L. Coffman M. D.
Address Mercy Hosp. Date signed 1/24/43

G 00359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

G 00359

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light St.

(c) Hospital or institution: Conth Balto. Genl Hosp. 26

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 d.

(e) Length of stay in Baltimore (yrs., mos., or days) 60 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County BALTO.

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 708 S. EAST AVE. (If rural give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME PAUL A. TRIBULL

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 214-01-4263

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ANNA B?TRIBULL

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) FEB. 15 1879

8. AGE: Years	Months	Days	If less than one day
63	11	9	..... hr. ..... min.

9. Birthplace GERMANY (Town, county, and state)

10. Usual Occupation RETIRED

11. Industry or business .....

FATHER

12. Name AUGUST TRIBULL

13. Birthplace GERMANY

MOTHER

14. Maiden Name ANNA DUMPS

15. Birthplace GERMANY

16 (a) Informant ANNA B?TRIBULL (WIFE)

(b) Address 708 S. EAST AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 28/43 (month) (day) (year)

(c) Cemetery or crematory SACRED HEART

Location GERMAN HILL ROAD

18 (a) Funeral director Lillyant Quiter & N C

(b) Address 1307 E. Monument St. Washington Williams, M D

JAN 26 1943

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/24 1943, at 4:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/12 1943 to 1/24 1943 and that I last saw him alive on 1/24 1943.

Immediate cause of death Carcinoma of pancreas

Duration

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operations: .....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature Paul A. Montgomery M. D.

Address 1213 Light Street Date signed 1-25-43

G 00360 ✓ G 00360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 9440

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 South Calhoun Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 117 S. Calhoun St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William W. Tucker.

3 (b) If veteran, name war None

3 (c) Social Security Account No. 212 07517 3

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Cora Tucker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5. 1878

8. AGE: Years 65 | Months 0 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore Maryland.
(Town, county, and state)

10. Usual Occupation Koppers Company

11. Industry or business

FATHER
12. Name William W. Tucker.
13. Birthplace Baltimore Maryland.

MOTHER
14. Maiden Name L. Nalley
15. Birthplace Baltimore Md.

16 (a) Informant Cora Tucker. (Wife)
(b) Address 117 S. Calhoun St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** I. 28. 43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Ave.

18 (a) Funeral director Robert L. Brooks.
(b) Address 1338 Hollins Street.

19 (a) (Date received) JAN 26 1943

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January. 24 1943, at 1155 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21 1943 to Jan 23 1943, and that I last saw him alive on Jan 23 1943.

Immediate cause of death Coronary Occlusion — Duration 1 hr. 43

Due to Uraemia Sclerosis — Duration 7

Due to Bronchial Asthma — Duration ?

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl P. Rosenberg M.D.
Address 1326 N Lombard St Date signed 1/25/43

VS 3

G 00361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. G 00361

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore
(b) Street address 1015 Eutaw Street
(c) Hospital or institution:
St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 Eutaw Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BERNARD LYNCH

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1887

8. AGE: Years	Months	Days	If less than one day
55	6	29	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Daniel Lynch
13. Birthplace Ireland

MOTHER
14. Maiden Name Maria O'Donald
15. Birthplace Ireland

16 (a) Informant Miss Mamie Lynch
(b) Address 1015 Eutaw St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28/43 (month) (day) (year)
(c) Cemetery or crematory St Mary's Cemetery
Location Howard and Ost

18 (a) Funeral director Edwin W. Corkin Son
(b) Address 924 E. Eager St.

19 (a) JAN 26 1943 (b) JAN 26 1943 Huntington Williams, M.D. Registrar

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/25/43 19.. at 4:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1/43 to 1/25/43 and that I last saw him alive on 1/25/43

Immediate cause of death: Acute Peritonitis

Due to: Ulcerative Colitis

Due to —

Other Conditions: Hemorrhoids

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bart A. Hillinger M.D.
Address St. Joseph's Hospital Balto. Md. signed 1-25-43

G 00362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8 30

G 00362 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2547 Flore Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
SAMUEL CORNELIUS HALL

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. ?

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Martha Lee Bundick

6 (c) If alive, give age: 41 years

7. Birth date of deceased (mo., day, yr.) 4/14/91

8. AGE: Years 51 | Months 9 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name Samuel C. Hall
13. Birthplace West River, Maryland.

MOTHER
14. Maiden Name Hattie B. Smith
15. Birthplace Norfolk, Virginia.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/43 (month) (day) (year)
(c) Cemetery or crematory Patuxent
Location Md.

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Presstman St.

19 (a) JAN 28 1943 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24, 1943 at 4:05a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 22, 1943 to Jan. 24, 1943 and that I last saw him alive on Jan. 24, 1943

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 days
Due to: Hypertension	unk.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. C. Dillon, M.D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 1/25/43

G 00363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

G 00363 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2128 Division St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2128 Division St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Novella Green

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem	Col	Widowed

6 (b) Name of husband or wife John Green

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Lynchburg Va
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Willis Broadney
13. Birthplace Lynchburg Va

MOTHER
14. Maiden Name Susie Watty
15. Birthplace Lynchburg Va

16 (a) Informant Bertha Woodard
(b) Address 2128 Division St

17 (a) Buried (b) Date thereof 1 / 30 / 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) Funeral director Lloyd L. Nelson
(b) Address 1303 Pennsylvania Ave

19 (a) [illegible] (b) Huntington Williamsport, Md.
(Date received) [illegible]

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-26 1943 at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-5 1943 to 1-26 1943 and that I last saw h[illegible] alive on 1-25 1943

Immediate cause of death Hypertension
Cardio Vascular
Due to Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration
1 yr

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature W. Atwell Jones M. D.
Address 5546 Old York Rd Date signed 1-26-43

G 00364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

Registered No. G 00364

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 733 School St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Holt

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-12-9598

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1924

8. AGE: Years 18 | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Samuel Holt

13. Birthplace Md

MOTHER 14. Maiden Name Mary Olney

15. Birthplace Md

16 (a) Informant Mary Holt

(b) Address 733 School St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Md.

18 (a) Funeral director Fred. G. Kelson

(b) Address 1303 Greenmount Ave

19 (a) JAN 26 1943 (Date rec'd by registrar) Hunting Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/24 1943, at 2.45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came natural to death on the day stated above.

	Duration
Immediate cause of death: Second & third degree burns, generalized	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1/23/43 (month) (day) (year) at P.M.
(c) Where did injury occur? Dwelling house 733 School St Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Dwelling house (Specify type of place) While at work? Yes
(e) Means of injury Burning Clothing on fire

23. Signature Timothy B. Dailey M.D. Medical Examiner.

Date signed 1/29/43

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 00365 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1905 Sapp St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-8
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1905 Sapp St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Betty Holmes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Widow

6 (b) Name of husband or wife James Holmes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 18 1884

8. AGE: Years	Months	Days	If less than one day
58 59	10	5	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Steven Truss
13. Birthplace Va.

MOTHER
14. Maiden Name Miranda Truss
15. Birthplace Va

16 (a) Informant Williams Truss
(b) Address Arlington Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 27-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location A. A. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) (Date rec'd) (b) Huntington Williams, Registrar

JAN 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1943 to JAN 23 1943 and that I last saw h[er] alive on Jan 23 1943.

Immediate cause of death	Duration
Bronchopneumonia	10 dys
Due to Cerebral Hemorrhage	10 dys
Due to Hypertension	
Other Conditions Cardiac Asthma	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature Alfred L. Bloom M.D.
Address 822 N. Broadway Date signed 1/27/43

G 00366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. G 00366

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 Merrimount Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-13
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State [illegible] (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 Merrimount Road (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME John S. Murphey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Millicent Brown
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) March 2, 1865

8. AGE: Years	Months	Days	If less than one day
77	10	23	hr. min.

9. Birthplace Washington, Pa. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name George Murphey
13. Birthplace W. Va.

MOTHER
14. Maiden Name Hannah
15. Birthplace England

16 (a) Informant Elmer C. Smith
(b) Address 2 E. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/23/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Clair
Location Greensburg, Pa.

18 (a) Funeral director John A. Mitchell & Sons Inc.
(b) Address 1500 Eutaw Place

19 (a) JAN 30 1943 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1943, at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to Jan 25 1943, and that I last saw him alive on Jan 24 1943.

Immediate cause of death

	Duration
Arteriosclerosis	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. R. Goodwin Jr. M. D.
Address 2923 St. Paul St. Date signed 1/25/43

G 00367

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94

G 00367

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1819 Mosher St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 ✓ 9
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 Mosher St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3 (a) FULL NAME Robert Woodall

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Ida Cord
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) March 19, 1875

8. AGE: Years	Months	Days	If less than one day
68	10	5	hr. ..... min.

67

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Clerk -- retired
11. Industry or business Baltimore City Court

FATHER
12. Name William E. Woodall
13. Birthplace England

MOTHER
14. Maiden Name Mary E. Hooper
15. Birthplace Baltimore

16 (a) Informant Harry Woodall
(b) Address 3307 Ferndale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) JAN 26 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24th 1943 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 11th 1942 to Jan 24 1943, and that I last saw h[illegible] alive on Jan 16 1943.

Immediate cause of death Coronary Thrombosis — Duration of each: 8 years

Due to Arterial Sclerosis — 8 years

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)
Date of operation — no
Major findings of operation: —
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at ..... M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Herbert E. Zapp M. D.
Address 3048 W. North Ave. Date signed .....

G 00368

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

10

Registered No. G 00368

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hanford Rd & Herring Run
(c) Hospital or institution Sydenham Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 711 W. Williams St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Carol Lee Frampton
Carroll

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1941

8. AGE: Years	Months	Days	If less than one day
1	1	5	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Roy E Frampton
13. Birthplace Balto.

MOTHER
14. Maiden Name Catherine Eversley
15. Birthplace Balto.

16 (a) Informant Father
(b) Address 711 Williams St.

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 1-26-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Fairfield Ave
18 (a) Funeral director Lewis McCurdy
(b) Address 420 E. Fort Ave.
19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

JAN 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1943, at 1:00 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 22 1943, to Jan 24 1943, and that I last saw him alive on Jan 24 1943.

Immediate cause of death Respiratory Failure
Due to Larynx-Trachea-Bronchitis
Due to Diphtheria
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Kenneth Trulock M.D.
Address Sydenham Hosp Date signed 1/25/43

VS 2

Correct age is supposedly important. Physicians: please write the words or dates clearly and legibly.

G 00369

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a

G 00369 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2014 E Biddle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2014 E Biddle (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna M Holden

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Frank B Holden
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/28/1874

8. AGE: Years 68 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Geo Kalten Hauser
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Davis
15. Birthplace Germany

16 (a) Informant Mrs Holzman
(b) Address 2014 E Biddle

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27. (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location City

18 (a) Funeral director Elliott Funeral Home
(b) Address 2424 E Oliver

19 JAN 26 1943 (Date rec'd by registrar) (c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1943 at 10 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1939 to Jan 23 1943 and that I last saw h-r alive on Jan 23 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 1 week.
Due to Arteriosclerosis — 4 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael J. Dorsch M. D.
Address 2630 E Baltimore St Date signed 1-25-43

VS 8

G 00370

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G 00370

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7 S Potomac
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 S Potomac St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Conrad D. Wunderlich

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-10-4268

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Maude Wunderlich
6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) March 7, 1893

8. AGE: Years	Months	Days	If less than one day
49	10	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name Conrad Wunderlich
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmine Reppel
15. Birthplace Germany

16 (a) Informant Maude Wunderlich
(b) Address 7 S. Potomac St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Cety

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2004-8 Orleans

19 (a) JAN 26 1943 (Date rec'd by registrar) (b) Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 23 1943, at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941, to Jan 23 1943 and that I last saw h alive on 1-23 1943.

Immediate cause of death: Myocardial degeneration — Duration

Due to: Chronic endocarditis

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J Gouldy M. D.
Address 14 W Fayette Date signed 1-25-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

00371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00371

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4702 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 0 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4702 Harford Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia A Choppe

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	W

6 (b) Name of husband or wife Alfred A Choppe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 13. 1865

8. AGE: Years	Months	Days	If less than one day
77	5	12	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Geo Staas
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothea
15. Birthplace Germany

16 (a) Informant Laurence A Choppe
(b) Address 315 3 Eyndale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28. (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004-8 Allen

19 (a) JAN 26 1943 [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1943, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 12 1943. to Jan 25 1943. and that I last saw h e r alive on Jan 24, 1943.

Immediate cause of death Bronchopneumonia, — Duration 5 days
Due to Influenza — 12 days
Due to —
Other Conditions Carcinoma of bladder, — 1 yr.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Helmuth Sengenwald M. D.
Address 613 E North Ave Date signed Jan 26 43

C 00372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 00372

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2302 Druid Hill
(c) Hospital or institution: 13-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2302 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie Bell Palmer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	Married

6 (b) Name of husband or wife Horace Palmer
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 30 1890

8. AGE: Years	Months	Days	If less than one day
52 53	9	22	hr. min.

9. Birthplace Lancaster Co. Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Stephen Smith
13. Birthplace Lancaster Co. Va.

MOTHER
14. Maiden Name Carrie Smith
15. Birthplace Lancaster Co. Va.

16 (a) Informant Mrs. Mamie Freeman
(b) Address 1915 Druid Hill

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26, 1943 (month) (day) (year)
(c) Cemetery or crematory Gibbs Mem. Pk
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Geo. H. Stallard
(b) Address 1631 Druid Hill Ave.

JAN 26 1943 (b) Thurlington Middleton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22, 1943, at 4 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14, 1943, to Jan 22, 1943, and that I last saw him alive on Jan 21, 1943.

Immediate cause of death Intestinal Obstruction
Due to Carcinoma of Liver

Duration
1 wk
3 months

Due to Carcinoma of Liver
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 43 [illegible] Date signed 1/24/43

VS 3

G 00373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940 Registered No. G 00373

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1228 N. Washington Ave
(c) Hospital or institution: 8

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1226 N. Washington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN O. DAVIS

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-4008

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7th 1894

8. AGE: Years	Months	Days	If less than one day
49	3	18	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation House Painter

11. Industry or business

FATHER
12. Name William Davis
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Zink
15. Birthplace Maryland

16 (a) Informant Mrs. Mamie Davis
(b) Address 1228 N. Washington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-43 (month) (day) (year)
(c) Cemetery or crematory Maryland
Location Taylor Avenue

18 (a) Funeral director Leo F. Cook.
(b) Address 1201-3 Patterson Pk Ave

JAN 26 1943 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1943 at 6 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.
Date signed 1-25-43

G 00374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1706 G 00374 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D O A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 Eastern Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis (LUDWIG) Mary

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22-1874

8. AGE: Years	Months	Days	If less than one day: hr.	min.
68	4	2		

9. Birthplace Bavaria, Germany (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Emma J. Trsha
(b) Address 1116 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26-43 (month) (day) (year)
(c) Cemetery or crematory Balto Co. Cem.
Location Texas Md.

18 (a) Funeral director John F. Connelly
(b) Address Essex, Md.

19 JAN 26 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24 1943, at 7 40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & the autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest & the autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Crushing of head — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan. 24 1943 at 7 00 P M
(c) Where did injury occur? 1600 block Eastern Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury Pedestrian struck by auto

23. Signature Robert H. Graham M.D. Medical Examiner.
Date signed Jan 26 1943
Signed for: Henry Wollenweber M.D.

G 00375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

G 00375 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 Myrtle Ave,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louise Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Balto md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name Nancy Wheatley
15. Birthplace

16 (a) Informant Juanita Jackson
(b) Address 1210 Shields Pl.

17 (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Hall Funeral Home
(b) Address 918 Druid Hill Ave

19 (a) JAN 26 1943
(Date received by Registrar)
Huntington Hathaway, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 1943 at 9 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 24 1942 to Jan. 23 1943 and that I last saw her alive on Jan. 23 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 1 month.

Due to Hypertensive Cardiovascular Disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William N. Lusteng
Address St. Joseph's Hosp. Date signed 1-23-43 M. D.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 10376 ... 107 ... G 08376

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel.
(c) City or town Brooklyn Park
(If outside city or town limits, write RURAL and give town)
(d) Street No. 22 Edgevale Rd.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Walter B. BIRCH.

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War #1	?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 5 - 1895

8. AGE: Years	Months	Days	If less than one day
47 ~~48~~	5	20	..... hr. ..... min.

9. Birthplace Oveida, Fla.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business U. S. Navy

FATHER
12. Name John J. Birch
13. Birthplace Perry, Ga.

MOTHER
14. Maiden Name Jane Osteen
15. Birthplace Palatka, Fla.

16 (a) Informant Settle Funeral Home
(b) Address New Smyrna Beach, Fla.

17 (a) Burial (b) Date thereof Jan. 29 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory .....
Location New Smyrna Beach, Florida

18 (a) Funeral director A. Lee Odell
(b) Address 4644 York Road

19 (a) Huntington Williams M.D.
(Signature of registrar)

JAN 25 1943
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/25 1943, at 7.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/24 1943, to 1/25 1943, and that I last saw h~~im~~ alive on 1/25 1943.

Immediate cause of death Bilat. bronchopneumonia

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operations .....

of autopsy .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Paul A. Menzemer M. D.
Address 1213 Light St. Date signed 1/25/43

(over)

G 00377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00377 ✓

Registered No. 8 . 4

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: St. Josephs Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County BALTIMORE

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 1604 E 29th St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME THEOPHILUS Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	White	WIDOWED

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2, 1861

8. AGE: Years	Months	Days	If less than one day
82		23	hr. min.

9. Birthplace ELKTON, CECIL, MARYLAND (Town, county, and state)

10. Usual Occupation (RETIRED) Examiner

11. Industry or business U.S. Custom Service

FATHER

12. Name JOSEPH C. HILL

13. Birthplace CHESTER Co. PA.

MOTHER

14. Maiden Name RUTH ANNA ALEXANDER.

15. Birthplace CECIL Co. Md

16 (a) Informant MR. WM. W. HILL (SON)

(b) Address 1604 E 29th ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 28 1943 (month) (day) (year)

(c) Cemetery or crematory LOUDON PARK.

Location 3801 FREDERICK Road

18 (a) Funeral director H. SANDER & SONS.

(b) Address NORTH AVE & BROADWAY

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

JAN 30 1943

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1943, at 1.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-20 1943 to 1-25 1943, and that I last saw him alive on 1-25 1943

Immediate cause of death Uremia

Due to Urinary retention

Due to Prostatic Hypertrophy

Other Conditions Fracture neck left femur Dermatitis - arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Jacob Hillinger M.D.

Address St. Joseph's Hospital Date signed Jan. 25, 1943

Balto Md

G 00378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

G 00378
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town 18 Riverside Rd. Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 18 Riverside Rd, Essex
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Essie Turner

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1901

8. AGE: Years	Months	Days	If less than one day
41 40	6	6	hr. min.

9. Birthplace Florida (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Zeba Meade
13. Birthplace Unknown

MOTHER
14. Maiden Name Effie Wright
15. Birthplace Unknown

16 (a) Informant W. R. Meade
(b) Address 18 Riverside Rd Essex

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/43 (month) (day) (year)
(c) Cemetery or crematory Maryland Pk
Location Baltimore, Md

18 (a) Funeral director Leonard J. Carnaghan
(b) Address 21 W. 25th St

19 (a) JAN 26 1943 Huntington Williams Mgr.
(b) JAN 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1943, at 9 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 11 1943 to Jan. 25 1943, and that I last saw her alive on Jan. 26 1943.

Immediate cause of death: Osteogenic Sarcoma, Left Humerus
2 metastases to Liver and Lungs.
Duration

Due to

Other Conditions: Duodenal Ulcer; Nephrolithiasis
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Same as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Footing
Address St. Joseph's Hospital Date signed Jan 25 43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

G 00379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 N

G 00379 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 720 N. Kenwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 720 N. Kenwood Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Augusta Kintop

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Carl J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1873

8. AGE: Years	Months	Days	If less than one day
69	8	24	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Frederick Graper
13. Birthplace Germany

MOTHER
14. Maiden Name not Known
15. Birthplace Germany

16 (a) Informant William D. Senger
(b) Address 3902 Foster Ave.

17 (a) Burial (b) Date thereof 1/27/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Trinity
Location O. Donnell St.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

JAN 26 1943 (b) [signature] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/25 1943 at 5 10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 of 1943 to Jan 25 1943, and that I last saw h[illegible] alive on Jan 24 1943.

Immediate cause of death Hyper C.V. disease — Duration

Due to Cerebral Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.
Address 861 N. Eutaw Date signed 1/27

G 00380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117 B

G 00380
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Edgewood
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
EASON LEE STARR

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife OZIR SULPHI
6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) March 5, 1896

8. AGE: Years	Months	Days	If less than one day
46	10	21	hr. min.

9. Birthplace Willis, Virginia
(Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business

FATHER
12. Name Solomon C. Starr,
13. Birthplace Willis, Virginia

MOTHER
14. Maiden Name Elizabeth Vaughn
15. Birthplace Willis, Virginia

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28, 1943 (month) (day) (year)
(c) Cemetery or crematory Arlington National
Location Arlington, Va.

18 (a) Funeral director Howard K. McComas
(b) Address Abingdon, Md.

19 (a) (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

JAN 25 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26, 1943, at 4:55a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 24, 1943, to Jan. 26, 1943, and that I last saw him alive on Jan. 26, 1943.

Immediate cause of death	Duration
Peritonitis generalized	
Bronchopneumonia, bilateral	48 hrs.
Due to Internal volvulus of jejunum (?) post-operative	
Due to perforated duodenum	48 hrs.
Other Conditions Hemorrhagic pancreatitis	2 da.
Cholecystitis chr. 1 week.	

(Include pregnancy within 3 months of death)

Date of operation 1/25/43
Major findings of operation: Exploratory lap
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. D. Tyree
Address US Marine Hospital Date signed 1/26/43
Baltimore, Maryland.

G 00381 ✓ G 00381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1610 Appleton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 52 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 Appleton St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME PHILIP SMALL

3 (b) If veteran, name war ----------
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Hattie Small
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1877.

8. AGE: Years	Months	Days	If less than one day
65	4		hr. min.

9. Birthplace East Prussia. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Jacob Small,
13. Birthplace Prussia.

MOTHER
14. Maiden Name Jennie Marter,
15. Birthplace Prussia.

16 (a) Informant Mrs. Hattie Small,
(b) Address 1610 Appleton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1.27.43. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Burial Somerset Sons & Co.
(b) Address 1902 Eutaw Place.

19 (a) JAN 26 1943 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25th. 1943, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 4' 1942, to Jan 25' 1943, and that I last saw h[illegible] alive on Jan 24' 1943.

Immediate cause of death
Chronic Nephritis — Duration per 3 mos
Marked Secondary Anemia — 3 mos
Due to Neoplasm of Rectum — 3 mos
Due to
Other Conditions Myocardial Degeneration with edema — Since 4/42
(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature G. F. Rees M. D.
Address 24 S. Broadway Date signed Jan 25/43

G 00382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 93N

Registered No. G 00382

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Woodbine, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. R. D.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Harrison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Eliza C. Harrison
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) July 5, 1870

8. AGE: Years	Months	Days	If less than one day
72	6	21	hr. min.

9. Birthplace Carroll Co. Maryland
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name John Harrison
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Gosnell
15. Birthplace Maryland

16 (a) Informant Mrs Eliza C. Harrison
(b) Address Woodbine, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-43 (month) (day) (year)
(c) Cemetery or crematory Morgan Chapel
Location Day, Carroll Co Md.

18 (a) Funeral director C. M. Wolfe
(b) Address Sykesville Md

19 (a) (Signature of local registrar) Huntington Williams M.D. Registrar

JAN 27 1943

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/26/43 19 , at 11:46 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/22/43 19 , to 1/26/43 19 , and that I last saw h/liv alive on 1/26/43 19

Immediate cause of death

Uremia - Sclerosis

Due to Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jas. C. Goodman Jr. M. D.
Address Franklin Sq Hosp Date signed

G 00383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43d

G 00383 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution: Home for Aged & Mp. E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Virginia Davis Cronin

3 (b) If veteran, name war: W
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1856

8. AGE: Years	Months	Days	If less than one day
86	10	15	hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER	12. Name Lewis Cornelius Cronin
	13. Birthplace Harford Co. Md.
MOTHER	14. Maiden Name Winnie E. Keller
	15. Birthplace Staunton Va

16 (a) Informant Mrs. Mc Lea
(b) Address 2211 Rogers Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore Md
18 (a) Funeral director William J. McGee
(b) JAN 27 1943 L. Fort & Son
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1943, at 2.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1943 to Jan 25 1943 and that I last saw h[illegible] alive on Jan 25 1943

Immediate cause of death Chronic Myocarditis — Duration 6 Mo

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur H. Dana M. D.
Address 800 W 33rd Date signed 1-26-43

VS 150

G 00384

BALTIMORE CITY HEALTH DEPARTMENT 93d

CERTIFICATE OF DEATH 78178

Registered No.

G 00384

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or ~~County~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 118 W. Mulberry Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maude Amos Goldsborough

3 (b) If veteran, name war: ~~W~~

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married (?)

6 (b) Name of husband ~~Wm~~ Samuel

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1879

8. AGE: Years 63 | Months 1 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Pastry cook

11. Industry or business

FATHER
12. Name James T. Amos
13. Birthplace Maryland

MOTHER
14. Maiden Name Louise Krebs
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 28 43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md

18 (a) Funeral director ~~Wm~~ Tull & Son Inc
(b) Address JAN 27 1943 Towson Md

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1943, 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-17-42 19..., to 1-25-43 19..., and that I last saw h ~~er~~ alive on 1-25-43 19...

	Duration
Immediate cause of death: Broncho pneumonia	5 days
Due to disease: Hypertensive cardio-vascular	Unk.
Due to: Chronic alcoholism	Unk.
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. A. Schmidt M.D.
Address Balto. City Hospts. Date signed 1-26-43

G 00385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00385

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1013 W. Saratoga St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 W. Saratoga St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29, 1885

8. AGE: Years	Months	Days	If less than one day
57 58	9	24	hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charles Jones
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Lettie Beckrel
15. Birthplace N. Carolina

16 (a) Informant -Daughter
(b) Address 1013 W. Saratoga St

17 (a) (Burial, cremation, or removal) (b) Date thereof Jan 27-43 (month) (day) (year)
(c) Cemetery or crematory Interfaith Memorial Pk
Location Baltimore Md

18 (a) Funeral director Crawford L. Hadley
(b) Address 2101 W. Fayette St

19. JAN 27 1943 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

28. DATE OF DEATH 1/23 1943, at 7.39 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to (Autopsy or Inquiry) death on the day stated above.

Immediate cause of death: Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 1/24/43

VS 6

G 00386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

√83 NG 00386 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 26 S Highland
(c) Hospital or institution: 26 + 10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 26 S Highland
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence M Lloyd

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-10-3151

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Married

6 (b) Name of husband or wife Edith Lloyd
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) July 13 1877

8. AGE: Years	Months	Days	If less than one day
65	6	13	hr. min.

9. Birthplace Baltimore (Town, county, and State)
10. Usual Occupation Night Watchman
11. Industry or business

FATHER 12. Name Joe Lloyd
13. Birthplace Md

MOTHER 14. Maiden Name Emily Troyer
15. Birthplace Md

16 (a) Informant Edith Lloyd
(b) Address 26 S Highland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28. (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Local

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E. Oliver

19 (a) (b) Huntington Williams, M.D.

JAN 27 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1943 at 8:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942 to Jan 25 1943.
and that I last saw h im alive on Jan 25 1943.

Immediate cause of death: Cardiac insufficiency — Duration
period of several years
Due to: attack right sided
Due to Paralysis about 2 years
Secondary from embolism
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy None.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas S. Bratton, M. D.
Address 313 E. Baltimore Date signed 1-25-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 00387 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 513 Calander st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 513 Callender St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pauline E. Wilbur (Birth 66345)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7. 1943

8. AGE: Years X | Months — | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harry Wilbur
13. Birthplace Baltimore md

MOTHER
14. Maiden Name Pauline Breitschwerdt
15. Birthplace Baltimore md

16 (a) Informant Harry Wilbur
(b) Address 513 Calander st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/43 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Washington Blvd.

18 (a) Funeral director Cauffmore Inc.
(b) Address Frankelintown

19 (a) JAN 27 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/26/43 19 , at 5:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/7 1943 to 1/26 1943 and that I last saw h[illegible] alive on 1/26 1943.

Immediate cause of death Broncho Pneumonia — Duration 19 dy
Due to
Due to Premature (7 mos)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph G. Laukaitis M. D.
Address 513 Washington Blvd Signed 1/29/43

VS 3

G 00388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 H

Registered No. G 00388

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1210 Whitelock St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 Whitelock St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Haywood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rosie Haywood

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1882

8. AGE: Years 60 | Months 6 | Days 8 | If less than one day hr. min. 20

9. Birthplace Queen Anne Md (Town, county, and state)

10. Usual Occupation Gardener

11. Industry or business

FATHER 12. Name Charles Haywood
13. Birthplace Maryland

MOTHER 14. Maiden Name Betsy Miles
15. Birthplace Queen Anne

16 (a) Informant Rosie Haywood
(b) Address 1210 Whitelock St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28-1943 (month) (day) (year)
(c) Cemetery or crematory Columbia Memorial
Location Columbia

18 (a) Funeral director Wm Brooks
(b) Address 1463 N Carey St

Registrar Thornton Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jany 26 1943 at 6:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/31 1942 to 1/26 1943.
and that I last saw he alive on 1/24 1943

Immediate cause of death	Duration
(a) Tuberculosis Laryngitis	
Due to (b) Pneumonia bilateral	
Due to (c) Phthisis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Koerth M.D.
Address 1211 Carroll Ave Date signed 1/28/43

Jan 27 1943

VS 180

G 00389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 00389 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1123 S. Charles St.
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) -7-
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 S. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Massauer

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	widower

6 (b) Name of husband or wife Emma Massauer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Febr. 1864

8. AGE: Years	Months	Days	If less than one day
79	11	23	hr. min.

9. Birthplace Germany (Town, county and state)
10. Usual Occupation Confectioner
11. Industry or business

FATHER
12. Name Elizabeth Bumbe
13. Birthplace Germany

MOTHER
14. Maiden Name John Massauer
15. Birthplace Germany

16 (a) Informant Mr. Robert Massauer
(b) Address 1120 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 27/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director Fred. J. Krauss & Son
(b) Address 1 S. Charles St.

19 (a) JAN 27 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1943, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/17 1943, to 1/24 1943, and that I last saw him alive on 1/24 1943.

Immediate cause of death Cardiac failure — Duration

Due to Arteriosclerosis

Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur J. Peck M.D.
Address 2 E. W. North Ave. Date signed 1/26/43

VS 3

C 00390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1930 Registered No. C 00390

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. V
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1326 Ridgely St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Casimir (BORIS) Budziewich

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 212-01-0260

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Lith. (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name Unknown

FATHER 13. Birthplace Lith

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace Lith

16 (a) Informant Eva Budus

(b) Address 1326 Ridgely St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Blair Rd

18 (a) Funeral director Joseph Kaminskas Inc

(b) Address 602 Dash. Blvd

19 (a) (Date rec'd by registrar) JAN 27 1943 (b) Huntingtown Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25 1943, at 4 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & investigation thereon and from the evidence (Autopsy or Inquiry) obtained by said inquest & investigation and that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	
Cardio Vascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Gratton M.D. Medical Examiner

Date signed Jan 25 1943

VS 6

428806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83A Registered No. 00391

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2225 Essex St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Baclawski

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Anna Baclawski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-1-73

8. AGE: Years	Months	Days	If less than one day
69 70	5		hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph Baclawski
13. Birthplace Poland

MOTHER
14. Maiden Name (?)
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County
18 (a) Funeral director John M Weber
(b) Address 401 S. Chester Street
19 (a) [illegible] Huntington Williams, Md.

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 24 1943, at 5:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 22 1943, to JAN 24 1943, and that I last saw HIM alive on JAN 24 1943.

Immediate cause of death Cerebral vascular accident — Duration 3 days
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Krob, M.D.
Address Johns Hopkins Hospital Date signed 1/24/43

Register No. 00392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00392
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6437 Eastern Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6437 Eastern Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elmer Uhlig (Butte F 46379)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3 1942

8. AGE: Years | Months 10 | Days | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Elmer Uhlig
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Mildred Damasiewicz
15. Birthplace Baltimore Md.

16 (a) Informant Mildred Uhlig
(b) Address 6437 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M. Welsh
(b) Address 401 S. Chester St

19 (a) JAN 27 1943 (Registered by Registrar) Huntingtown Williamsport Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26 1943, at 8 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said decreased came to his death on the day stated above.

Immediate cause of death Pending microscopic examination — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Jan 26 1943

G 00393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 N

G 00393 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2235 E. Biddle Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2235 E. Biddle Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles E. Langley

3 (b) If veteran, name war	3 (c) Social Security Account No.
---	---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Elizabeth Langley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1867

8. AGE: Years	Months	Days	If less than one day
75	6	14	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

MOTHER / FATHER
12. Name Owen Langley
13. Birthplace Md.

14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Mrs. V. Marie McCullough
(b) Address 2235 E. Biddle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem
Location Balto. Md.

18 (a) Funeral director Phillips Henrig Sons
(b) Address 2024 Orleans St. Huntington Williams, M.D.

19 (a) JAN 27 1943 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1943 at 8 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2 1942 to Jan 26 1943, and that I last saw h.... alive on Jan 26 1943.

Immediate cause of death	Duration
Myocarditis	
Due to Cardiac Stasis	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morley S Hoag M. D.
Address 729 West Blvd Date signed 1/27/43

G 00394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 00394 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 S Curley St
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 S Curley St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Feodor Duda.

3 (b) If veteran, name war: non
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Rose
6 (c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): 1861

8. AGE: Years: 82 | Months | Days | If less than one day: hr. min.

9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business

FATHER
12. Name: Clem
13. Birthplace: Poland

MOTHER
14. Maiden Name: not known
15. Birthplace: ?

16 (a) Informant: Rose Duda
(b) Address: 1101 S Curley St

17 (a) B (Burial, cremation, or removal) (b) Date thereof 1-28-43 (month) (day) (year)
(c) Cemetery or crematory: Sacred Heart
Location: Seaman Holy Rd

18 (a) Funeral director: John Duda
(b) Address: 2824 Hudson

19 (a) JAN 27 1943 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25 1943, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 4 1943, to Jan. 25 1943, and that I last saw him alive on Jan. 24 1943.

Immediate cause of death	Duration
Due to Bronchial Pneumonia	3 w.
Due to	
Other Conditions Mouth and throat Ulcers (Include pregnancy within 3 months of death)	

Date of operation: None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. A. Rosenblatt M. D.
Address 3618 O'Donnell Date signed 1/24/43

VS 3

G 00395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1830 G 00395 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2733 Cylburne Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2733 Cylburne Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AUGUSTA C. HANSEN

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	nohe

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Hans
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1882

8. AGE: Years	Months	Days	If less than one day
60	6	23	hr. min.

9. Birthplace Copenhagen, Denmark
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Christian Norgard
13. Birthplace Denmark

MOTHER
14. Maiden Name Marie Hansen
15. Birthplace Denmark

16 (a) Informant Mr. Hans Hansen
(b) Address 2733 Cylburne Ave.

17 (a) Bur Cremation (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Crematory
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS,
(b) Address North & Pa., Balto., Md.

19 (a) Date 1943 (b) Huntington Williams, M. D.
(Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25, 1943 at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 22 1943 to Jan 25 1943 and that I last saw her alive on Jan. 25 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 3 days
Due to Arterial Hypertension — yrs
Due to General arterio sclerosis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James L. Ashelman M. D.
Address 1127 Park Heights Ave. Date signed

G 00396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943 G 00396 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4032 Hayward Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Harry O Warfield

3 (b) If veteran, name war: NONE

3 (c) Social Security account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Anna L. Warfield

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 25, 1892

8. AGE: Years: 51 | Months: 0 | Days: 1 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Salesman

11. Industry or business: Pillsbury Flour Co.

FATHER
12. Name: John O. Warfield
13. Birthplace: Carroll Co., Md.

MOTHER
14. Maiden Name: -- Spangler
15. Birthplace: Maryland

16 (a) Informant: Mrs. Anna L. Warfield
(b) Address: 4032 Hayward Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/43 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olive Cem.
Location: Randallstown, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 JAN 27 1943 (b) Huntingtown Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/26 1943 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: coronary occlusion — Duration:
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner
Date signed per Robert Le Gardner MD Jan 26. 1943.

VS 6

G 00397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1930

G 00397 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) Boyo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 Dover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Paul Jung

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Otilla
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18 1862

8. AGE: Years	Months	Days	If less than one day
80 79	5	7	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Not Available
13. Birthplace Germany

MOTHER
14. Maiden Name Not Available
15. Birthplace Germany

16 (a) Informant Veronica Schaffer
(b) Address 3029 Fredk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-43 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location Baltimore or Md

18 (a) Funeral director Geo A Farley
(b) Address Fulton & Fayette

19 (a) (Date received) (b) Registrar

VS JAN 31 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26 1943, at 11 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) inquest and that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic cardiovascular disease — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Gratton M.D. Medical Examiner.
Date signed Jan 26 1943.

JL - 7[illegible]87 G 00398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00398 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7Da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 427 Biddle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years	Months	Days	If less than one day
65?	?	?	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Helper in bakery

11. Industry or business Unemployed

FATHER
12. Name Henry Taylor
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Eliza ?
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 (a) (b) Registrar

JAN 27 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-24 43 19 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-12 1943 to 1-24 1943 and that I last saw h[illegible] alive on 1-24 1943

Immediate cause of death Uremia — Duration 3 days

Due to Chronic Nephritis

Due to Hypertension C.V. Disease.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Vogel Jr. M. D.
Address Balto City Hosp. Date signed 1-24-43

G 00399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00399 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 928 Mount St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alexander Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-9308

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name

13. Birthplace

MOTHER
14. Maiden Name

15. Birthplace

16 (a) Informant Husband

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director A. Halstead

(b) [illegible] 2nd Hall ave

19 (a) JAN 27 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 22 1943 at 1 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & no autopsy thereon and from the evidence (Autopsy or Inquiry).
obtained by said inquiry & no autopsy and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage, spontaneous — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed Jan 23 1943

VS 6

G 00400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92C

G 00400 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3700 - Frankford Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH HEDWIG EISENMEIER

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-18-1278

4. Sex: MALE

5. Color or race: WHITE

6 (a) ~~Single~~, married, ~~widowed, or~~ divorced.

6 (b) Name of husband or wife MRS. J. EISENMEIER

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) FEB. 17, 1890

8. AGE: Years 52 | Months 11 | Days 9 | If less than one day: hr. min.

9. Birthplace Czecho-Slovakia (Town, county, and state)

10. Usual Occupation Interior decorator

11. Industry or business

FATHER
12. Name Albert Eisenmeier
13. Birthplace Czecho-Slovakia

MOTHER
14. Maiden Name Magdalen Lehmann
15. Birthplace Czecho-Slovakia

16 (a) Informant Mrs. J. Eisenmeier
(b) Address 3706 - Frankford Ave Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Rusk
(b) Address 5305 Harford Rd

19 JAN 27 1943 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1943, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21 1943, to Jan 26 1943, and that I last saw him alive on Jan 26 1943.

Immediate cause of death	Duration
HYPER PYREXIA	Unknown
C. CARDIO RESPIRATORY FAILURE	
Due to REPEATED CEREBRAL EMBOLIC PHENOMENA	
Due to CHRONIC RHEUMATIC VALVULAR DISEASE	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Cestre M. D.
Address Union Memorial Hosp. Date signed 1-26-43

VS 150

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

Photostatic copy

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G/0[illegible]
13 10
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 609 N. Montford ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 N. Montford Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Ellis

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louise Ellis
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Jugoslavia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Philip Ellis
13. Birthplace Jugoslavia

MOTHER
14. Maiden Name Not Known
15. Birthplace Jugoslavia

16 (a) Informant Louise Ellis
(b) Address 609 N. Montford ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director Frank Gvach & Son
(b) Address 900 N. Wheeler St

19 (a) [illegible] (Registrar) Huntington Williams M.D.

JAN 27 1943

FB 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26 1943, at 4:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1943 to Jan 26 1943 and that I last saw him alive on Jan 25 1943

Immediate cause of death Pneumonia — Duration 10 days

Due to Bronchial Asthma and Chronic Emphysema — Duration 2 yrs, 2 yrs

Due to — Duration 7

Other Conditions Hypertension chronic C.V.R. disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Allen E. Liberty M.D.
Address 1939 Eutaw Place Date signed 1/27/43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00402 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hosp.
(c) Hospital or institution: Saratoga & Calvert Sts
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2515 W. Hamilton Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Henry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Agatha Henry
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Sept 14, 1877

8. AGE: Years	Months	Days	If less than one day
65	4	10	hr. min.

9. Birthplace Balto City (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Maximillian Henry
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Wolf
15. Birthplace Germany

16 (a) Informant Hosp. admission clerk
(b) Address Mercy Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location —

18 (a) Funeral director Mary M. Woodfield
(b) Address 701 E. Lexington St

JAN 27 1943 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 24 1943, at 3:52 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 22 1943, to Jan 24 1943, and that I last saw him alive on Jan 24 1943.

Immediate cause of death Cardio-respiratory failure — Duration

Due to Bronchial pneumonia

Due to

Other Conditions Paralysis agitans

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William O. Ahern

Address Mercy Hosp Date signed 1/24/43 M. D.

G 00403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 00403 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2013 Portugal
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2013 Portugal (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Sobaj

3 (b) If veteran, name war | 3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Widowed

6 (b) Name of husband or wife Emma Sobaj
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Sobaj
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Mrs Lisiecki
(b) Address 2013 Portugal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/43 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore

18 (a) Funeral director Fred W Ozarzewski
(b) Address 1930 Eastern Ave

19 (a) [illegible] (b) Huntington Williamsburg (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 25 1943, at 1.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1943, to Jan 25 1943, and that I last saw h alive on 19

Immediate cause of death: Chronic Myocarditis — Duration: 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward J. Kulawik, M. D.
Address 126 S Bethune Pl Signed 1/28/43

G 00404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 NG 00404 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1704 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2023 Maryland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Krang

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24. 1857

8. AGE: Years 85 | Months 4 | Days 2 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name George N. Krang

13. Birthplace Germany

MOTHER 14. Maiden Name Wilhelmina Bockmyer

15. Birthplace Germany

16 (a) Informant George A. Krang

(b) Address 2403 Harlem Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-28-43 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto. Md.

18 (a) Funeral director F. Vernon Kaelzer

(b) Address 2301 Edmondson Ave

19 (a) (Signature of registrar) (b) Huntington Williams, M.D.

JAN 29 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/26 1943, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/24 1943, to 1/26 1943, and that I last saw her alive on 1/25 1943.

Immediate cause of death: Arteriosclerotic Cardio-Vascular Disease — Duration

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. Williams Loughlin M. D.

Address 400 N. Payson St Date signed 1/26/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

ABE 76 [illegible] 00405 — 93 — G 00405 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 729 Ramsay St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Long

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1-1858

8. AGE: Years	Months	Days	If less than one day
85	-	24	hr. min.

9. Birthplace Ill. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Domecic Flanagan
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Flarague
15. Birthplace Ireland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Eileen Kahn
(b) Address 2301 Edmondson Ave. Baltimore, Md.

19 JAN 27 1943 (Date rec'd by registrar) (b) Registrar Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25-43 19 , at 4 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-22-42 19 to 1-25-43 19 and that I last saw h[illegible] alive on 1-25 19 43.

Immediate cause of death	Duration
Cardiac failure	
Due to Hypertensive cardio vascular disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature E. S. Coss Jr. M. D.
Address B. C. H. Date signed 1-26-43

G 00406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 00406 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1207 Parkane.

(c) Hospital or institution:

11

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1207 Parkane (If rural give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) **FULL NAME** William H. Madison

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 212-07-2781

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Dallie Madison

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Dec 20 1876

8. AGE: Years 66 | Months 5 | Days 29 | If less than one day hrs. min.

9. Birthplace Staunton Va. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business Farming

FATHER 12. Name Scott Madison

13. Birthplace Staunton Va

MOTHER 14. Maiden Name Annie ?

15. Birthplace Va

16 (a) Informant Dallie Madison

(b) Address 1207 Parkane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27 1943 (month) (day) (year)

(c) Cemetery or crematory Arlington Mem.

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N. Schroeder St.

[redacted] (b) [redacted] Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/23, 1943, at 8:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/24/41 1941 to Jan 23 1943, and that I last saw h[illegible] alive on Jan 26 1943.

Immediate cause of death: Acute Endocarditis — Duration: 2 wks

Due to: Interstitial Nephritis — 2 mo

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. T. Gunn M. D.

Address 322 Darlington Ave Date signed 1/27/43

correct age is especially important. Physicians: please write the causes of death clearly a[illegible]

G 00407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G 00407

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1011 E. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 E. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Israel Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Anna Fine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Jeweler
11. Industry or business (Sell)

MOTHER / FATHER
12. Name Samuel Cohen
13. Birthplace Russia
14. Maiden Name Beate —
15. Birthplace Russia

16 (a) Informant Mrs. A. Fine
(b) Address 801 E. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-27-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Herman Hill Rd.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto. St

19 JAN 27 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26-43 19 3:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1943, to Jan 26th 1943, and that I last saw him alive on Jan 25 1943.

Immediate cause of death Acute Cardiac Decompensation

Due to Pulmonary Edema

Due to Chronic Bronchitis, emphysema

Other Conditions Diabetes Mellitus? Abdominal hernia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morris A. Fine M. D.
Address 118 Aisquith St Date signed Jan 27th

VS 150

G 00408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G 00408 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2304 Strathmore Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) **FULL NAME** Margaret Theodore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Peter Theodore

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) MAY 23, 1900

8. AGE: Years 42 | Months 8 | Days 4 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Lawrence Marciniak
13. Birthplace Balto.

MOTHER
14. Maiden Name Honora Marciniak
15. Birthplace Balto.

16 (a) Informant PETER THEODORE
(b) Address 2504 STRATHMORE Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Bel. Emerson Road

18 (a) Funeral director M. F. Radomski & Sons
(b) Address 1809 Eastern Ave

JAN 27 1943 (Huntington Williams, M.D.) Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1943 at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to Jan 27 1943, and that I last saw her alive on Jan 27 1943.

Immediate cause of death: Heart failure — Duration:

Due to Rheumatic cardiovascular disease

Due to Mitral stenosis & auricular fibrillation

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ella C. Sink M. D.
Address Univ. Hosp. Date signed 1-27-43

00409 **HEALTH DEPARTMENT—CITY OF BALTIMORE** G 00409

CERTIFICATE OF DEATH

1. **PLACE OF DEATH** — Registered No.

CITY OF BALTIMORE: (No. 10 Tamworth Road St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. **FULL NAME** Emil J. Heimbuch — If U. S. Veteran specify WAR

(a) Residence: No. 7237 Jackson Blvd. St., Ward. Soc. Sec.-324-09-6734

(Usual place of abode) (If non-resident give city or town and State)

Forest Park, Ill.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary V. Heimbuch

6. DATE OF BIRTH (month, day, year): November 14, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Armstrong Cork Co.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

FATHER

13. NAME: John Heimbuch

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER

15. MAIDEN NAME: Denah Dirschner

16. BIRTHPLACE (city or town) (State or country): Hereford, Balto. Co Maryland

17. INFORMANT: Mrs. Mary V. Heinbuch

(Address) 30 Dunfries Ave., Fort Thomas, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place: Newport, Ky. Date: Jan. 27 1943

19. UNDERTAKER: William Lemmon

(Address) 1003 W. Baltimore St.

20. FILED ..... 19.... Registrar.

JAN 27 1943 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan 25, 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3rd, 1943 to Jan. 24, 1943

I last saw h[illegible] alive on Jan 24, 1943. Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Chronic Bright's Disease

Hypertensive Heart Disease

Other contributory causes of importance:

Senile Prostate

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Draper M. D.

(Address) 3901 Fairfax Rd.

G 00410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43

G 00410 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 228 Warren Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 228 Warren Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary J Knight

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Wm J

6 (c) If alive, [illegible] age years

7. Birth date of deceased (mo., day, yr.) Don't Know

8. AGE: Years 74 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Cuba (Town, county, and state)

10. Usual Occupation H W

11. Industry or business

FATHER
12. Name Abraham Brown
13. Birthplace Don't Know

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant William J Knight
(b) Address 228 Warren Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-43 (month) (day) (year)
(c) Cemetery or crematory London PK
Location 3801 Frederick ave

18 (a) Funeral director William M Mauch
(b) 715 Light St
(Date rec'd by Registrar) Washington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1943, at 3:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-4 1943 to 1-25 1943, and that I last saw h[illegible] alive on 1-25 1943.

Immediate cause of death Chronic Myocardial Degeneration — Duration 2 yr. +
Due to Arteriosclerosis — 5 yr.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A A Fellod M. D.
Address 707 E. Fort Ave. Date signed 1-26-43

G 00411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00411 Registered No. 169

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Glen Burnie (If outside city or town limits, write RURAL and give town)
(d) Street No. P.O 6th Ave North (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME IRA B CENTER

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-4802

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Irene L

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 28 1899

8. AGE: Years	Months	Days	If less than one day
43	3	24	hr. min.

9. Birthplace Cinn Ohio (Town, county, and state)

10. Usual Occupation Blakesman B+O

11. Industry or business

FATHER
12. Name Harry H Center
13. Birthplace Cinn Ohio

MOTHER
14. Maiden Name Jenete Harris
15. Birthplace Cinn Ohio

16 (a) Informant Mrs Irene L Center
(b) Address 6th Ave North Glen Burnie Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Marack
(b) Address 745 Light St

19 (a) JAN 27 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 1943, at 10a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Crushing of abdomen and contusion

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1-23-43 at 10 a.m. M
(c) Where did injury occur? Stony Run Creek B+O R.R. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work?
(e) Means of injury struck + fell - crushed between two freight cars

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.

Date signed 1-24-43

G 00412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 G 00412 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4407 Walther Boule
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4407 Walther Boule (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clara V Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife John H Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14 1872

8. AGE: Years 70 | Months 6 | Days 12 | If less than one day hr. min.

9. Birthplace Roxborough Pa (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Benj J F Johnson
13. Birthplace Delaware

MOTHER
14. Maiden Name Hollingsworth
15. Birthplace Roxborough Pa

16 (a) Informant Geo L Johnson
(b) Address 4407 Walther Boule

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 28 (month) (day) (year)

(c) Cemetery or crematory Mt Zion Cem
Location Wilmington Del

18 (a) Funeral director Wilbert Funeral Home
(b) Address 209 E Orleans

19 (a) JAN 27 1943 (Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1943 at 3:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1942 to Jan 26 1943, and that I last saw h alive on Jan 26 1943

Immediate cause of death Circulatory Collapse

Due to Hypertension Heart Disease - Cardio - Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

Duration
1 hr
8 mo

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E W Meyer Jr

Address 1501 E 33 St Date signed 1/27/43 M. D.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 00413 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1159 Gorsuch
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1159 Gorsuch Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maggie Hess
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	widowed

6 (b) Name of husband or wife Fred J. Hess
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 29 1873

8. AGE: Years	Months	Days	If less than one day
69 69	5	27	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Christopher Schegley
13. Birthplace Balto

MOTHER
14. Maiden Name Barbara Korn
15. Birthplace Balto

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29/43 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location Balto Md

18 (a) Funeral director Wilhelm Funeral Home
(b) Address 2948 Eastern Ave

19 (a) JAN 27 1943 (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1943 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1922 Jan 26 1943, and that I last saw h alive on Jan 26 19 43

Immediate cause of death	Duration
Coronary Occlusion	2 days
Due to Arterio-Sclerotic Hypertensive Disease	10 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Gunther M. D.
Address 2348 Eastern Ave Date signed 1/27/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1176

G 00414 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Block E. Monument St
(c) Hospital or institution Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3819 Norfolk Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis Hyman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	W.

6 (b) Name of husband or wife Late Jennie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
71 70			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business None

FATHER
12. Name Julius Joseph Hyman
13. Birthplace Russia

MOTHER
14. Maiden Name Chai Sarah
15. Birthplace Russia

16 (a) Informant Ellis Hyman
(b) Address 3819 Norfolk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan, 28, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director A. L. Levinson & Bros
(b) Address 1124-26 W. North ave

19 Jan 27 1943 (b) Washington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26 1943, at 8:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1943 to Jan 26 1943 and that I last saw him alive on Jan. 26 1943.

Immediate cause of death	Duration
Pulmonary embolism?	
Due to postoperative	
Due to	
Other Conditions Duodenal ulcer. Arteriosclerotic cardiovascular dis. (Include pregnancy within 3 months of death)	
Date of operation Jan. 25, 1943.	
Major findings of operation: Cicatricial duodenal ulcer.	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. R. Schwartz M. D.
Address Sinai Hospital Date signed 1-26-43

VS 3

G 00415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108

G 00415

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1305 Rosewick Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co Md
(c) City or town 1305 Rosewick Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Rosedale (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Madison Judson

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-6056

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	married

6 (b) Name of husband or wife Marcella Judson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1912

8. AGE: Years	Months	Days	If less than one day
30	1	14	hr. min.

9. Birthplace Manning N Dakota (Town, county, and state)
10. Usual Occupation machinist
11. Industry or business Edgewood Arsenal

FATHER
12. Name Arthur C Judson
13. Birthplace North Dakota

MOTHER
14. Maiden Name Helen Hall
15. Birthplace Wisconsin

16 (a) Informant Mrs Marcella E Judson
(b) Address 1305 Rosewick Ave

17 (a) January 28 1943 (b) Date thereof (burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oakhurst
Location Wisconsin

18 (a) Funeral director Allen L Hill Jr
(b) Address 1406 N Charles St

19 (a) (b) Registrar

JAN 27 1943 Huntington Williams, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1943 at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1943 to Jan 26 1943 and that I last saw him alive on Jan 26 1943.

Immediate cause of death Septicemia — Duration

Due to Pneumonia

Due to

Other Conditions Lung Abscess
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation (over)

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dorothy R. Lentz

Address Sinai Hospital Date signed 1-26-43 M.D.

Physician: Fill in and underline the cause to which death should be charged statistically. Physicians: please write the causes of death clearly and legibly.

G 00417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 177N G 00417

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital #
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 243 E Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harrison W. ESHELMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Dec 6, 1888

8. AGE: Years	Months	Days	If less than one day
54	1	19	hr. min.

9. Birthplace Penna (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business

FATHER
12. Name Jacob L. Eshelman
13. Birthplace Penna

MOTHER
14. Maiden Name Susan Keener
15. Birthplace Penna.

16 (a) Informant Melo Martin
(b) Address Hershey R.D. Pa.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 30, 1943 (month) (day) (year)
(c) Cemetery or crematory Green Mount Church Cem
Location Lancaster Co Pa

18 (a) Funeral director William Cooke Inc.
(b) Address 1217 St Paul St.

JAN 27 1943 Huntington Withdrawn M. Parr
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1943 at 11 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic Glomerulonephritis	
Due to	
Due to	
Other Conditions Hx	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: Hx

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. F. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 1-25-43

G 00417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56 B

G 00417 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Clausen St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2412 Huron St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Viola Williams Fuller

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife Edward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/7/1897

8. AGE: Years	Months	Days	If less than one day
45	5	17	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business Housewife

FATHER
12. Name Arthur Bias
13. Birthplace Balto Md

MOTHER
14. Maiden Name Bessie
15. Birthplace Balto Md

16 (a) Informant Bessie Wright (mother)
(b) Address 2412 Huron St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/1943 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem'l Pk.
Location Balto. Co. Md.

18 (a) Funeral director Chas. L. Cooper
(b) Address 514 N. Calhoun St.

JAN 27 1943 Received by Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1943 at 3:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/14 1943 to 1/27 1943 and that I last saw h[illegible] alive on 1/24 1943

Immediate cause of death Myocardial Failure — Duration

Due to Post Operative Paralytic Ileus

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 1/22/43
Major findings of operation: Multiple Pelvic Adhesions - Hysterectomy
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. Franklin Fuller M. D.
Address 1543 Park Ave Date signed 1/27/43

G 00418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56 B

G 00418 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 Bartlett Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence M Faulkner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband: Charles S. Faulkner
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 25th 1895
8. AGE: Years 47 | Months 6 | Days 28 | If less than one day ____ hr. ____ min.
9. Birthplace Easton Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John L. Marsh
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret E. Krotts
15. Birthplace Md.

16 (a) Informant Charles S. Faulkner
(b) Address 611 Bartlett Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/43 (month) (day) (year)
(c) Cemetery Olivet
Location St. Michaels Md.

18 (a) Funeral director William Cox Inc
(b) Address 857 St. Paul St

JAN 27 1943 (Date rec'd by registrar) Hunting & Tor Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1943, at 6 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1943, to Jan 27 1943, and that I last saw h.e. alive on Jan 27 1943

Immediate cause of death: Pulmonary Embolus — Duration: 5 min.

Due to ?

Due to

Other Conditions Post-operative Hysterectomy — Duration: 2 wks
(Include pregnancy within 3 months of death)

Major findings:
Of operation Uterine Fibroid

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis E. Goodman Jr. M. D.
Address Franklin Sq. Hosp. Date signed

(over)

G 00419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 153

G 00419 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1221 Ashland Ave
(c) Hospital or institution: 10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) boyrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1221 Ashland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Carey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	C	Widowed

6 (b) Name of husband or wife William Carey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 20 1865

8. AGE: Years	Months	Days	If less than one day
77	5	5	hr. min.

9. Birthplace St Mary's Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name George Middleton

13. Birthplace Md

MOTHER 14. Maiden Name Charlotte Williams

15. Birthplace Md

16 (a) Informant Charles A. Carey

(b) Address 1221 Ashland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28 1943 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem.

Location Relay Md

18 (a) Funeral director Belmont Francis K. Knight

(b) Address 12 Allegheny St

JAN 27 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1943 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1942 to Jan 20 1943, and that I last saw h alive on 20 1943

Immediate cause of death Pneumonia (Hypostatic)

Duration 2 days

Due to

Due to

Other Conditions Incident upon flu

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. G. Jacob

Address 617 North Mt Road Date signed 1/27/43 M. D.

VS 3

G 00420 BALTIMORE CITY HEALTH DEPARTMENT G 00420

CERTIFICATE OF DEATH 108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1521 E. Balto St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 1
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1521 E. Balto St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROSE SHEFFERMAN

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Benjamin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Abraham London
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Alvin Shefferman
(b) Address 1521 E. Balto St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-43 (month) (day) (year)
(c) Cemetery or crematory Helwig Friendship
Location Baltimore & Oakley Sts.

18 (a) Funeral director Jack Levin
(b) Address 1439 E. Baltimore St.

19 (a) JAN 28 1943 Huntington Williams, Md
(Registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-26- 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1943, to Jan 26 1943, and that I last saw h[illegible] alive on 1/26 1943.

Immediate cause of death: Acute Cardiac Dilatation — Duration: 3 dy
Due to: pneumonia Lobar
Due to: chronic myocarditis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. L. Feldman
Address 1440 E Balto St Date signed 1/27/43 M. D.

G 00421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00421 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5918 Edna Ave
(c) Hospital or institution: 27
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5918 Edna Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henrietta M. Mead

3 (b) If veteran, name war —— W
3 (c) Social Security Account No. NIBE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Arthur C. Mead
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 12th 1887

8. AGE: Years	Months	Days	If less than one day
55	4	15	hr. min.

9. Birthplace Hagerstown Md. (Town, county, and state)
10. Usual Occupation Saleslady
11. Industry or business Hochschild Kohn Co.

FATHER
12. Name William H. Eyler
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Ridenour
15. Birthplace Md

16 (a) Informant Mrs Frank Eyler
(b) Address 2940 W. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge Location Pikesville Md

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 (a) JAN 28 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27th 1943, at 6 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1942 to Jan 26 1943, and that I last saw her alive on Jan. 26 1943.

Immediate cause of death Carcinoma of uterus & metastases to colon & urinary bladder — Duration 2 yrs.
Due to —
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Willis Guynton
Address 3963 Greenmount Ave. Date signed 1/29/43 D

VS 150

Typed

G 00422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

G 00422 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5607 Roland Ave.,

(c) Hospital or institution:

Melrose Nursing Home, 8

(d) Length of stay in ~~hospital~~ or inst. (~~years,~~ months or days) 21

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1241 N. Patterson Pk. Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miss Carrie Lynch,

3 (b) If veteran, name war —— No

3 (c) Social Security Account No. ——

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 20th 1872

8. AGE: Years 70 | Months 9 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Operator

11. Industry or business M. S. Levy & Son

FATHER 12. Name William A. Lynch

13. Birthplace Md.

MOTHER 14. Maiden Name Laura M. Holland

15. Birthplace Md.

16 (a) Informant Mrs Bessie Hohner

(b) Address 6000 Bellona Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/43 (month) (day) (year)

(c) Cemetery or crematory Balto.

Location Md.

18 (a) Funeral director William Cook, Inc

(b) Address 1217 Stockton Williams, MD

19 (a) JAN 28 1943 (Date filed by Registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/26/43 19 ... at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/4/43 19 ... to 1/26 19 43 and that I last saw h[illegible] alive on 1/26/43 19 ...

Immediate cause of death Chronic Myocarditis — Duration of yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. R. Nelson M. D.

Address 7209 York Rd Date signed 1/27/43

JL -(29180423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

C 09423
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3602 Falls Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Charles Horstman

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1857

8. AGE: Years	Months	Days	If less than one day
85	2	26	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Horstman
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Parish
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lorraine
Location Baltimore, Md.

18 (a) Funeral director William Cook Inc.
(b) Address 127 St. Paul St

19 (a) (Delivered by undertaker) (b) Huntington Williams, MD

JAN 28 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-27 1943; at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-13 1943 to 1-27 1943.
and that I last saw him alive on 1-27 1943.

Immediate cause of death Bronchopneumonia — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 1-27-43.

Nickel

G 00424

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

9rd

G 00424 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.,
(c) Hospital or institution:
Edgewood Nursing Home, 77
(d) Length of stay in hospital or inst. (~~in this case~~ or days) 29
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Lansdale, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 516 Overbrook Road,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Nickel,

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Kunigunda Nickel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2nd 1864

8. AGE: Years	Months	Days	If less than one day
78	11	25	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John Nickel
13. Birthplace Germany

MOTHER
14. Maiden Name Mary (Unknown)
15. Birthplace

16 (a) Informant Mary A. Seidel
(b) Address 516 Overbrook Rd. Lansdale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Fulton Md.

18 (a) Funeral director William Cook Inc
(b) Address 12 St. Paul St

19 (a) JAN 28 1943 (Date received by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/27/43 19 , at 7 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/30/42 19 , to 1/27/43 19 , and that I last saw h alive on 1/26/43 19 .

Immediate cause of death Chronic Vascular Heart Disease — Duration 10 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H W Wheeler M. D.
Address Date signed 1-29-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00425 BALTIMORE CITY HEALTH DEPARTMENT G 00425

CERTIFICATE OF DEATH 1937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1045 Brantley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1045 Brantley Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Colvin

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-8578

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) aug. 16, 1877

8. AGE: Years	Months	Days	If less than one day
65	5	10	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Shower attendant

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Mamie Hall
(b) Address 913 Mulberry St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1-30-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Cem.
Location Arbutus Md.

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Presstman St.

19 (a) JAN 28 1943 (Date rec'd by registrar) Huntingtor Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/26 1943, at 11:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to natural death on the day stated above.

Immediate cause of death: Arteriosclerotic Cardio-vascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 1/26/43.

G 00426

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1943

Registered No. G 00426

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1736 N. Carey St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days) 40y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1736 N. Carey St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edith Bennett

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	widowed

6 (b) Name of husband or wife William —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-22-1880

8. AGE: Years	Months	Days	If less than one day
62	11	3	hr. min.

9. Birthplace Eastville, Northampton Co. Va (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name John Spratley
13. Birthplace Northampton Co. Va

MOTHER
14. Maiden Name Julia Evans
15. Birthplace Northampton Co. Va

16 (a) Informant Jessye E. Bennett
(b) Address 1736 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-43 (month) (day) (year)
(c) Cemetery or crematory Arbutus Cem
Location Arbutus md.

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) JAN 28 1943 (Date received by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-25 1943, at 3.40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-14 1941, to 1-25 1943 and that I last saw h e r alive on 1-25 1943.

Immediate cause of death: Hypertensive cardio-vascular disease — Duration: Sev. years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rayner Browne M.D.
Address 1500 E. Madison St Date signed 1/26/43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137

G 00427 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden + Madison
(c) Hospital or institution:
Md. General Hosp. 15-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2318 N. Monroe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anthanatias Theodoropulas

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Greek | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Angelica
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 12-24-1874

8. AGE: Years 68 yrs | Months 1 | Days 1 | If less than one day ___ hr. ___ min.

9. Birthplace Greece (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John
13. Birthplace Greece

MOTHER 14. Maiden Name Janoula
15. Birthplace Greece

16 (a) Informant Md. General Hosp.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director T. L. Sharon & Son
(b) Address Reisterstown Md.

19 (a) JAN 28 1943 (b) Registrar Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25 1943, at 8 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21 1943, to Jan. 25 1943, and that I last saw him alive on Jan. 25 1943.

Immediate cause of death Congestive heart failure — Duration

Due to Transurethral resection

Due to Uremia

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 1/23/43
Major findings of operation: Benign prostatic hypertrophy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Williams M. D.
Address Md. Genl. Hosp. Date signed 1/25/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

G 00428 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 616 N. Monroe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 N. Monroe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James A. Callaway

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Married

6 (b) Name of husband or wife Lina Frech Callaway 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11. 1872

8. AGE: Years	Months	Days	If less than one day
70	11	14	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Retired Gardner

11. Industry or business

FATHER
12. Name Thomas C. Callaway
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah M. Freeny
15. Birthplace Md.

16 (a) Informant Mrs. Lina Callaway
(b) Address 616 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28/43. (month) (day) (year)
(c) Cemetery or crematory Western Location Edmondson Ave. & Longwood

18 (a) Funeral director Harry H. Nuttle
(b) Address 410 E. Edmondson Ave

19 (a) [illegible] (b) [illegible] (Corrected by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25. 1943, at 7 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 11 1943. to Jan 25 1943. and that I last saw him alive on Jan 24 1943.

Immediate cause of death Pneumonia Uremia — Duration 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard L. Todd M. D.
Address 735 N Fulton Ave Date signed 1/27/43

Huntington Williams, M.D.

00429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1160a

G 00429 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 31 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5416 Bel Air Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lois Marian Guglielazza (Birth 6 7 1906)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Fe | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-25-43

8. AGE: Years | Months | Days | If less than one day 31 hrs min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Louis Guglielazza
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Helen Bender
15. Birthplace Baltimore

16 (a) Informant Mrs. Louis Guglielazza
(b) Address 5416 Bel Air Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Southern Ave

18 (a) Funeral director Thos. J. Carey
(b) Address 1600 Hollins St

19 JAN 28 1943 (Date rec'd by registrar) Huntington Williams

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1943 at 7 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1943 to Jan 27 1943 and that I last saw h[illegible] alive on Jan 27 1943.

Immediate cause of death Intracranial hemorrhage — Duration 31 hours
Due to Birth injury
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George H. Evans
Address University Hosp Date signed 1/27/43 M. D.

00430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53

G 00430 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1755 Jefferson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lottie Walker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Separated

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/10/04

8. AGE: Years	Months	Days	If less than one day
38	4	17	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Phillip Walker
13. Birthplace Va

MOTHER
14. Maiden Name ? ?
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/27/43 (month) (day) (year)
(c) Cemetery or crematory
Location Hampville Va.

18 (a) Funeral director Elroy Wilson
(b) Address 1020 E. Lanvale St. Balto Md

19 (a) (Registrar) (b) Filed 1/28/43

MEDICAL CERTIFICATION 35

20. DATE OF DEATH January 27 1943 at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 26 '43 to Jan 27 1943 and that I last saw her alive on Jan. 27 1943

Immediate cause of death ? Pulmonary or Cerebral Metastases — Duration

Due to Non-Pigmented Melanoma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Sarcoma

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Wilson Jr. M. D.
Address J. H. H. Date signed 1/28/43

G 00431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

G 00431 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 424 S. BENTALOU ST.
(c) Hospital or institution:

2065

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 424 S. BENTALOU ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MELVILLE G. HUTCHINS

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 212 10 6572

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife HELEN M.R. HUTCHINS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 15 1897

8. AGE: Years 45 | Months 3 | Days 10 | If less than one day hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation SUPERVISER

11. Industry or business WALLACE & STEVENS

FATHER
12. Name SLYVESTER HUTCHINS
13. Birthplace CONN.

MOTHER
14. Maiden Name BERNICE SCHANEY
15. Birthplace GEORGETOWN DC.

16 (a) Informant HELEN M.R. HUTCHINS (WIFE)
(b) Address 424 S. BENTALOU ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 29/43 (month) (day) (year)
(c) Cemetery or crematory WOODLAWN
Location WOODLAWN MD.

18 (a) Funeral director Lilly and Reiter INC.
(b) Address 403 S. WOLFE ST.

19 (a) JAN 28 1943 (Date received by Registrar) Hunting for Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 26/43 1943 at 2/30 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 6 1942, to Jan 26 1943, and that I last saw him alive on Jan 24 1943.

Immediate cause of death: Myocarditis — Duration about 6 mo.

Due to: Arteriosclerosis - advanced — Duration 5 y.

Due to: Hypertension — Duration about 8 yrs.

Other Conditions: Paynes Kidney Disease — Duration about 2 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter Stuhldt M. D.
Address 220 Harrison Blvd Date signed Jan 26/43

VS 2

G 00432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43d Registered No. G 00432

Please write with pen, using ink. Please write one cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1723 S. CLINTON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1723 S. CLINTON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LUDWIG LACKL

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: MARIE LACKL
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): DEC. 14 1888

8. AGE: Years 54 | Months 55 | Days 01 | If less than one day: 13 hr. min.

9. Birthplace: GERMANY (Town, county, and state)
10. Usual Occupation: TAVERN KEEPER
11. Industry or business: FOR SELF

FATHER
12. Name: GEORGE LACKL
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: UNKNOWN
15. Birthplace: GERMANY

16 (a) Informant: MARIE LACKL (WIFE)
(b) Address: 1723 S. CLINTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 30/43 (month) (day) (year)
(c) Cemetery or crematory: SACRED HEART
Location: GERMAN HILL ROAD

18 (a) Undertaker: Kelly and Geiler INC.
(b) Address: 403 S. WOLFE ST.

JAN 28 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 27 1943, at 5/30 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 6 1942, to Jan 27 1943, and that I last saw h[illegible] alive on Jan 26 1943.

Immediate cause of death: Chronic Myocarditis
Due to: Arterio Sclerosis & Hypertension — Duration: 6 yrs.
Due to:
Other Conditions: Acute Dilatation of Heart.
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Norris F. Scheindlin M. D.
Address: 308 Bank St. Date signed

G 00433 BALTIMORE CITY HEALTH DEPARTMENT G 00433

D.O.A. CERTIFICATE OF DEATH 1190 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Deale
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peggy Louise Stearling

3 (b) If veteran, name war 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?/11/42

8. AGE: Years	Months	Days	If less than one day
	3	16	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Stearling
13. Birthplace Md.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Record.
(b) Address JOHNS HOPKINS HOSPITEL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 30 1943 (month) (day) (year)
(c) Cemetery or crematory Quakers
Location Galesville Md

18 (a) Funeral director T. D. Hardesty & Son
(b) Address Galesville Md.

19 (a) JAN 28 1943 (Date received by registrar) (b) Huntington Holland Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27 1943 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death Diarrhea & vomiting
Dehydration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 1/27/43

G 00434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

G 00434 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2635 Kloborn St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2635 Kloborn St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Emma Caroline Falbach

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 88 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name Louis Falbach
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Pietsch
15. Birthplace Germany

16 (a) Informant Washington Wm. Falbach
(b) Address 2635 Kloborn St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29 1943 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Partridge & Co
(b) Address 2330 N. Calvert St.

19. JAN 28 1943 (b) Washington Williams
(Date received by local registrar) (Signature of local registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1943 at 10:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25, 1943, to Jan 27, 1943, and that I last saw her alive on Jan 27, 1943.

Immediate cause of death — Duration
Acute Nephritis — Few days
Uremic Coma — Few hours
Due to
Due to
Other Conditions Hypertension — years
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓
(Specify type of place)
(e) Means of injury

23. Signature Frank M. Grahame M. D.
Address 2701 N. Calvert Date signed Jan 27 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00435 — 428692

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G 00435

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Monument Street
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days): life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: Ann Arundel
(c) City or town: Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No.: 707 Church Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country:

3 (a) FULL NAME: Emma Jurecek

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Charles
6 (c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): 1903

8. AGE: Years: 40 | Months: | Days: | If less than one day: hr. min.

9. Birthplace: Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: Hermann Quasny
13. Birthplace: Germany

MOTHER
14. Maiden Name: Mary Siebert
15. Birthplace: Germany

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Buriel (Burial, cremation, or removal) (b) Date thereof 1/29/43 (month) (day) (year)
(c) Cemetery or ~~Crematory~~: Holy Cross
Location: Anne Arundel County

18 (a) Funeral director: Charles E. Schirunek
(b) Address: 2601 E. Madison Street

19 (a) (Date rec'd by registrar) JAN 28 1943 (b) Huntington Williamsport, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 25 1943 at 5:1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20 1943 to Jan. 25 1943 and that I last saw her alive on Jan. 25 1943.

Immediate cause of death: Pentheridan failure - as result of prolonged Leukemia — Duration:
Due to: recurrent carcinoma of the Sigmoid & local and widespread recurrences —
Due to:
Other Conditions: (nil)
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: H. L. Valk
Address: Johns Hopkins Hospital Date signed: 1/28/43

G 00436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 1937

G 00436

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Wks
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Wks

2. USUAL RESIDENCE OF DECEASED.
(a) State Md (b) County Baltimore
(c) City or town Lomonum
(If outside city or town limits, write RURAL and give town)
(d) Street No. 19
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Tory

3 (b) If veteran, name war: N

3 (c) Social Security Account No. N A F

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16 1875

8. AGE: Years 67 | Months 1 | Days 12 | If less than one day: hr. min.

9. Birthplace: Smilgeland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace /

MOTHER
14. Maiden Name /
15. Birthplace /

16 (a) Informant: Mrs Charlotte Clark
(b) Address: Lomonum Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/28/43 (month) (day) (year)
(c) Cemetery or crematory: Long Branch
Location: Long Branch Md

18 (a) Funeral director: Tillson & Ford
(b) Address: 1217 St Paul St

19 (a) [illegible] (Signature of local registrar) (b) Huntington Williams M.D.

JAN 28 1943

VS 2

MEDICAL CERTIFICATION

28. DATE OF DEATH 1/28/43 19 . at 5 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/10/43 19 . to 1/28/43 19 .
and that I last saw her alive on 1/28/43 19 .

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: Hypertension C.V.D. mos

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Harris Z. Boardman Jr M. D.

Address: Franklin Sq Hosp Date signed

G 00437

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 00437
Registered No.

Correct type is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Herring Run & Harford Rd.
(c) Hospital or institution: Sydenham
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md N. C. (b) County Baltimore
(c) City or town Kingsville Unincorp.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7503 Belair Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Wallace Daley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Genevieve Daley
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1912

8. AGE: Years	Months	Days	If less than one day
31	0	4	..... hr. ..... min.

9. Birthplace Alamance Co., N. C.
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Glenn Martins

FATHER
12. Name Wm. H. Daley
13. Birthplace Unk.

MOTHER
14. Maiden Name Lola Robertson
15. Birthplace Unk.

16 (a) Informant Mrs. Genevieve Daley
(b) Address 7503 Belair Rd.

17 (a) Removal (b) Date thereof 1-28-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory .....
Location Burlington, N. C.

18 (a) Funeral director Wm. J. Tuckman & Son
(b) Address North & Penna Ave. Baltimore, Md.

19 (a) JAN 28 1943 for Wm. J. Tuckman & Son
(Registrar) Registrar

VE 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1943, at 9:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25 1943, to Jan. 27 1943, and that I last saw him alive on Jan. 27 1943.

Immediate cause of death Respiratory Failure — Duration .....
Due to Meningitis .....
Due to Meningococcus .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature K. Kenneth Kreuter M.D.
Address Sydenham Hosp. Date signed 1/28/43

G 00438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164B

Registered No. G 00438

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Fleet St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 127 N. Aisquith St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret J. Freedman

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife: Raymond R. Freedman
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.): Oct. 30, 1906

8. AGE: Years	Months	Days	If less than one day
36	2	27	hr. min.

9. Birthplace: Mainster Minsk. (Town, county, and state)
10. Usual Occupation: House work
11. Industry or business: at Home

FATHER
12. Name: Paul Fedak
13. Birthplace: Russian

MOTHER
14. Maiden Name: Not Known
15. Birthplace: Russia

16 (a) Informant: Mr. Raymond R. Freedman
(b) Address: 127 Aisquith St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29 1943 (month) (day) (year)
(c) Cemetery or crematory: Greenmount Cathedral Cem.
Location: 4300 Old Frederick Road

18 (a) Funeral director: Edwin W. Conklin & Son
(b) Address: 924 E. Eager St.

19 (a) JAN 28 1943 (b) Registered by: Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1943, at 10:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to jumped into harbor	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Jan 27 1943 at ? M
(c) Where did injury occur? Harbor at Hanover St. (City or town) (County) Baltimore
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? No
(e) Means of injury Jumped into harbor

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Jan 28 1943

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

G 00439 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 708 Eaton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fred McKenley ~~Wilkinson~~ Wilkerson

3 (b) If veteran, name war

3 (c) Social Security Account No. 229-16-8653

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16 1918

8. AGE: Years	Months	Days	If less than one day
24 23	2	7	hr. min.

9. Birthplace Charlotte Co. Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William Wilkerson
13. Birthplace Charlotte Co Va

MOTHER
14. Maiden Name Irene Fielding
15. Birthplace Charlotte Co. Va

16 (a) Informant Irene Wilkerson
(b) Address 708 Eaton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 28-1943 (month) (day) (year)
(c) Cemetery or crematory Phenix Va
Location Charlotte Co Va

18 (a) Funeral director Ritz & Williams
(b) Address 515 McElderry St

JAN 28 1943 (Date rec'd by registrar) Huntington Volleyplo, Md. Registrar

JAN 29 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 23 1943, at 1 45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Bullet wound of chest — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Jan. 23 1943 at 12 20 A.M.
(c) Where did injury occur? 622 Sterling St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury Shot

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed Jan 23 1943

G 00440 G 00440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 13B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 494 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 301 S. Lehigh St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** Frank Caringi 68893

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1904 ?

8. AGE: Years ? 38 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation lithographer

11. Industry or business

FATHER

12. Name Bernard Caringi

13. Birthplace Italy

MOTHER

14. Maiden Name Loreta Di Maula

15. Birthplace Italy

16 (a) Informant Hospital records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29/43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.

Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose

(b) Address 52 N. Morley St.

JAN 28 1943 (b) Huntington Willi... Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26 1943, at 1:50P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 19 19 41 to Jan. 26 1943 and that I last saw him alive on Jan. 26 19 43

Immediate cause of death: Pulmonary tuberculosis — Duration: 3 yrs?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. Hartz

Address Balto City Hosp. Date signed 1/27/43 M. D.

G 00441

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

G 00441 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1043 N. Gay st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1043 N. Gay st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katie Ringsdorf (nee Miller)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female W

5. Color or race

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years 82 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Innsbruck
(Town, county, and state)

10. Usual Occupation Spouse Work

11. Industry or business

FATHER
12. Name Not known
13. Birthplace Not known

MOTHER
14. Maiden Name Not known
15. Birthplace Not known

16 (a) Informant Margaret Miller
(b) Address No 44 N. Stockton st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/43 (Month) (Day) (Year)
(c) Cemetery or crematory Baltimore
Location E. North ave at Rose st

18 (a) Funeral director Henry Lutz
(b) Address 203 N. Broadway

JAN 28 1943 for Williams
(Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1943, at 9A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1942, to Jan 27 1943, and that I last saw her alive on Jan 26 1943.

Immediate cause of death
Lobar Pneumonia
Congestive Heart Failure
Peripheral circulatory collapse
Due to Arteriosclerosis C.V.D. Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Willard Applegarth

Address 2511 Remington Ave Date signed 1/27/43

VS 3

Correct age in especially important. Physicians, please write the cause of death clearly and legibly.

G 00442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943 Registered No. G 00442

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1327 W. North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kenneth Robert Wollingham

3 (b) If veteran, name war --

3 (c) Social Security Account No. 705-09-1632

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Virginia May Wollingham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 14, 1911

8. AGE: Years	Months	Days	If less than one day
31 ~~yrs~~	9	13	hr. min.

9. Birthplace Winchester, Va. (Town, county, and state)
10. Usual Occupation carpenter
11. Industry or business B & O. Railroad Co.

FATHER
12. Name Jumbo Woolingham
13. Birthplace unknown

MOTHER
14. Maiden Name Flora J. Dunlap
15. Birthplace unknown

16 (a) Informant Mrs. Kenneth R. Wollingham
(b) Address 1327 W. North Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/29/43 (month) (day) (year)
(c) Cemetery or crematory Martinsburg, W. Va.
Location

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JAN 29 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1943, at 7:35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~in quest~~ & ~~in~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~in quest~~ & ~~in~~ (Autopsy or Inquiry) did that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Drowning, accidental — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 24/1
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan. 27 1943 at ? M
(c) Where did injury occur? Pier #10 Locust Point (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ~~in~~ Industrial place While at work? yes (Specify type of place)
(e) Means of injury Slipped on ice into Harbor

23. Signature Robert Lee Feather M.D. Medical Examiner
Date signed Jan 28 1943.

00443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a

Registered No. C 00443

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 853 N Howard
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 853 N Howard (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anthony Leo Jochum

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 135-03-5355

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife: [illegible]
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7 25 1890

8. AGE: Years	Months	Days	If less than one day
52	6	2	hr. min.

9. Birthplace N York City (Town, county, and state)
10. Usual Occupation Chemist
11. Industry or business Bath Ships Bldg Co

FATHER
12. Name Adam Jochum
13. Birthplace Alsace Lorraine

MOTHER
14. Maiden Name Rose Haase
15. Birthplace Alsace Lorraine

16 (a) Informant Mrs Fayne Jochum
(b) Address 825 N Howard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location New York City

18 (a) Funeral director J J Foley & Son
(b) Address 26 W Eight St

19 (a) Huntington Williams M.D. Registrar

JAN 30 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1943, at 7.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1943 to Jan 27 1943.
and that I last saw [illegible] alive on Jan 27 1943.

Immediate cause of death: Aortic insufficiency — Duration 1 day
Due to: Chronic Alcoholism
Due to:
Other Conditions: None
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. H. Feldman M. D.
Address 817 N Eutaw Pl Date signed

G 00444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 00444

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Genl Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 400 W. Camden St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Donaldson

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
abt 63			hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Geo Donaldson
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Duvall
15. Birthplace Maryland

16 (a) Informant Mr Mrs Donaldson
(b) Address 1511 Pulliam St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/43 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Road

18 (a) Funeral director J. J. Foley & Sons
(b) Address 1318 Light St

19 (a) [illegible] Huntington Williams M.D.
(Signature of registrar) Registrar

JAN 29 1943

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1943 at 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & inspection thereon and from the evidence (Autopsy or Inquiry) obtained by said inquiry & inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Jan 27 1943

C 00445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. C 00445

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1606 Cliftview Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1606 Cliftview Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. Balto (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary R. Roth

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Henry W. Roth
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 9th 1867

8. AGE: Years	Months	Days	If less than one day
75	3	17	hr. min.

9. Birthplace Phila Pa (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name William T. Jamison Baker
13. Birthplace Phila Pa

MOTHER
14. Maiden Name Mary Truckenmiller
15. Birthplace Germany

16 (a) Informant Mrs Elizabeth R. Thompson
(b) Address 1606 Clifford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook Inc
(b) Address 129 St. Paul St

19 (a) Filed JAN 29 1943 (b) Registrar Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26th 1943, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/25 1943 to 1/26 1943.
and that I last saw h alive on 1/26 1943.

Immediate cause of death Coronary Thrombosis — Duration Sudden
Due to Arteriosclerotic Cardiac
Due to Vascular Renal Disease — ?
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph L. Peterson M.D.
Address 1208 E. Preston St. Date signed 1/27/43

00446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. C 00446

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2300 Lauretta Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 19 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2300 Lauretta Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** John Wesley Wilderson

3 (b) If veteran, name war — No
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 29th 1870

8. AGE: Years	Months	Days	If less than one day
72	5	27	hr. min.

9. Birthplace Texas
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Farm

FATHER
12. Name Emanuel Wilderson
13. Birthplace Unknown

MOTHER
14. Maiden Name Martha Murphy
15. Birthplace "

16 (a) Informant Ruth May Frere
(b) Address 2300 Lauretta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 JAN 29 1943 Huntington Williams M.D.
(Signature of local registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26th 1943, at 8:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943, to Jan 26 1943, and that I last saw him alive on Jan 26 1943.

Immediate cause of death Cerebral Embolus — Duration Jan 26

Due to Arteriosclerotic Heart Disease — 1937

Due to Generalized Arteriosclerosis — 2

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Hunter Wms. M.D.
Address 2302 Edmondson Ave Date signed 1/29/43

00447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931 C 00447 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 931 E. Preston st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 931 E. Preston st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Franklin N. Cooper

3 (b) If veteran, name war —— 40
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Clara Cooper
6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Feb 17th 1884

8. AGE: Years	Months	Days	If less than one day
58	11	10 11	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business City Disposal Plant

FATHER
12. Name Edward Cofer
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Ida Dennis
15. Birthplace Md

16 (a) Informant Clara Cooper
(b) Address 931 E. Preston st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/11/43 (month) (day) (year)
(c) Cemetery ~~crematory~~ Holy Redeemer
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul st

19 (a) JAN 29 1943 Huntington Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28th 1943 at 12:30 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21 1943 to Jan 28 1943 and that I last saw ~~him~~ her alive on Jan 27 1943

Immediate cause of death Cardiac Insufficiency — Duration ?
Due to Chr Myocarditis — ?
Due to Degeneration of Heart — ?
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Cofer
Address 126 E. North Ave Date signed 1/31/43 M.D.

G 00448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55C

G 00448 Registered No.

Physicians: The value of this certificate depends upon the completeness and accuracy with which it is filled. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 42
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2409 E Preston Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Harry W. Auld

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 212-09-8099

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mrs. Minnie Auld
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1886

8. AGE: Years	Months	Days	If less than one day
56	8	6	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name Harry W Auld
13. Birthplace Virginia

MOTHER
14. Maiden Name Sarah Legge
15. Birthplace Maryland

16 (a) Informant Stepdaughter
(b) Address Russ

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1st 1943 (month) (day) (year)
(c) Cemetery or crematory Balto
Location MD

18 (a) Funeral director William Cook Inc
(b) 1617 St. Paul Street

19 (a) JAN 29 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1943, at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/9 1942 to 1/28 1943, and that I last saw him alive on 1/28 1943

Immediate cause of death: Adenocarcinoma of Thyroid gland & Metastases — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Church Home & Infirmary Date signed 1/28/43

VS 2

G 00449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

33a G 00449

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 W. 28th St., ... Ward)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Louise Jewell

If U.S. Veteran specify WAR .....

(a) Residence: No. 314 W 28th St., 12-1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John Bryant.

6. DATE OF BIRTH (month, day, year) Jan 27, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Alexandria, Va.

MOTHER FATHER

13. NAME Thomas Jewell

14. BIRTHPLACE (city or town) (State or country) Orange, Va

15. MAIDEN NAME Elizabeth McIntosh

16. BIRTHPLACE (city or town) (State or country) Orange, Va

17. INFORMANT Lillian Emile (daughter)

(Address) 314 W 28th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Alexandria Va. Date Jan 29th 1943

19. UNDERTAKER Archibald C. Hadden

(Address) 210 McCulloh St. Baltimore, Md.

20. FILED JAN 29 1943 19..... Hunting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 27, 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1943, to Jan 27, 1943

I last saw her alive on Jan 27, 1943. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Jan 25 '43
Other contributory causes of importance: Intestinal Grippe (Influenza)	Jan 21 '43

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Geo. Maine Jr. M. D.

(Address) 5th & Gallows St

Since CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

G 00450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930 Registered No. G 00450

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 207 N Lakewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 N Lakewood Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George A Rines Sr

3 (b) If veteran, name war — 3 (c) Social Security Account No. 210 Kinda

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widowed

6 (b) Name of husband or wife Katherine Rines
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27 1857

8. AGE: Years	Months	Days	If less than one day
85	9	29	hr. min.

9. Birthplace Maine
(Town, county, and state)
10. Usual Occupation Mariner Retired
11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace " "

MOTHER
14. Maiden Name Dont Know
15. Birthplace " "

16 (a) Informant George Rines Jr
(b) Address 207 N Lakewood Ave
17 (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 29/43 (month) (day) (year)
(c) Cemetery or crematory Lutty Cem
Location Round Rd Balto
18 (a) Funeral director Welsh Funeral Home
(b) Address 2001 Orleans St
JAN 29 1943 Huntington Williams Registrar
(Date rec'd by registrar)

VE 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1943, at 2:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1943 to Jan 26 1943, and that I last saw him alive on Jan 25 1943.

Immediate cause of death	Duration
Cerebral Hemorrhage	Lotta
Due to Pulm. or Renem	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos F Blake M. D.
Address 20 E Preston Date signed 1/27/43

Please write plainly, with unfading ink. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

G 00451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 00451 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2212 Boston St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 4
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2212 Boston St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wladyslaw (Walter) Balakier

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-03-6563

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Josephine Krakeka (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1890

8. AGE: Years 52 | Months 6 | Days 29 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Laborer

FATHER
12. Name John Balakier
13. Birthplace Poland

MOTHER
14. ~~Maiden Name~~ Josephine Balakier
15. ~~Birthplace~~ 2212 Boston St

16 (a) ~~Informant~~ Jozefa Chmielka
(b) ~~Address~~ Poland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location O'Donnell Str Rd.

18 (a) Funeral director Wm S. Fialkowska
(b) Address 707 Eastern Ave.

19 JAN 29 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/26 1943 at 6.05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. O'Reilly M.D. Medical Examiner.
Date signed 1/27/43.

00452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 00452 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1512 N Smallwood St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 N Smallwood St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Goodman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Philip

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Samuel Levin
13. Birthplace Russia

MOTHER
14. Maiden Name Faga, ?
15. Birthplace Russia

16 (a) Informant Fred Goodman
(b) Address 1512 N Samllwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan, 29, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

19 JAN 29 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28, 1943 at 3 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 1/4 1943 to 1/28 1943, and that I last saw h[illegible] alive on 1/11 1943.

Immediate cause of death Myocardial dilatation & Nephritis — Duration 5 wks.

Due to Fossil Infestation — 4 yrs.

Due to

Other Conditions Acute Coronary Occlusion

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature M B Levin

Address 2 N W. Monument St Date signed 1/29/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1316

G 00453 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 1703 Belt St.
(c) Hospital or institution:
24-4
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days): Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 1703 Belt St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: ELLIS CANNOX

3 (b) If veteran, name war: -

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife: Manzella Combs
6 (c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): II/24/I867

8. AGE: Years	Months	Days	If less than one day
75	2	4	..... hr. ..... min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business: Tin Dec. Co.

FATHER
12. Name: ?
13. Birthplace:

MOTHER
14. Maiden Name: ?
15. Birthplace:

16 (a) Informant: Family
(b) Address: 1703 Belt St.

17 (a) B (Burial, cremation, or removal) (b) Date thereof I/30/43 (month) (day) (year)
(c) Cemetery or crematory: Glen Haven
Location: Sinking Spring Lane
18 (a) Funeral director: J. Fred McCurdy
(b) Address: 130 E. Fort Ave.
19 (a) JAN 29 1943 (Date rec'd by registrar) Huntington Williamsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 28 1943 at 9 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1943 to Jan. 28 1943 and that I last saw him alive on Jan. 27 1943

Immediate cause of death	Duration
Exhaustion	2 days
Due to: Chronic Nephritis (Sudefinite)	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:
23. Signature: R. E. Campbell M. D.
Address: 1644 Hanover St. Date signed: 1-28-43

VS 250

Spec.-7-17-26—A Co.—200 Bks.

G 00454

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 00454

CERTIFICATE OF DEATH.

159

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. _____ St., _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Blanton

(a) RESIDENCE NO. 2659 Miles Ave St. 12-7 Ward (Birth F 6 7818)

(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	newborn

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Jan 28, 1943

7 AGE Years ___ Months ___ Days ___ IF LESS than 1 day 5 hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) Balto. Md.

(State or country)

PARENTS

10 NAME OF FATHER Ernest S. Blanton

11 BIRTHPLACE OF FATHER (City or town) Cleveland County

(State or country) N.C.

12 MAIDEN NAME OF MOTHER Cryte M. Blanton

13 BIRTHPLACE OF MOTHER (city or town) ___

(State or country) Cleveland county, N.C.

14 Informant Father

(Address) 2659 Miles ave.

15 Filed JAN 29 1943 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Jan 28 19 43

17 I HEREBY CERTIFY, That I attended deceased from 1/28 19 43 to 1/28 19 43

that I last saw h/ alive on 1/28 19 43

and that death occurred, on the date stated above, at 5:15 P. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) ___ yrs. ___ mos. ___ da.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? — Date of —

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Theo G. Mandy M. D.

1/28. 19 43 (Address) 615 med. Dent. Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: KING'S MOUNTAIN, N.C. — Date of Burial: 1-29-43

20 UNDERTAKER: Jack Lewis Inc., 1439 E. — ADDRESS: Balto. Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1326 W Lombard St

G 00455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 B

G 00455 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct as far as known. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1643 Ruxton ave
(c) Hospital or institution: ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No 1643 Ruxton ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Ger

3 (a) FULL NAME Annie Naiman

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex Female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Jacob
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 66 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home
11. Industry or business Wife

FATHER
12. Name Isaac Naiman
13. Birthplace Russia

MOTHER
14. Maiden Name Mary Naiman
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

17 Burial (Burial, cremation, or removal) (b) Date thereof 1-29-43 (month) (day) (year)
(c) Cemetery ~~Cemetery~~ Mash Rd
Location Glenspen at cong.

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Baltimore St Hunting on Hillcrest, Md.

19 (a) Filed JAN 29 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-28 1943, at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 28 1941, to Jan 27 1943, and that I last saw her alive on Jan 27 1943.

	Duration
Immediate cause of death: Mitral Insufficiency	
Due to: Anuria, Thrombosis	?
Due to: Uterus sclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carey Rostling M. D.
Address 1326 W Lombard St Date signed 1-29-43

VS 8

Morgue

G 00456

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 00456

CERTIFICATE OF DEATH 170 C

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen'l Hosp. 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2534 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** George Charles Witt

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive give age — years

7. Birth date of deceased (mo., day, yr.) Jan 30-1934

8. AGE: Years	Months	Days	If less than one day
9	11	27	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation School Boy

11. Industry or business —

FATHER
12. Name Orine A. Witt
13. Birthplace Va

MOTHER
14. Maiden Name Ethel A. Kearney
15. Birthplace Baltimore Md

16 (a) Informant Orine A. Witt
(b) Address 2534 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director J. B. Hyppert Son
(b) Address 1300 Eastern Ave

19 (a) JAN 29 1943 (Local registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1943, at 7 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull

Due to accident

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 80-4
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 27 1943 at 3 PM M
(c) Where did injury occur? 43 S. Catherine St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street While at work? —
(Specify type of place)
(e) Means of injury Sled hit truck 96

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Jan 28 1943.

G 00457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G 00457

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 183 S. Kossuth St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 183 Kossuth St (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME Katherine M. Kohlmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Leo L. Kohlmann

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 26 1874

8. AGE: Years 68 | Months 10 | Days — | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Fuhrmann
13. Birthplace Germany

MOTHER
14. Maiden Name Margaretha Rothgeb
15. Birthplace Germany

16 (a) Informant
(b) Address 183 S Kossuth St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/43 (month) (day) (year)
(c) Cemetery or Crematory New Cathedral
Location Baltimore, Md

18 (a) Funeral director F. A. WIPPERT, SON
(b) Address 1300 Eutaw Pl Baltimore, Md.

JAN 29 1943 (Date rec'd by registrar) Huntington Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1943 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to Jan 1943 and that I last saw ____ alive on ____ 19____.

Immediate cause of death: Cerebral Hemorrhage

Due to: Hypertension

Due to: Arteriosclerosis

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Grason M. D.

Address Date signed

G 00458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G 00458 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1114 Division St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 Division St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME MAGGIE WILLIS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Cook

11. Industry or business —

FATHER
12. Name Jesse Willis
13. Birthplace Va.

MOTHER
14. Maiden Name Cassie Wright
15. Birthplace Va.

16 (a) Informant Richard Arvin
(b) Address 1114 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) [illegible] (b) [illegible]
(Signature of registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26 1943 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1942 to Jan 26 1943 and that I last saw her alive on Jan 26 1943.

Immediate cause of death Cardiac Renal Insufficiency
Due to Cirrhosis

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration: 1 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature C. H. Pifford M. D.
Address 1536 W. Lanvale St. Date signed 1-27-43

Huntington Williams M.D.

G 00459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G 00459 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County,
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1734 E. Lombard (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Phorbes Mason Drake

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	7		hr. min.

9. Birthplace Cambridge, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Phorbes Drake
13. Birthplace Virginia

MOTHER
14. Maiden Name Victoria Burton
15. Birthplace Cambridge, Md.

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/43 (month) (day) (year)
(c) Cemetery or crematory Cambridge
Location Cambridge, Md.

18 (a) Funeral director The Compton Funeral Serv.
(b) Address Cambridge, Md.

19 (a) [illegible] JAN 29 1943 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/28 1943, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/26 1943, to 1/28 1943, and that I last saw her alive on 1/28 1943.

Immediate cause of death Resp. failure & Cardiac failure

Due to [redacted] Bronchopneumonia

Due to [redacted]

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert D. Solomon M. D.
Address Johns Hopkins Hosp. Date signed 1/28/43

G 00460 ✓ G 00460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1204 Pennsylvania ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 12
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1204 Penna ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John J Nickum

3 (b) If veteran, name war — | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-5-1882

8. AGE: Years	Months	Days	If less than one day
60	10	21	hr. min.

9. Birthplace Carroll County Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name George Nickum
13. Birthplace Md

MOTHER 14. Maiden Name Mary ?
15. Birthplace Md

16 (a) Informant Jennie Brown
(b) Address 1514 Brunt st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-29-43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md.

18 (a) Funeral director William G. Jackson
(b) Address 916 Penna. Ave

19 (a) [redacted] (b) Huntington Williams

JAN 29 1943

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-26 19 , at 7 3/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-20 1943 to 1-26 1943 and that I last saw h alive on 1-25 1943.

Immediate cause of death Cardio-Renal — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature B J Odaterlaw
Address 1205 Penna Ave Date signed 1-29-43 M. D.

G 00461

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 86 G 00461

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore & Fayette Sts.
(c) Hospital or institution: Franklin Square Hospt. 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 507 Scott St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rudolph F. Keuling.

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Mamie G. O'Sullivan Keuling
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 27, 1882

8. AGE: Years	Months	Days	If less than one day: hr.	min.
60	8	0		

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Telegrapher
11. Industry or business Govt.

FATHER
12. Name Frederick Keuling
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Younger
15. Birthplace Germany

16 (a) Informant Mrs. Mamie G. Keuling
(b) Address 507 Scott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location 3800 Frederick Road

18 (a) Funeral director Foley Funeral Home
(b) Address 901 Hollins St

19 (a) JAN 29 1943 (Date received by registrar) (b) Burial to Williamsport, Md. (Destination)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27, 1943, at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 1943, to 1-27 1943, and that I last saw him alive on 1-22 1943.

Immediate cause of death Ruptured esophagus Varices; Pulmonary edema — **Duration**

Due to Portal Cirrhosis

Due to Cardiac hypertrophy

Other Conditions Fractured left arm and left leg.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Absent.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1-24-43
(c) Where did injury occur? 501 Scott St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no
(Specify type of place)
(e) Means of injury fall in home

23. Signature Lewis E. Gundersen Jr. M. D.
Address Franklin Sq. Hosp. Date signed

D. by Cauly, M.D. Per. Wife Wollensville Md

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00462

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

G 00462
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 821 S. Dean St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 821 S. Dean St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Louise Wortman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1879

8. AGE: Years 63 Months 1 Days 10 If less than one day hr. 1 mint.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Car dealer (self)

FATHER
12. Name August Williams
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Barbara Plenkie
15. Birthplace Baltimore, Md.

16 (a) Informant Louise Williams
(b) Address 821 S. Dean St

17 (a) Burial (b) Date thereof 1-30-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Captain Ave

18 (a) Funeral director Clarence P. Hoffman
(b) Address 2 N. Bureau Ave

19 (a) JAN 29 1943 (b) Hunting
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/27 1943 11:15 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death Arteriosclerotic Cardio-vascular disease. — Duration

Due to

Due to

Other Conditions Acute Heart Failure.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph B. McNally M.D.
Medical Examiner
Date signed 1/27/43.

correct age is especially important. Physicians: please write the causes of death clearly and

VS 6

G 00463

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937 G 00463 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1817 Arunah ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 Arunah ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Mercer

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	White	Widowed

6 (b) Name of husband or wife Kate C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3rd 1859

8. AGE: Years	Months	Days	If less than one day
83	4	23	hr. min.

9. Birthplace Howard County Md. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

MOTHER / FATHER

12. Name Abel Mercer

13. Birthplace Howard County Md.

14. Maiden Name Ruth Warfield

15. Birthplace Maryland

16 (a) Informant Mrs Fred Kyle

(b) Address 1817 Arunah ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29, 1943 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Woodlawn P.O. Balto Co.

18 (a) Funeral director Frederick A. Cole

(b) Address 1220 W. Lombard St.

19 (a) JAN 29 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26 1943, at 6:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1942 to Jan 26 1943, and that I last saw him alive on Jan 26 1943.

Immediate cause of death Acute Coronary Thrombosis — Duration Immediate

Due to Chronic Myocarditis — Duration One year

Due to General Senility

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Thos H. Phillips M. D.

Address 1939 Edmondson Ave Date signed Jan 26 43

G 00464

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 00464

CERTIFICATE OF DEATH 131a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 925 Morris St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 925 Morris St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jessie Washington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 24 [illegible]

8. AGE: Years	Months	Days	If less than one day
51	3	2	hr. min.

9. Birthplace Baltimore Md (Town, county and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Agnes Wells
15. Birthplace Balto. Md.

16 (a) Informant Jennie Black
(b) Address 1216 Pennsylvania Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location G. G. County Md

18 (a) Funeral director Mrs Robert Gilliss Dyk
(b) Address 1124 N. Carolina St.

19 (a) (Date received) JAN 29 1943 Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1943, at 2:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/24 1943 to 1-26 1943. and that I last saw her alive on 1/26 1943.

Immediate cause of death Terminal Broncho-pneumonia Hypostatic Congestion

Due to Renal Disease.

Duration 3 Days / 4 Mos.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. T. Jackson M. D.

Address 600 N. Washington Ave. Jan 29/43

G 00465 BALTIMORE CITY HEALTH DEPARTMENT ✓ G 00465

427844 CERTIFICATE OF DEATH 46 H Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3015 Lemmon ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna R. Giuliano

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-15-23

8. AGE: Years 19 | Months 5 | Days 12 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Clerk in ward

11. Industry or business

FATHER
12. Name David Giuliano
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Cella
15. Birthplace Italy

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 1/30/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director M. W. E. Dyer & Sons
(b) Address Lombard & Ann Sts

19 (a) JAN 29 1943 (Date rec'd) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 27 1943 at 12 P. M 50

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 4 1943 to Jan 27 1943 and that I last saw her alive on Jan. 27 1943

Immediate cause of death Lymphosarcoma — Duration 3 mo.

Due to

Due to

Other Conditions ?

(Include pregnancy within 3 months of death)

Date of operation 1/14/43

Major findings of operation: Mesenteric lymphadenopathy.

of autopsy Lymphosarcoma

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hospital Date signed 1/27/43

VS 180

G 00466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. G 00466

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1013 W. Lafayette ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 d
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 Lafayette Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertie Cameron
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	Widow

6 (b) Name of husband or wife David Cameron
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
67	6	—	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Laundress
11. Industry or business

FATHER 12. Name James Wiggins
13. Birthplace Accomac Co Va

MOTHER 14. Maiden Name Maria Tollington
15. Birthplace Accomac Co Va

16 (a) Informant Effie Perkins
(b) Address 108 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 31 43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt Winans, Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1121 Jefferson St

19 (a) JAN 29 1943 (b) Huntington Williams M.D. Registrar

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/27 1943 at 6P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/25 1943 to 1/27 1943, and that I last saw h[illegible] alive on 1/26 1943

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to	
Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Hawkins M. D.
Address 113 Harlem Date signed 1/29/43

00467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. C 00467

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) D O A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 724 N. Spring St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie Ross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	M.

6 (b) Name of husband or wife James Ross
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 18, 1900

8. AGE: Years	Months	Days	If less than one day
42	10	8	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Nat Knox
13. Birthplace

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant James Ross
(b) Address 724 N. Spring

17 (a) Burial (b) Date thereof 1/29/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Braddish Ave

19 (a) [illegible]
(Date rec'd by registrar) JAN 29 1943 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 26 1943, at 9:35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & inspection thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquest & inspection find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

	Duration
Immediate cause of death Chronic myocardial degeneration	
Antecedent Acute pulmonary edema	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Jan 26 1943

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 00468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. C 00468

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1402 E. Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1402 E. Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mansfield Holmes (Birth F 65116)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 20, 19 42

8. AGE: Years | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation child

11. Industry or business

FATHER 12. Name Edward Holmes

13. Birthplace Md.

MOTHER 14. Maiden Name Mildred Adams

15. Birthplace Va

16 (a) Informant Mildred Holmes

(b) Address 1402 Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 29 43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Brant-Lyon Ave

JAN 29 1943 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/27/1943 at 6:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 1943 to 1-27 1943 and that I last saw h alive on 1-43 1943

Immediate cause of death Acute Bronchitis — Duration 3 days

Due to Pneumonia

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. L. Allen

Address 120 S. Augusta St. Date signed 1/28/43

0469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C 0469

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Aliceanna Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city limits, write RURAL and the town)
(d) Street No. 511 W. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country (Butler 6 5769)

3 (a) FULL NAME John Early (Nolan)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2/1943

8. AGE: Years 3 wks. | Months - | Days 24 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Charles Easely
13. Birthplace

MOTHER
14. Maiden Name Evelyn Nolan
15. Birthplace Baltimore Md.

16 (a) Informant Evelyn Nolan
(b) Address 511 W. Biddle St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 1/29/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Hartsfield
(b) Address 918 Druid Hill Ave

(Date rec'd by registrar) JAN 29 1943 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26, 1943, at 11:45 A. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Septicemia	
Acute pericarditis	
Marasmus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham, M.D.
Medical Examiner
Date signed 1-26-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 00470

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2416 Linden Ave.

(c) Hospital or institution: 13

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2416 Linden Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES EMERSON SNYDER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	male	white	married

6 (b) Name of husband or wife Nettie H. Snyder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 27, 1868

8. AGE: Years	Months	Days	If less than one day
74	9	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation retired 20 years

11. Industry or business Bldg. supplies

FATHER

12. Name John Henry Snyder

13. Birthplace Balto., Md.

MOTHER

14. Maiden Name Martha Ann Baurgelt

15. Birthplace Baltimore

16 (a) Informant Mrs. Nettie H. Snyder

(b) Address 2416 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/43 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem.

Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

JAN 29 1943 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28, 1943, at 12:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1943, to Jan 27 1943, and that I last saw her alive on Jan 28 1943.

Immediate cause of death Lobar pneumonia A

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. Emerson Snyder M. D.

Address 113 S. Bond St. Date signed 1-29-43

G 00471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

Registered No. G 00471

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [illegible]
(c) Hospital or institution: Maryland General Hosp 15 10

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mo. 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3803 Dolfield Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Earle Parsons

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 215 - 05 - 3476

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife: Nellie B. Parsons
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/11/1897

8. AGE: Years	Months	Days	If less than one day
45	2	16	hr. min.

9. Birthplace Rock Hall, Md.
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Hochschild Kohn & Co.

FATHER
12. Name Edward Parsons
13. Birthplace Md.

MOTHER
14. Maiden Name Alice Crew
15. Birthplace Md.

16 (a) Informant Mrs. Nellie B. Parsons
(b) Address 3803 Dolfield Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

JAN 29 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-27 1943 at 9:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-23 1942 to 1-27 1943, and that I last saw him alive on 1-27 1943.

Immediate cause of death	Duration
Generalized Carcinoma	
Due to Carcinoma head of pancreas	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 11-6-42

Major findings of operation: Hydrops gall bladder, cholelithiasis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. D. Jason M. D.
Address Md. Gen'l Hosp. Date signed 1-27-43

VS 3

Physicians: please write the causes of death clearly and fully. Exact age is especially important.

00472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 00472

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Space reserved for binding

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1504 Mt. Royal Ave.
(c) Hospital or institution: 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 Mt. Royal Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE ALBERT JOHNSTON

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 216-03-4373

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Lillian S. Johnston
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1889

8. AGE: Years	Months	Days	If less than one day
53	2	13	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Accountant
11. Industry or business Bethlehem Fairfield

FATHER
12. Name Goen H. Johnston
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Mary A. Rogers
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Lillian S. Johnston
(b) Address 1504 Mt. Royal Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JAN 30 1943 (b) Huntington Williams M.D.
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 to Jan 27 1943, and that I last saw h alive on Jan. 22 1943.

Immediate cause of death Coronary Thrombosis

Due to Hypertension c. V.D.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Abt. Hrs.
Abt. yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. Huntington Williams M.D.
Address 888 W. Lanvale St. Date signed 1-28-43

G 00473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 00473

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days).

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2629 Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. John H. Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business

FATHER
12. Name James A Kelly
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Ryan
15. Birthplace Md

16 (a) Informant Mrs John H Kelly
(b) Address 2629 Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location —

18 (a) Funeral director Mary M Wiedefeld
(b) Address 501 E. 32nd St.

19 Jan 29 1943 (Date received) Huntington Williams M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28 1943, at 6:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25 1943 to Jan. 28 1943, and that I last saw him alive on Jan. 28 1943

Immediate cause of death: Congestive Heart Failure — Duration: ?
Due to Arteriosclerotic Heart Disease — Duration: ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuerting
Address St. Joseph's Hosp. Date signed 1-28-43

G 00474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G 00474 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5312 Holdor Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5312 Holder Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Barbara Sauer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband ~~or wife~~ August Sauer, Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1857

8. AGE: Years	Months	Days	If less than one day
85	5	28	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Hutzler
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Koerber
15. Birthplace Germany

16 (a) Informant August Sauer, Jr.
(b) Address 5312 Holder Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd.

19 (a) JAN 29 1943 (Date rec'd by registrar) Huntington Williams Mgr

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/27 1943, at 5:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/15 1943 to 1/27 1943 and that I last saw h[er] alive on 1/27 1943

Immediate cause of death Asthenia
Tolerosis,

Duration

Due to

Due to

Other Conditions Hypostatic Pneumonia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. J. Sullivan M. D.
Address 5703 Harford Rd Date signed 1/29/43

VS 8

Physicians: please write the causes of death clearly and legibly. Physicians' signatures are required; rubber stamps may not be used. Any item of information which can be obtained only from the physician should be carefully filled in. Please answer every question. If any question does not apply, write "none" or "not applicable." Do not use abbreviations or symbols. Be sure that the cause of death is stated in terms of disease and not in terms of mode of dying, such as heart failure, asphyxia, anemia, or uremia. Indefinite or unsatisfactory terms, such as "old age," "senility," "debility," "exhaustion," "cardiac arrest," "respiratory arrest," "unknown," or "cancer" are not satisfactory as the principal cause of death. Indicate the primary cause of death in the last line of Item 21. Secondary causes, or conditions which contributed to death but were not related to the primary cause, should be reported in Item 21 above the primary cause. Please report only one cause on each line. Please be sure that the information given is complete and correct as to spelling, accuracy, and legibility.

G 00475

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

167

G 00475
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Monument Sts.
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 N. Spring St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: HAZEL STREAT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Evelyn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1908

8. AGE: Years 34 | Months 2 | Days 21 | If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Evelyn Streat
(b) Address 1220 N. Spring St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1 30 43 (month) (day) (year)
(c) Cemetery or crematory Meherrin Va.
Location

18 (a) Funeral director Mrs. R. A. Elliott Daughter
(b) Address 1129 N. Carolina St. Hunting for Hopkins

19 (a) (b) Registrar

DATE RECEIVED JAN 30 1943

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1943, at 7:50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Stab wound of chest	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Jan. 27, 1943 at 7:00 P M
(c) Where did injury occur? 1105 N. Central Avenue (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No
(e) Means of injury stab wound of chest

23. Signature Robert Lee Featherson M.D. Medical Examiner
Date signed Jan. 28 1943.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 00476 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland — 2510 Green Mount Ave.

(b) Street address — Southern Hospital & Home

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17

(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2510 Green Mount Ave.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Sedonia Mullineaux

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow

6 (b) Name of husband or wife Alexander D. Mullineaux

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/3/1853

8. AGE: Years	Months	Days	If less than one day
89	10	24	hr. min.

9. Birthplace New Windsor, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Jacob Leppo
13. Birthplace Wash. D.C.

MOTHER
14. Maiden Name Sarah Jane Osler
15. Birthplace Westminster, Md.

16 (a) Informant Southern Hospital
(b) Address 2510 Green Mount Ave.

17 (a) Burial (b) Date thereof 1/30/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Presbyterian Cemy.
Location New Windsor, Md.

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27, 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 18. 1942 to Jan 27 1943., and that I last saw h er alive on Jan. 26 1943.

Immediate cause of death Chronic Myocarditis

Due to Hypostatic pneumonia

Due to arteriosclerosis.

Due to Old age

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration
1 yr.
5 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Herbert C. Blake M. D.

Address Medical Arts Bldg. Date signed

428969 G 00477 BALTIMORE CITY HEALTH DEPARTMENT G 00477

CERTIFICATE OF DEATH

Registered No. 15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State VA (b) County
(c) City or town Norfolk (If outside city or town limits, write RURAL and give town)
(d) Street No. 1541 W. 48 St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Owen Harrison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-15-42

8. AGE: Years	Months	Days	If less than one day
	7	13	hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name W.C. Harrison II
13. Birthplace N.C.

MOTHER 14. Maiden Name J Hodges
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1-43 (month) (day) (year)
(c) Cemetery or crematory Norfolk, Va
Location

18 (a) Funeral director John O. Mitchell Funeral
(b) Address 1900 Eutaw Place

19 (a) [illegible] Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 28 1943, at 9:34 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 25 1943, to JAN 28 1943, and that I last saw him alive on JAN 2 1943.

Immediate cause of death: Pulmonary Embolism
Due to: Osteopetrosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration: 3 days; 7 mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Kibler M. D.
Address Johns Hopkins Date signed 1/29/43

429621
G 00478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

G 00478 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince George
(c) City or town Laurel (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 Main St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elaine Agiasotelis (Birth F 66309)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-2-43

8. AGE: Years	Months	Days	If less than one day
		26	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Chris Agiasotelis
13. Birthplace Maine.

MOTHER
14. Maiden Name Pauline Blanchette
15. Birthplace Maine.

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-43 (month) (day) (year)
(c) Cemetery or crematory Laurel Cem.
Location Laurel Md

18 (a) Funeral director Hartsaly & Lilly
(b) Address Laurel Md

19 (a) Jan 29 1943 Huntington Williams Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1943 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 26 1943 to Jan. 28 1943, and that I last saw her alive on Jan. 28 1943.

Immediate cause of death Bronchopneumonia
Due to Marasmus Atrophy
Due to Remarkage

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert D. Solomon M.D.
Address Johns Hopkins Hosp Date signed 1/29/43

G 00479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 00479 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 222 N. Monroe Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 222 N. Monroe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Angela Agnila

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife Anthony
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 15 1863

8. AGE: Years	Months	Days	If less than one day
89	3	12	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Seppi
13. Birthplace Italy

MOTHER
14. Maiden Name Maria Graca Lanuna
15. Birthplace Italy

16 (a) Informant Regina Liberto
(b) Address York, Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Old Frederick Road

18 (a) Funeral director Joseph Farace & Inc.
(b) Address 2063 Monument Ave

19 (a) [illegible] by registrar) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1943, at 8P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25 1943, to Jan. 27 1943, and that I last saw her alive on Jan. 27 1943.

Immediate cause of death	Duration
Acute Cardiac Dilatation with Pulmonary Edema	2 days
Due to Arteriosclerotic Cardiovascular Disease	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Tommasiello M. D.
Address Medical Arts Bldg. Date signed 1/29/43

G 00480 ✓ G 00480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4706 Pimlico Rd.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 4706 Pimlico Rd. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME THERESA AMELIA ROSALIA SIEMS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widowed

6 (b) Name of husband or wife Henry C. F. Siems

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1859

8. AGE: Years	Months	Days	If less than one day
83	3	3	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER

12. Name Theodore Sinkenbring

13. Birthplace Germany

MOTHER

14. Maiden Name Rosalia Burger

15. Birthplace Germany

16 (a) Informant Mrs. Johanna Winterling

(b) Address 4706 Pimlico Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/43 (month) (day) (year)

(c) Cemetery or crematory Greenmount cemetery

Location Lot 94-Area Daisy

18 (a) Funeral director H. Sander & Sons

(b) Address 1348 North Ave.

JAN 29 1943 Huntington Williams M.D. Registrar

(Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1943 at 7:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1943 to Jan 27 1943 and that I last saw h alive on Jan 27 1943

Immediate cause of death

Mitral Insufficiency — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Floyd D. Bulett M. D.

Address 4603 York Road-N Date signed 1/29/43

G 00431

428664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B

Registered No.

G 00431

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland.

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-h

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State N. J. (b) County Hamilton

(c) City or town Trenton (If outside city or town limits, write RURAL and give town)

(d) Street No. 61 Madison (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Samuel Haines

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Isabelle

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 11-6-68

8. AGE: Years	Months	Days	If less than one day
74	2	23	hr. min.

9. Birthplace New Jersey (town, county and state)

10. Usual Occupation Retired Farmer

11. Industry or business

FATHER

12. Name Shipley Haines

13. Birthplace N.J.

MOTHER

14. Maiden Name Susan White

15. Birthplace N.J.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/43 (month) (day) (year)

(c) Cemetery or crematory Greenwood Cemetery

Location Trenton N.J.

18 (a) Funeral director H. Sander & Sons

(b) Address North Ave. & Broadway

JAN 29 1943 (Date rec'd by Registrar) Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 1943 at 8 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 19 1943 to Jan 29 1943 and that I last saw him alive on Jan. 29 1943

Immediate cause of death Uremia

Duration 5 days

Due to Partial urinary obstruction

Due to Carcinoma of bladder ?

Other Conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Ca of bladder obstructing left ureter

of autopsy: Same

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James H. Semans M. D.

Address Johns Hopkins Hosp. Date signed 1-29-43

G 00482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00482

Registered No. 428871

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 3024 Tilden St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) V
If yes, name country

3 (a) FULL NAME Carol Caskey Goulding

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-24-42.

8. AGE: Years	Months	Days	If less than one day
1	-	5	hr. min.

9. Birthplace D.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James D. Goulding
13. Birthplace Va.

MOTHER
14. Maiden Name Jane Caskey
15. Birthplace Ohio

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan. 30/43 (Month) (day) (year)
(c) Cemetery or crematory Bedey Hill Mem. Location Washington, D.C.

18 (a) Funeral director Martin W. Hyson & Co.
(b) Address 1300 N St. N.W. Wash. D.C.

JAN 29 1943 (Date received by registrar) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 1943 at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 23 1943 to Jan. 29 1943 and that I last saw her alive on Jan. 29 1943

Immediate cause of death: Bronchopneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert D. Saterma M.D.
Address Johns Hopkins Hosp. Date signed 1/29/43

G 00483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1938

G 00483 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 712 W North ave
(c) Hospital or institution: 13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 712 W North ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country —

3 (a) FULL NAME Clara May James.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Joseph F. James

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Dec. 17-1869

8. AGE: Years 73 | Months 1 | Days 12 | If less than one day ___ hr. ___ min.

9. Birthplace Dorchester Co Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

MOTHER / FATHER
12. Name Jos M. Lankford
13. Birthplace Md
14. Maiden Name T.O. Wheatley
15. Birthplace Md

16 (a) Informant Mr. Yewell James.
(b) Address 712 W North ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-1943 (month) (day) (year)
(c) Cemetery or crematory E. New Market
Location E. New Market Md

18 (a) Funeral director Granville D. Le Compte
(b) Address Cambridge Md

JAN 29 1943 (Date received by registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1943, at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1942 to Jan 29 1943.
and that I last saw h[illegible] alive on Jan 29 1943.

Immediate cause of death Mesenteric Thrombosis — Duration 2 days

Due to Chronic Hypertension & Auricular Fibrillation — 3 yrs.

Due to [illegible] Mural Thrombus.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Harry Coleman M.D.
Address 1925 W North ave Date signed 1/29/43

00484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00484
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green Spring Ave.
(c) Hospital or institution: Childrens Hospital School. 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 months
(e) Length of stay in Baltimore (yrs., mos., or days) 9 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Dorchester
(c) City or town Cambridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16 Center Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Betty Mae Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 6-6-32.

8. AGE: Years	Months	Days	If less than one day
10	7	23	✓ hr. ✓ min.

9. Birthplace Cambridge - Dorchester - Md.
(Town, county, and state)

10. Usual Occupation school child

11. Industry or business ✓

FATHER
12. Name Charles Robinson
13. Birthplace Cambridge - Md.

MOTHER
14. Maiden Name Maggie Stewart
15. Birthplace Cambridge - Md

16 (a) Informant Pearl Harris
(b) Address 217 Cedar Street - Cambridge Md.

17 (a) Burial (Burial, cremation, or Removal) (b) Date thereof Feb 1 1943 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Cambridge Md.

18 (a) Funeral director Lewis H Bowman
(b) Address Cambridge Md.

19 JAN 30 1943 (Date received by Registrar) Thurston Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-29-43 19 , at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1942 to Jan. 29 1943. and that I last saw h & R alive on 1-29 1943.

Immediate cause of death Tuberculosis of The hip — Duration 6 years

Due to Tuberculosis

Due to

Other Conditions Tubercular meningitis

(Include pregnancy within 3 months of death)
Date of operation April 24-1942
Major findings of operation: Tuberculosis hip

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lewis B Whiting M. D.
Address Childrens Hospital School Date signed 1-29-43

Please write plainly, with ordinary pen and ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 00485
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 896 W. Baltimore st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 d
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 896 W. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John DeSouter

3 (b) If veteran, name war —— No

3 (c) Social Security Account No. 215-03-8743

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Maud DeSouter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 54 | Months | Days | If less than one day hr. min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation Moulder

11. Industry or business Charles Brondel

FATHER 12. Name (Unknown) DeSouter

13. Birthplace "

MOTHER 14. Maiden Name "

15. Birthplace "

16 (a) Informant Joseph E. Judd Jr

(b) Address 734 Belgrade Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 1/30/43 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Parkville Md.

18 (a) Funeral director William Cook Inc

(b) Address 1217 St. Paul St

JAN 30 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27th 1943, at 5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/10 1935 to 1/27 1943, and that I last saw h alive on 1/27 1943

Immediate cause of death: Acute Cardiac Failure — Duration: 1 da

Due to: Cardio-Vascular Renal Disease — 8 yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph E. Laurach M. D.

Address 734 Belgrade Ave Date signed 1/29/43

G 00486

BALTIMORE CITY HEALTH DEPARTMENT

AB-79414

CERTIFICATE OF DEATH

1/6

Registered No. G 00486

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3622 Coolidge Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edna Amy

3 (b) If veteran, name war W
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Calvin
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 2 1886 - 48?

8. AGE: Years	Months	Days	If less than one day
48? 56	? 9	?	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business Own Home.

FATHER
12. Name ? Abraham Griffith
13. Birthplace ? Md.

MOTHER
14. Maiden Name Lara V. Sweitzer
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

JAN 30 1943 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-29 1943, at 4 29 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 1943 to 1-29 1943, and that I last saw h alive on 1-29 1943

Immediate cause of death Meningococcal septicemia — Duration 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 1-29-43

VS 150

W&G 00487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 00487

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1205 E. Federal st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1205 E. Federal st (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto Md (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clara Mary Bierau

3 (b) If veteran, name war W
3 (c) Social Security Account No. 160F

4. Sex Female
5. Color or race White
6 (a) Single, married, ~~widowed, or divorced~~ Married
6 (b) Name of husband ~~or wife~~ Louis Bierau
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 4th 1884

8. AGE: Years	Months	Days	If less than one day
58	11	25	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name Charles T. Worthington
13. Birthplace W. Va

MOTHER
14. Maiden Name Mary V. Southcomb
15. Birthplace Balto. Md.

16 (a) Informant Marie E. Bierau
(b) Address 5853 N. 14th St. Arlington Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/43 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Mt Olivet
Location Balto. Md.

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St. Paul st.

19 JAN 30 1943 (Date rec'd by Reg'r) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29th 1943, at 10a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 to Jan. 29 1943. and that I last saw h. alive on Jan. 28 1943.

Immediate cause of death Coronary Thrombosis — Duration 2 days

Due to Arteriosclerosis + Hypertension C-V. Disease — Duration years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Granger, M.D.
Address 1402 Fawcett Date signed 1-31-43.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB 79220

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

160a Registered No. G 00488

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 908 Shuter St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Hutchins (Birth F 67675)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15-1943

8. AGE: Years	Months	Days	If less than one day
			5 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Harris
13. Birthplace Md.

MOTHER
14. Maiden Name Helen Hutchins
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Records.
(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-22-43 (month) (day) (year) 11-AM
(c) Cemetery or crematory Cremation
Location 4940 Eastern Ave.

18 (a) Funeral director Balt. City Hosp.
(b) Address

19 (a) JAN 30 1943 (Local Registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-15-43 19 , at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15- 1943 to 1-15- 1943, and that I last saw h/m alive on 1-15 19 43

Immediate cause of death: Intra-cranial Hemorrhage — Duration 5 hrs.
Due to: Pre-maturity
Due to: Premature seperation of placenta
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis B. Barera M.D.
Address Balto. City Hosp. Date signed 1-15-43

G 00489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00489 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 10 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Texas (b) County
(c) City or town Port Arthur
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 11th Street, ~~Beaumont~~
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AUGUSTINE ROCHA

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ALBERTA FUNDULAND
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) May 22, 1894

8. AGE: Years	Months	Days	If less than one day
48	8	4	..... hr. ..... min.

9. Birthplace Coruna, Spain
(Town, county, and state)
10. Usual Occupation Pumpman
11. Industry or business

FATHER
12. Name TOM ROCHA
13. Birthplace SPAIN

MOTHER
14. Maiden Name ANDREA
15. Birthplace SPAIN

16 (a) Informant RECORDS*US MARINE HOSPITAL,
(b) Address BALTIMORE, MARYLAND.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30-43 (month) (day) (year)
(c) Cemetery or crematory St Marys
Location Hanover

18 (a) Funeral director A Reiley Slade
(b) Address 4907 Reisterstown Road

19 (a) JAN 30 1943 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26, 1943, at 6:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 12, 1942 to Jan. 26, 1943, and that I last saw h. im alive on Jan. 26, 1943.

Immediate cause of death	Duration
Exsanguination	2 da.
Due to Perforation rt. common carotid	2 da.
Due to Necrosis of larynx (treatment for carcinoma of larynx	3 yrs.
Other Conditions Polycystic kidneys ; Cholecystitis with stones	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature U.S. Beall
Address US Marine Hospital, Baltimore, Maryland. Date signed 1/27/43

G 00490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 00490 Registered No.

Please write plainly. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 W. Mulberry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ESTELLE QUINCE (Britt F 61708)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1942

8. AGE: Years | Months 2 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name General Quince

13. Birthplace Florida

MOTHER 14. Maiden Name Irene Queen

15. Birthplace Md.

16 (a) Informant Grafton Quince

(b) Address 707 W. Mulberry

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-43 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cemetery

Location Baltimore, Md.

18 (a) Funeral director Mrd Grafton A. Hemsley

(b) Address 578 W. Biddle St

19 (a) JAN 20 1943 (Date received by Registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1943, at 11 45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Asphyxiation by Aspiration of vomitus — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4/2

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.

Date signed 1-29-43

VS 6

0491

AB-79271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 G 00491 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 150 N. Exter St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John W. Plummer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Separated

6 (b) Name of husband or wife Selma Plummer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26-1889

8. AGE: Years	Months	Days	If less than one day
53	10	1	hr. min.

9. Birthplace Md., Baltimore (Town, county, and state)

10. Usual Occupation Painter - C.W.P.A.

11. Industry or business

FATHER
12. Name Charles Plummer
13. Birthplace Md

MOTHER
14. Maiden Name Annie Rayner
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30 '43 (month) (day) (year)
(c) Cemetery or crematory Mt. Hamel
Location Baltimore

18 (a) Funeral director Philip Heuisler Sons
(b) Address 2024 Eutaw Pl. (Huntington Hotel) Baltimore, Md.

JAN 30 1943 (Date received by Registrar)

Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-27 1943, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-18 1943, to 1-27 1943, and that I last saw h[illegible] alive on 1-27 1943.

Immediate cause of death Lobar pneumonia
Gangrene 2 Leg
Due to
Due to (Ans.)
Other Conditions
(Include pregnancy within 3 months of death)

Duration 2 wks 2 Days

Date of operation
Major findings of operations
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Rathbun M. D.
Address Balto. City Hosp. Date signed 1-27-43

G 00492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 00492 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 206 W. Monument St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 206 W. Monument St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Donaldson Murray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth Maynadier Murray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 3, 1866

8. AGE: Years	Months	Days	If less than one day
76	3	26	hr. min.

9. Birthplace California (Town, county, and state)
10. Usual Occupation Medical Doctor
11. Industry or business

FATHER
12. Name Gen. Robert D. Murray
13. Birthplace Maryland

MOTHER
14. Maiden Name Adalaide Atwell
15. Birthplace Maine

16 (a) Informant Mrs. Elizabeth M. Murray
(b) Address 206 W. Monument St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/43 (month) (day) (year)
(c) Cemetery or crematory Grace Episcopal
Location Elkridge, Md.

18 (a) Funeral director H. W. Means & Son.
(b) Address 805 N. Calvert St. Williams, M.D. Huntington

19. JAN 30 1943 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 1943, at 4:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1920, to Jan 29 1943, and that I last saw h alive on Jan 15 1943.

Immediate cause of death Coronary Sclerosis
Myocardiosis
Due to Cerebral Hemorrhage
Due to CAG
Other Conditions

Duration 16 mo

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Casey M. Cumbler Jr. M. D.
Address 3408 N. Charles Date signed Jan 29

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 10433

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Brooklyn 145
(If outside city or town limits, write RURAL and give town)
(d) Street No. 114 - 6th Ave
(e) Citizen of foreign country? 114 (Yes or No)
If yes, name country

3 (a) FULL NAME DAVID M. JOHANESSEN

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Rayna
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 17, 1881

8. AGE: Years	Months	Days	If less than one day
61	1	11	hr. min.

9. Birthplace Norway (Town, county, and state)
10. Usual Occupation Gunner U. S. Coast Guard
11. Industry or business

FATHER	12. Name Christian Johannessen
	13. Birthplace Norway
MOTHER	14. Maiden Name Annabel Lillehy
	15. Birthplace Norway

16 (a) Informant Mrs. Rayna Johannessen
(b) Address 114 Cromwell Ave. Brooklyn Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-43 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie
18 (a) Funeral director William M. Mareck
(b) Address 718 E. 33rd St.
JAN 30 1943 (Date received by Registrar) Huntington Williams Mgr.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28 1943, at 5:20 P.M.
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Hypertensive cardiovascular disease.	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature D. T. Williamson M.D.
Asst. Medical Examiner.
Date signed 1-28-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G 00494

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 6 hrs
(e) Length of stay in Baltimore (yrs., mos., or days): 2

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 821 Light Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country:

21

3 (a) FULL NAME: CHARLES EDGAR BURNUP

3 (b) If veteran, name war:

3 (c) Social Security Account No. 217-01-9425

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Edith Moffat
6 (c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): Oct. 29, 1885

8. AGE: Years	Months	Days	If less than one day
57	2	29	hr. min.

9. Birthplace: Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation: Captain
11. Industry or business:

FATHER
12. Name: Burnup, J. C.
13. Birthplace: Baltimore, Maryland.

MOTHER
14. Maiden Name: Lowrey, Kate
15. Birthplace: Baltimore, Maryland.

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-43 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cem
Location: East Forth Ave

18 (a) Funeral director: William M Marock
(b) Address: 715 Light St

JAN 30 1943 (c) Signature of registrar: Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 28, 1943 at 7:08a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 27, 1943 to Jan. 28, 1943 and that I last saw him alive on Jan. 28, 1943

Immediate cause of death: Lobar pneumonia, left upper lobe — Duration: 6 day

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: H A Cullum

Address: US Marine Hospital, Baltimore, Maryland. Date signed: 1/28/43 M.D.

G 00495

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 43

G 00495 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Road
(c) Hospital or institution: Ashburton Nursing Home. 15-11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ Yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3520 Hilton Road. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL HECHT

3 (b) If veteran, name war ---------

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20th. 1866

8. AGE: Years	Months	Days	If less than one day
76	11	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Emanuel Hecht.
13. Birthplace Germany.

MOTHER 14. Maiden Name Henrietta Weinberg.
15. Birthplace Germany.

16 (a) Informant Mrs. Wm. L. Straus, Jr.
(b) Address Sheffield Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/43. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Somerman & Son
(b) Address 1908 Eutaw Place.

19 (a) JAN 30 '43 (b) Huntington Williams, M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28th. 1943 at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 27, 1943, to Jan. 28, 1943, and that I last saw h. alive on Jan. 28, 1943.

Immediate cause of death: Acute Cardiac Dilatation — Duration 2 hrs.
Due to: Hypertension — ?
Due to: Arteriosclerosis — ?
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney D. Levy M. D.
Address 2322 Eutaw Place Date signed 1/29/43

G 00496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 00496 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 606 S. CLINTON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 88 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 S. CLINTON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN C. BECHTOLD

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: WIDOWER

6 (b) Name of husband or wife: MARY BECHTOLD
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): JUNE 28 1850

8. AGE: Years: 92 | Months: 7 | Days: 1 | If less than one day: hr. min.

9. Birthplace: GERMANY (Town, county, and state)
10. Usual Occupation: RETIRED LABORER
11. Industry or business:

FATHER
12. Name: JOHN BECHTOLD
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: UNKNOWN
15. Birthplace: GERMANY

16 (a) Informant: EMMA A?NORDEN (DAUGHTER)
(b) Address: 606 S. CLINTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: FEB. 1/43 (month) (day) (year)
(c) Cemetery or crematory: MT. CARMEL
Location: ODONNELL ST.

18 (a) Funeral director: Lillyman Zeiler INC.
(b) Address: 403 S. WOLFE ST.

19 (c) JAN 30 1943 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: JAN. 29 1943, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 19 1942 to Jan 29 1943 and that I last saw h[illegible] alive on Jan 27 1943

Immediate cause of death: Myocarditis Uremia Jan — Duration: 9 40

Due to: Bronchopneumonia Jan 25 — 1943 — 3 4 3

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Edward P. Uhlenhuth M. D.
Address: 350 Fallsway Date signed: 1/29/43

G 00497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 159

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4111 Woodhaven Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Woolford (Birth F 67 10)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-21-43

8. AGE: Years | Months | Days: 1/2 | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant (Infant died in Univ. Hospital Ambulance not Citizen, Information obtained.)

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL JAN 30 1943

18 (a) Funeral director Commissioner of Health

(b) Address JAN 30 1943

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 23, 1943, at 9:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 22, 1943 to Jan. 23, 1943, and that I last saw h/m alive on Jan. 23, 1943.

Immediate cause of death: Prematurity

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Theba, M. D.

Address Univ. Hospital Date signed 1-29-43

VS 180

9773

G 00498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00498 Registered No.

170 C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital 10 3 days 18 hrs
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 N. Eden St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES HOWARD GREEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-31-1930

8. AGE: Years	Months	Days	If less than one day
12	9	29	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation School Student
11. Industry or business

FATHER
12. Name Clarence Green
13. Birthplace S.C

MOTHER
14. Maiden Name Ida Calhoun
15. Birthplace Ga

16 (a) Informant Ida Green
(b) Address 1118 N Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 30 43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) JAN 30 1943 (Date received by Local Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28, 1943, at 12 00 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of skull	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: No
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 25, 1943 at 8 45 M
(c) Where did injury occur? Eden St. and Eastend Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, in industrial place, in public place? Public (Specify type of place) While at work?
(c) Means of injury Fell when about to get to car

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed Jan 29-43

VS 6

G 00499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00499 Registered No. 124 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 1mo18da
(e) Length of stay in Baltimore (yrs., mos., or days): 35 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 4700 Hamplett Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country:

3 (a) FULL NAME: ELMER LAWRENCE RICHARDSON

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: 216-10-8715

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Pauline Kyler
6 (c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): July 19, 1897

8. AGE: Years	Months	Days	If less than one day
45	6	10	hr. min.

9. Birthplace: Cecil County, Maryland. (Town, county, and state)
10. Usual Occupation: GUARD-PROCTOR AND GAMBLE
11. Industry or business:

FATHER
12. Name: Edward Richardson
13. Birthplace: Pennsylvania

MOTHER
14. Maiden Name: Pauline Johnson
15. Birthplace: Baltimore, Maryland.

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/43 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cem.
Location: Woodlawn, Md.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) (Local registrar) (b) Huntington Williams, M.D. Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 29, 1943, at 9:40a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 11 1942 to Jan. 29, 1943, and that I last saw him alive on Jan. 29, 1943

Immediate cause of death: Mesenteric thrombosis (superior mesenteric) — Duration: 8 days

Due to: Rheumatic heart disease, with aortic valvulitis; cardiac hypertrophy and dilatation — Duration: Unknown

Due to:

Other Conditions: Others Infarcts of spleen and right kidney, cirrhosis of liver

Date of operation:

Major findings of operation: None

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: J. Calhoun
Address: US Marine Hospital, Baltimore, Maryland. Date signed: 1/29/43

G 00500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117a

G 00500 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1141 W. Cross St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1141 W. Cross St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES ALBERT GALLOWAY

3 (b) If veteran, name war: none

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Flora Icie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/17/1868

8. AGE: Years	Months	Days	If less than one day
74	3	12	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired Baggage Master

11. Industry or business B. & O. R. R.

FATHER
12. Name Jesse Galloway
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sarah Lealey
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Flora Galloway
(b) Address 1141 W. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md. Huntington Williams

19 (a) JAN 30 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29, 1943, at 3A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6th 1942 to Jan 29th 1943, and that I last saw h[illegible] alive on Jan 29th 1943.

Immediate cause of death	Duration
Heart Failure	3 Days
Due to Hemorrhage	6 Days
Due to Gastric Ulcer	1 month
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

Signature J. E. Poulton M. D.

Address 39 E. Hamilton Blvd Date signed 1/29/43

V8 3

00501 #3 BALTIMORE CITY HEALTH DEPARTMENT G 00501

CERTIFICATE OF DEATH 131a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 422 Mosher St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Waters

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife John W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1889

8. AGE: Years	Months	Days	If less than one day
53	2	23	hr. min.

9. Birthplace Dorchester Co. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Wilson
13. Birthplace Dorchester Co. Md.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Dorchester Co. Md.

16 (a) Informant John W. Waters
(b) Address 422 Mosher St.

17 (a) Burial (b) Date thereof Jan. 29, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Pk
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1031 Druid Hill Ave.

19 (a) JAN 30 1943 Harrington Williams M.D.
(Date received by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1943, at 2:20 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 1942 to Jan 25 1943 and that I last saw h[illegible] alive on Jan 22 1943

Immediate cause of death Uremia — Duration

Due to Chronic Glomerulo-nephritis

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. H. Davies M. D.
Address Provident Hospital Date signed 1-26-43

00502 HEALTH DEPARTMENT—CITY OF BALTIMORE G 00502

CERTIFICATE OF DEATH 63B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 Druid Hill Ave St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Carrie Coy

If U. S. Veteran specify WAR

(a) Residence: No. 1630 Druid Hill Ave St., 14-2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Bernard

6. DATE OF BIRTH (month, day, year): July 12 1900

7. AGE: Years 42; Months 6; Days 7; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Northumberland Co. Va.

FATHER

13. NAME: Samuel Conway

14. BIRTHPLACE (city or town) (State or country): Northumberland Co. Va.

MOTHER

15. MAIDEN NAME: Mary Hancock

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Carrie Coy

(Address) 1628 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Jan 29, 1943

19. UNDERTAKER: Jno. Lee, Jr. Woodland

(Address) 1631 Druid Hill Ave

20. JAN 30 1943 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jan. 24, 1943

22. I HEREBY CERTIFY, That I attended deceased from Found Dead, 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 10 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive fibrillation of heart	Jan 1940
Hypostatic pneumonia	

Other significatory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If yes, specify

(Signed) Dr. Henry L. Wollenweber

(Address) 1204 Dorithorpe Rd

Doc: Dr. Geo. L. Pendleton 1632 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 2

G 00503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. 80500 G

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 231 W Lafayette
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 231 W Lafayette Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Denton Miller Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Nannie Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1861

8. AGE: Years	Months	Days	If less than one day
81	5	11	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Denton Miller
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Jenkins
15. Birthplace Md

16 (a) Informant Mr. T. D. Miller Jr.
(b) Address 231 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-43 (month) (day) (year)
(c) Cemetery or crematory St Louis
Location Clarksville Md.

18 (a) Funeral director J C Higinbothom
(b) Address Ellicott City Md.

19 (a) [illegible] (Registrar) (b) Lennington Williams, M.D. Registrar

JAN 31 1943

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1943, at 8.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1943, to Jan 29 1943, and that I last saw him alive on Jan 29 1943.

Immediate cause of death Heart failure — Duration 1 hour

Due to Artery Sclerosis

and acute respiratory

Due to infection

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry S. McCarty M. D.

Address 37 W. Preston Date signed 1-30-43

G 00504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a

G 00504 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1314 Myrtle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 Myrtle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Olings

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colo

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rosa Olings

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Nov. 1875

8. AGE: Years 67 | Months 2 | Days | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Coal dealer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Rosa Olings

(b) Address 1314 Myrtle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Mt. Judea Cem Location

(d) Funeral director Mrs Katie R. Williams

(b) Address 322 N. Schroeder St.

(Signature of Registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 19 at 9:45 M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 5 1943 to Jan 27 1943 and that I last saw h alive on 19

Immediate cause of death: Cardiac Renal

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration: Jan 5 to Jan 27

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. N. Hatcher M.D.

Address 1775 Pennsylvania Ave Date signed Jan 28 1943

JAN 29 1943

FEB 2 1943

G 00505 G 00505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 122N

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Dorchester
(c) City or town Cambridge (If outside city or town limits, write RURAL and give town)
(d) Street No. 100 South Bloomsbury St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3 (a) FULL NAME Mr William Hurley

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary E Hurley
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 22 1892

8. AGE: Years	Months	Days	If less than one day
50	2	4	— hr. — min.

9. Birthplace Oakford Maryland (Town, county, and state)
10. Usual Occupation Oyster Shucker
11. Industry or business Oyster Factory

FATHER
12. Name Isaac Hurley
13. Birthplace Vienna Maryland

MOTHER
14. Maiden Name Mary Husband
15. Birthplace Maryland

16 (a) Informant Isaac Hurley
(b) Address Oakley Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-30-43 (month) (day) (year)
(c) Cemetery or crematory —
(d) Location Cambridge Md

18 (a) Funeral director Granville S. LeCompte
(b) Address Cambridge Md

JAN 31 1943

(a) Filed (Registrar) (b) Huntington Hitchins, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30 1943, at 2 55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8 1943 to Jan 30 1943, and that I last saw him alive on Jan 30 1943.

Cause of death	Duration
Immediate cause of death: Intestinal obstruction	23 days
Due to: Post operative hernia and adhesions	18 yrs.
Due to: Ruptured appendix and acute infection post operative	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Jan 8, 23 & Jan 15, 43.
Major findings of operation: Intestinal hernia, post operative adhesions
of autopsy: — none obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr David Bachrach M. D.
Address Church Home - Hospital Date signed 1/30/43

VS 3

1/30/43

G 00506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B

G 00506 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct spelling. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison + Linden
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Owings Mills
(If outside city or town limits, write RURAL and give town)
(d) Street No. Painter Mill Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John F. Hose

3 (b) If veteran, name war

3 (c) Social Security Account No. 92-12-4449

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence Hose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 17, 1881

8. AGE: Years	Months	Days	If less than one day
61	10	12	hr. min.

9. Birthplace Clearspring Md. (town, county, and state)
10. Usual Occupation Sheetmetal Worker
11. Industry or business metal

FATHER
12. Name Martin A. Hose
13. Birthplace Clearspring, Md.

MOTHER
14. Maiden Name Mary Louise Wachtel
15. Birthplace Clearspring, Md.

16 (a) Informant Mrs. Florence Hose
(b) Address Painter Mill Road, Owings Mills

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.
(d) Funeral director Loring Byers
(e) Address 500 Park Heights Ave.

19 (Date received by registrar) Interring to Williamsport, Md. Registrar

JAN 31 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1943, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1943, to Jan 29 1943, and that I last saw h[illegible] alive on Jan 29 1943.

Immediate cause of death	Duration
Heart Failure	
Due to Cirrhosis of Liver & Ascites	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jay M. Jimmerman M.D.
Address Md. Gen. Hosp. Date signed 1/29/43

G 00507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G 00507 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered and correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
Monument & Rutland Ave 17
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3505 Holmes Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAUL E. RUDO

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bertha
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 11, 1894

8. AGE: Years	Months	Days	If less than one day
48	1	18	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business Salesman

FATHER
12. Name Bernard Rudo
13. Birthplace Poland

MOTHER
14. Maiden Name Yetta Silverman
15. Birthplace Poland

16 (a) Informant Milton Rudo
(b) Address 3505 Holmes Ave

17 (a) Burial (b) Date thereof Jan 31, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cem.
Location 3600 E Baltimore St

18 (a) Funeral director Sol Levindon & Bros
(b) Address 1124 1126 W North Ave

JAN 31 1943

JAN 29 1943 (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN. 29, 1943, at 11:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 1943 to JAN 29 1943, and that I last saw h[illegible] alive on JAN 29 1943.

Immediate cause of death Hypertensive Encephalopathy — Duration
Due to Hypertensive CVD Malignant
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Irving Robert Lowitz, M.D.
Address Sinai Hospital Date signed 1/29/43

G 00508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

G 00508 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring ave
(c) Hospital or institution: Levendale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 32

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 N. Eutaw
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Silgafoy

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Married

6 (b) Name of husband or wife Michael
6 (c) If alive, give age 47 years
7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation House
11. Industry or business Wife

FATHER
12. Name Unknown
13. Birthplace R.

MOTHER
14. Maiden Name Unknown
15. Birthplace R.

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-43 (month) (day) (year)
(c) Cemetery Mt Carmel
Location Pumpkin Version
JAN 31 1943

18 (a) Funeral director Jacob Lewis Jr
Address 434 E. Balt St
JAN 30 1943
(Date received by registrar) (b) Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30 1943, at 330 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-18 1942, to 1-30 1943, and that I last saw her alive on 1-25 1943.

Immediate cause of death: Carcinoma of rectum — Duration 1941
Due to: Rheumatic Heart
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Edmund Lewis M. D.
Address Levendale Date signed 1/30/43

VS 3

Dr Baylin

G 00509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 477

Registered No. G 00509

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1319 N. Charles St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1319 N. Charles St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bal Silver

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Harry
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years 52 | Months | Days | If less than one day: hr. min.

9. Birthplace London England (Town, county, and state)
10. Usual Occupation Home
11. Industry or business Wife

FATHER
12. Name Benjamin Stein
13. Birthplace Poland

MOTHER
14. Maiden Name Katherine Stein
15. Birthplace Poland

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-43 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Chel Ygator

JAN 31 1943

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Pratt St

JAN 30 1943 (b) Huntington Williams, M.D. Registrar
(Deputy) (Registrar)

JAN 31 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-29 1943, at 1015 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 42 to Jan 29 1943.
and that I last saw h[illegible] alive on Jan 29 1943.

Immediate cause of death: Concussion of the Lung — Duration: 8 m

Due to:

Due to:

Other Conditions: Oedema of the Lungs — Duration: 2 days

(Include pregnancy within 3 months of death)
Date of operation: June 42
Major findings of operation: Concussion - Pl. Lung
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. J. Baylin
Address 2040 Eutaw Pl Date signed 1/30/43 M.D.

G 00510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 00510 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3201 Oakfield ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ABRAHAM LEIBMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 6 0

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Butcher - self
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Ida Leibman
(b) Address 3201 Oakfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore St.

19 (a) 1-31-1943 (b) Huntington Williams M.D. (Signature of Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28 19 43 at 5:25 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williams M.D. Medical Examiner.
Date signed 1-29-43

Dr Baylis
G 00511

G 00511

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 540

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Park Heights ave
(c) Hospital or institution Mt Sinai Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 E. Pleasant St (If rural give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) **FULL NAME** Julius Shochet Shochet

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed or divorced Married

6 (b) Name of husband or wife Annet
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 45 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Grocery
11. Industry or business Merchant

FATHER
12. Name Wm Shochet
13. Birthplace Lith

MOTHER
14. Maiden Name Bessie Setzer
15. Birthplace Lith

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-43 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St

JAN 30 1943
(Date) (Registrar) Remington Williams Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-29- 1943, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 25 Jan 24 1943, and that I last saw h alive on 19

Immediate cause of death Brain tumor — Duration 17m

Due to

Due to

Other Conditions Embolism — 1 day

(Include pregnancy within 3 months of death)
Date of operation Feb 4 2
Major findings of operation: Tumor
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W J Baylis M.D.
Address 2040 Eutaw Date signed 1-30-43

G 00512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 00512 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution: Sinai Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Forever

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2123 Penna. Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah ROSENSTEIN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name —
13. Birthplace Russia

MOTHER 14. Maiden Name —
15. Birthplace Russia

16 (a) Informant M. Rosenstein
(b) Address 2123 Penna. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Sunnyside Road

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Balto. St

JAN 31 1943
Registrar Huntington Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/30 1943 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/28 1943 to 1/30 1943. and that I last saw her alive on 1/30 1943.

Immediate cause of death: Pulmonary Edema — Duration

Due to: Myocardial insufficiency

Due to: Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore Shorofsky M. D.
Address Sinai Hospital (Date signed)

G 00513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

G 00513 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct and is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution: Calvert & Saratoga Sts.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4407 Arabia Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Gertrude Hahn
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Herman H. Hahn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 18, 1889

8. AGE: Years	Months	Days	If less than one day
54		10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Frederick Hahn Horn
13. Birthplace Germany

MOTHER
14. Maiden Name Kunigunde Rotenhausen
15. Birthplace Germany

16 (a) Informant Hospital Admission Sheet
(b) Address Mercy Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/43 (month) (day) (year)
(c) Cemetery or crematory Immanuel
Location Dundalk Pike

18 (a) Funeral director [redacted] Sweeney
(b) Address 37 E. Eager St. Huntington, William Pa.

JAN 31 1943 (Local registrar)
JAN 31 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1943, at 8:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 28 1942 to Jan 28 1943, and that I last saw her alive on Jan 28 1943.

Immediate cause of death Cardio - Respiratory Failure — Duration

Due to Metastatic Carcinoma of Unknown Origin

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Ahern M. D.
Address Mercy Hospital Date signed 1/28/43

G 00514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

G 00514 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2812 Hollinsferry Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 ~~20~~ 2
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Lapeland (If outside city or town limits, write RURAL and give town)
(d) Street No. 2812 Hollinsferry Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph H Wilkins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie Wilkins
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) April 13 1881

8. AGE: Years	Months	Days	If less than one day
61	9	14	..... hr. ..... min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Helper on Truck ~~Driver~~ for Balto City
11. Industry or business

FATHER
12. Name Thomas Wilkins
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Woods
15. Birthplace Md

16 (a) Informant Annie Wilkins
(b) Address 2812 Hollinsferry Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director William M Marack
(b) Address 765 Light St

JAN 30 1943
(Date rec'd by Registrar)

(b) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1943, at 6:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1942 to Jan 29 1943, and that I last saw h[illegible] alive on Jan 29 1943

Immediate cause of death Cancer of Stomach — Duration 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R O Adams M. D.
Address 978 Hollins Ferry Rd Date signed 1/29/43

VS 8

G 00515

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 194a

G 00515 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully inspected. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wilkens Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Emmitsburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Du Bois Elder

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Genevieve P
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19, 1884

8. AGE: Years	Months	Days	If less than one day
58	4	11	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business Farmer

FATHER 12. Name James B. Elder
13. Birthplace Frederick County, Md.

MOTHER 14. Maiden Name Sarah B. Hess
15. Birthplace Carroll County Md.

16 (a) Informant Genevieve Elder
(b) Address Emmitsburg, Md.

17 (a) Burial (b) Date thereof Feb 3 / 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Joseph
Location Emmitsburg, Md.

18 (a) Funeral director Jos. Bernard Flynn
(b) Address 124-26 W. North Ave.

19 (a) JAN 31 1943 (b) Huntington Williamsport, Md.
(Signature of local registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/30 1943 at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1943, to Jan 30 1943, and that I last saw h/[illegible] alive on Jan 30 1943.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Coronary Thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Arthur Bonberg
Address St. Agnes Hosp. Date signed 1/31/43.

G 00516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 00516 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 818 E. Preston Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 818 E. Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isabella T. Dawson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1859

8. AGE: Years	Months	Days	If less than one day
83	2	23 26	hr. min.

9. Birthplace Prince George Co, Md. (Town, county, and state)
10. Usual Occupation Retired School teacher
11. Industry or business

FATHER
12. Name Daniel Dawson
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Crowe
15. Birthplace Ireland

16 (a) Informant Miss Catherine Dawson
(b) Address 818 E. Preston Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1, 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

JAN 31 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1943, at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/5 1942 to 1/29 1943. and that I last saw her alive on 1/25 1943.

Immediate cause of death: Arteriosclerotic Cardio-vascular Disease — Duration: 20 years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Kammer, Jr. M.D.
Address 906 E. 37th St. Date signed 1/29/43

VS 3

G 00517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 00517 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — St Agnes Hospital
(b) Street address — Caton & Wilkens Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 4 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State — Md (b) County — Catonsville
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. — 305 Bloomsbury Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME — Samuel T. Ross — Ross

3 (b) If veteran, name war

3 (c) Social Security Account No. — 217-16-1132

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife — Ruth M. Ross
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — Dec 28, 1877

8. AGE: Years	Months	Days	If less than one day
65	1	1	hr. min.

9. Birthplace — Culpeper Va (Town, county, and state)
10. Usual Occupation — Janitor for School
11. Industry or business

FATHER
12. Name — Charles Ross
13. Birthplace — New York

MOTHER
14. Maiden Name — Whitmore
15. Birthplace — Virginia

16 (a) Informant — Mr Albert Ross
(b) Address — 716 Meadow Rd Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/43 (month, day, year)
(c) Cemetery or crematory — London Park
Location — Edmondson Road

18 (a) Funeral director — Milton Schilling
(b) 1943 3914 d. Hamgate St
(c) Huntington Williams, M.D. (Signature of Registrar)

JAN 31 1943 JAN 31 1943 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH — 1/29 1943 at 5 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/27 1943 to 1/29 1943 and that I last saw him alive on 1/29 1943.

Immediate cause of death — Coronary Thrombosis — Duration 3 days

Due to — Arteriosclerosis — 10 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature — J W Dwyer M.D.
Address — St Agnes Hosp Date signed 1/29/43

G 00518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G 00518

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 511 Harwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 511 Harwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stanley J. Makares

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Married

6 (b) Name of husband or wife Maryland A. Makares nee Bull

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1899

8. AGE: Years	Months	Days	If less than one day
43	3	19	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Police Officer

11. Industry or business Baltimore Police Dept.

FATHER
12. Name Stanley Makares
13. Birthplace Lithuania

MOTHER
14. Maiden Name Anna Strumskey
15. Birthplace Germany

16 (a) Informant Mrs. Maryland A. Makares
(b) Address 511 Harwood Ave

17 (a) Burial (b) Date thereof Feb. 1/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Jessups Cem.
Location Cockeysville, Md.

18 (a) Funeral director Harry H. Mitzke
(b) Address 4101 Edmondson Ave.

19 FEB 1 1943 (b) Huntington Mills, Md.
(Date received by local registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29 1943 at 8:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1941 to Jan. 28 1943 and that I last saw h.. alive on Jan. 29 1943.

Immediate cause of death a. Uremia — Duration ½ day

Due to Chronic Ind. Nephritis

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edwin G. Shaw M. D.
Address 16 Cathedral Date signed 2-1-43

G 00519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 101

Registered No. G 00519

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully worded. Do not abbreviate. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 509 W. Hamburg St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 W. Hamburg St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude M. Jones

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frank E. Jones.
6 (c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.) Feb 10. 1874

8. AGE: Years 68 | Months 11 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name George Zimmermann
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Meister
15. Birthplace Germany

16 (a) Informant Frank E. Jones
(b) Address 509 W. Hamburg St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1. 1943. (month) (day) (year)
(c) Cemetery or crematory Western
Location City

18 (a) Funeral director Mrs. Wm. John M. Teufel & Son
(b) 801 W. Fayette St.

19 (a) FEB 1 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1943, at 6-20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15/43 to Jan. 29/43. and that I last saw her alive on Jan. 29/43.

Immediate cause of death — Duration

Broncho Pneumonia — 14 days.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Hall Steiner M. D.
Address 933 Hamburg Date signed Jan 30/43

VS 8

C 00520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 C 00520 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished; any slip in the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 620 N Caroline St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 52

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 N Caroline St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John C. Clemson

3 (b) If veteran, name war World War I

3 (c) Social Security Account No. 216-05-3100

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary A. Clemson

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Oct 1 1890

8. AGE: Years 52 Months 3 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Butcher

11. Industry or business

FATHER
12. Name Thomas Clemson
13. Birthplace Baltimore

MOTHER
14. Maiden Name Dorothea
15. Birthplace Germany

16 (a) Informant Mary A. Clemson
(b) Address 620 N Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 1 - 43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E. Baltimore St

19 (a) FEB 1 - 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1943, at 5:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1942 to Jan 29 1943, and that I last saw him alive on Jan 28 - 1943.

Immediate cause of death Myocardial Insufficiency — Duration 6 mos.
Due to Pulmonary Edema — 2 yrs.
Due to Angina Pectoris — 2 yrs.
Due to Lobar Pneumonia — 2 yrs.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. G. Clemson Jr. M.D.
Address 1 E. Madison St Date signed 1/30/43

(over)

VS 3

G 00521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1468 G 00521

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3700 N Charles St
(c) Hospital or institution: at home - Northway Apts.
(d) Length of stay in hospital or inst. (yrs., mos. or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3700 N Charles St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country —

3 (a) FULL NAME Lou Charles Awrey (OWREY)

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 212-03-4591

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Maud L. Awrey

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Sept-2-1883

8. AGE: Years 59 | Months 4 | Days 29 | If less than one day: hr. min.

9. Birthplace Pittsburgh - Pa. (Town, county, and state)

10. Usual Occupation Fire Insurance Adj.

11. Industry or business Insurance

FATHER
12. Name Geo. M. Awrey
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary Divine
15. Birthplace Pa.

16 (a) Informant Mrs Maud L. Awrey (wife)
(b) Address Northway Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3-43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville - Md.

18 (a) Funeral director Stewart Mower Co.
(b) Address 108 W North Ave, Huntington Williams, M.D.

19 (a) [illegible] Registrar

FEB 1 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 1943, at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 14 1942 to January 31 1943, and that I last saw him alive on January 31 1943.

Immediate cause of death Coronary occlusion of thrombosis with pulmonary metastases — Duration 7 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Stevens Brown M.D.

Address 24 E. Eager St Date signed 2/1/43

G 00522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93

G 00522 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lafayette and John Street

(c) Hospital or institution: Hospital for the Women of Maryland

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 124 West Lanvale Street
(If rural give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Harriet Buchanan Dugan.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 6, 1865

8. AGE: Years	Months	Days	If less than one day
77	7	24	____ hr. ____ min.

9. Birthplace Howard County, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name J. Cumberland Dugan

13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Harriet Buchanan

15. Birthplace Md.

16 (a) Informant Miss Jennie Robinson

(b) Address 124 West Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2 43 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore

18 (a) Funeral director Sherwood Mortuary

(b) Address 1811 N. Howard

19 (a) ____ (Date rec'd by registrar) (b) Huntington Williams, Registrar

FEB 1 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1943, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1943, to Jan 30 1943, and that I last saw h alive on Jan 30 1943.

Immediate cause of death	Duration
Cardiac failure	1 week
Due to Arteria sclerosis	
Heart disease	
Due to	
Other Conditions Broncho pneumonia,	1 week
Cellulitis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence At M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. Mildred Duggan M. D.

Address Womans Hospital Date signed 1/30/43

G 00523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 00523 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2609 Guilford Av.
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2609 Guilford (If rural give location)
(e) Citizen of foreign country? — No — (Yes or No) If yes, name country

3 (a) FULL NAME Hugh Bruff Simpson

3 (b) If veteran, name war — No —

3 (c) Social Security Account No. 212-10-3296

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Miriam E. Simpson

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Feb 12 1895

8. AGE: Years 47 | Months 11 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Md. Casualty Co.

FATHER 12. Name N. Wilson Simpson

13. Birthplace Charles Co. Md.

MOTHER 14. Maiden Name Ida V. Bruff

15. Birthplace Harrisonburg Va.

16 (a) Informant Mrs Miriam E. Simpson (wife)

(b) Address 2609 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1-43 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park

Location Baltimore

18 (a) Funeral director Stewart Mortuary Co.

(b) Address 1411 W. Baltimore, Md.

19 (a) FEB 1 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30, 1943 at 1 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1943 to Jan 30 1943 and that I last saw h.e alive on Jan 30 1943

Immediate cause of death Coronary Occlusion

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo E. Shannon M.D. M. D.

Address 820 Medical Arts Bldg Date signed 1-30-43

VS 3

G 00524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 00524 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts
(c) Hospital or institution: Community Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1326 Upton Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Robinson Barnes

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Raymond
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 1-10-1905

8. AGE: Years	Months	Days	If less than one day
38	—	19	hr. min.

9. Birthplace Calvert Co Md.
(Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Howard Robinson
13. Birthplace Md.

MOTHER
14. Maiden Name Priscilla Hawkins
15. Birthplace Md

16 (a) Informant Priscilla Robinson
(b) Address 1326 Upton St

17 (a) Removal (b) Date thereof 2-2-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Thomas Cem
Location Prince George's Co Md

18 (a) Funeral director William A Harrison
(b) Address 916 Penna Ave

19 FEB 1 1943 Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 1943 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1943 to Jan 29 1943 and that I last saw HER alive on 1-29 1943

Immediate cause of death Pericarditis, peritonitis and empyema — Duration

Due to pneumococcic Lobar pneumonia

Due to

Other Conditions Arteriosclerosis Mitral stenosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: None

of autopsy: none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard Carey M.D.
Address Community Hospital (Date signed 1-30-43)

VS 250

Spec.—8-16-39—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 00525

G 00525

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2233 Brunt ST., 17 WARD)

2—FULL NAME Carrie Tolson

(a) RESIDENCE NO. 2233 Brunt ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5? yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: none

6 DATE OF BIRTH (month, day, and year): 1918

7 AGE: Years 25 | Months | Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): St Marys Co.

PARENTS

10 NAME OF FATHER: Alexander Tolson

11 BIRTHPLACE OF FATHER (city or town) (State or country): St Marys Co

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): St Marys Co.

14 Informant: Oscar Young

(Address) 2233 Brunt St.

15 Filed FEB 1 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year)

17 I HEREBY CERTIFY That I attended deceased from Jan 10, 1943, to Jan 29, 1943

that I last saw her alive on Jan 28, 1943

and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Cardiac Failure

Mitral Regurgitation (duration) yrs. 3 mos. da.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical

(Signed) W. H. Wright M. D.

, 19 (Address) 1209 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary

DATE OF BURIAL: February 3 43

20 UNDERTAKER: Jas R Brooks

ADDRESS: 1463 N Carey

IMPORTANT.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

00526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 930

Registered No. E 00526

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 722 E. Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 722 E. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME (DOVIE) Louise Allison

3 (b) If veteran, name war

3 (c) Social Security Account No. 410-24-0584

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years	Months	Days	If less than one day
96			hr. min.

9. Birthplace Tennessee (Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business Lunch room

FATHER
12. Name John S. White
13. Birthplace Arkansas

MOTHER
14. Maiden Name Ella Melton
15. Birthplace Tennessee

16 (a) Informant Willis R. White
(b) Address Fort Eustis, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-1943 (month) (day) (year)

(c) Cemetery or crematory
Location Chattanooga Tenn

18 (a) Funeral director Lee D. Leach
(b) Address 1201-03 N. Patt. Park Ave

FEB 1 - 1943

P. D. Acting for Williams, Reg.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/27 1943, at 4-45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to natural death on the day stated above.

Immediate cause of death Rheumatic Cardio-vascular disease.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Brady B. DuVal Dally M.D. Medical Examiner.

Date signed 1/27/43.

G 00527

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 00527 Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 Washington. Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) VV
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 Washington Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Onufry Brooks

3 (b) If veteran, name war V | 3 (c) Social Security Account No. V

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	married

6 (b) Name of husband or wife Ursula Brooks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Lith. (Town, county, and state)
10. Usual Occupation Farmer Bros.
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lith

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith.

16 (a) Informant Ursula Brooks
(b) Address 504 Wash. Blvds

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Bleath Rd

18 (a) Funeral director Joseph Kasunakas Inc
(b) Address 602 Dulaney Blvd

19 (a) (Registrar's signature) (b) Huntington Williams M.D.

FEB 1 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/30 1943, at 7 15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/10 1938 to 1/30 1943 and that I last saw him alive on 1/30 1943.

Immediate cause of death	Duration
(a) Uremia	2 da
Due to (b) Chronic Nephritis Bilateral Polycystic Kidneys	5 yr
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph H. Lawrence M.D.
Address 602 Washington Blvd Date signed 1/30/43

G 00528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00528 Registered No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2326 Belair Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Hazelwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME A. MARGARET WEILBRENNER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widowed

6 (b) Name of husband or wife Adam Weilbrenner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1st, 1861

8. AGE: Years	Months	Days	If less than one day
81	1	30	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Ostertag
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Miller
15. Birthplace Germany

16 (a) Informant Mrs. John G. Schwarz
(b) Address 2326 Belair Road

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 3, 1943 (month) (day) (year)
(c) Cemetery or crematory Jerusalem Luth. Cem.
Location Balto., Md.

18 (a) Funeral director Lansdale Funeral Home
(b) Address 7401 Belair Road

19 (Date received by registrar) FEB 1 - 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31st 1943, at 12:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 11 '42 to Jan 31 1943, and that I last saw h alive on Jan 30 1943.

Immediate cause of death: Senility
Due to Chronic nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos Lansdale M. D.
Address 2336 E. Balto Date signed 2-1-43

VS 3

G 00529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940

G 00529 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2417 W. Lanvale St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2417 W Lanvale St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Lucinda S. Evans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife J Robertson Evans

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1856

8. AGE: Years	Months	Days	If less than one day hr.	min.
86	10	21		

9. Birthplace Pa (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Isaac Snyder

13. Birthplace Pa

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Miss Bertha Evans

(b) Address 2417 W Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore

18 (a) Funeral director J. Vernon Kelchner

(b) Address 2301 Edmondson Ave

19 (a) [illegible] (b) [illegible] (Date received by registrar) FEB 7 1940 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1940, at 7:34 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1939 to Jan 30 1940, and that I last saw her alive on Jan 25 1940.

Immediate cause of death Arterio-sclerosis

Due to Hemiplegia of coronary vessels

Due to Old pulmonary tuberculosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Bernard S. French M. D.

Address 2079 Arnold Date signed 1-02-43

G 00530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

/33 G 00530 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1613 Covington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) W
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Covington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henriette Ruth Fowler

3 (b) If veteran, name war W
3 (c) Social Security Account No. None

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 7th 1925

8. AGE: Years 17 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Student
11. Industry or business School

FATHER
12. Name Howard D. Fowler
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Etta M. Blair
15. Birthplace Balto Md.

16 (a) Informant Mrs Etta M. Fowler
(b) Address 1613 Covington st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moreland Park
Location Parkville Md

18 (a) Funeral director William Cook Inc
(b) Address 121 E. Saint Paul st

19 (a) (b) Registrar

FEB 1 - 1943
VS 150 Huntington Interstate, N.Y.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30th 1943 at 4:30 A.M

21. I certify that death occurred on the date above stated that I attended deceased from 1/26 - 1943 to 1/30 - 1943 and that I last saw H alive on 1/30 - 1943.

Immediate cause of death Sudden Heart Collapse
Due to Acute Lobar Pneumonia
Due to Rheumatic Heart Condition

Duration 2 wks 4 days 9 yrs

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy No

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. [illegible] M. D.
Address 1340 Edmondson Ave Date signed

G 00531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 00531

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied if the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 m
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1550 Lochwood Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Lee Albers

3 (b) If veteran, name war M

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Esther Leona Albers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27th 1885

8. AGE: Years	Months	Days	If less than one day
57	9	6	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Tobacco Business

11. Industry or business Albers & Ebbert Tobacco Co

FATHER
12. Name (Unknown) Albers
13. Birthplace "

MOTHER
14. Maiden Name Anna (Unknown)
15. Birthplace "

16 (a) Informant Esther L. Albers
(b) Address 1550 Lochwood Rd

17 (a) Burial (~~Cremation, or removal~~) (b) Date thereof 2/1/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto Md
Location

18 (a) Funeral director McKeon Cook Inc
(b) Address 1217 St. Paul St

19 (a) (b)

(Registered by registrar) FEB 1 - 1943 Registrar Huntington Mitchell, M.D.

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/28 1943, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/2 1943, to 1/28 1943, and that I last saw him alive on 1/28 1943.

Immediate cause of death Circulatory Failure — Duration

Due to Myocardial Infarction of post. wall.

Due to Coronary Thrombosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Myocardial Infarction

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. O. Goldstein M. D.
Address Sinai Hospital Date signed 1/29/43

JL - 79525 G-00532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1744 G-00532 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 133 S. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Estelle Powell

3 (b) If veteran, name war: N
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Married

6 (b) Name of husband or wife: Ernest
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 28, 1904

8. AGE: Years	Months	Days	If less than one day
38	10	2	hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Walter McCullum
13. Birthplace N. C.

MOTHER
14. Maiden Name Annabelle Fisher
15. Birthplace N. C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director Gilbert Funeral Home
(b) Address 1943 East Monument

19 (a) (Date rec'd by registrar) (b) Registrar, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1943 at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/29/43 19.. to 1/30/43 19.. and that I last saw h.. alive on 1/30/43 19..

Immediate cause of death, Asphyxia & Liver & (Alcohol ?)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Anat. Findings

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. Hoster M. D.
Address Baltimore City Hosp. Date signed 1/31/43

FERT. 1943

HOSP.

G 00533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G 00533

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Linkenauer Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or Town (If outside any city or town limits, write RURAL and give town)
(d) Street No. St Agnes Hosp. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country United States 67290

3 (a) FULL NAME Baby Boy Karangelen Karangelen

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/18/43

8. AGE: Years | Months | Days 13 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Peter Karangelen
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant George Agnew
(b) Address 39 Mineral Rd. Reisterstown Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Md.

18 (a) Funeral director A. F. Keefer & Son
(b) Address Westminster Md.

19 (a) Filed (Date received by Registrar) FEB 1 1943 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/31 1943, at 12:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/18 1943 to 1/31 1943. and that I last saw him alive on 1/31 1943.

Immediate cause of death Asphyxia Anoxia — Duration 8 days

Due to Prematurity — 13 days

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature H. H. Newman M.D.
Address St Agnes Hosp. Date signed 1/31/43 M. D.

VS 180

G 00534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 00534 Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5105 Whiteford Ave,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md, (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5105 Whiteford Ave, (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Grace Shepperd Bacon

3 (b) If veteran, name war *****
3 (c) Social Security Account No. *****

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept, 17, 1870

8. AGE: Years	Months	Days	If less than one day
72	4	12 13	hr. min.

9. Birthplace Maryland (Town, county and state)
10. Usual Occupation School Teacher
11. Industry or business Public School

FATHER
12. Name John Edward Bacon
13. Birthplace Maryland

MOTHER
14. Maiden Name Anne Elizabeth Bacon
15. Birthplace Maryland,

16 (a) Informant Mrs Samuel Fuhrman
(b) Address 5105 Whiteford Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave, Balto

18 (a) Funeral director John A. Moran
(b) Address 4201 Greenmount Ave,

19 (a) FEB 1 - 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 260

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan, 30 1943 at 12 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 2 1938 to Jan 30 1943, and that I last saw h alive on Jan 30 1943.

Immediate cause of death
Chron Myocardit
Arteriosclerosis

Duration
1938
1938
1942
1936

Due to Arteriosclerosis

Due to

Other Conditions Chron Arthritis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. W. Bishop M. D.
Address 501-503 Shrewsbury Date signed Feb 1 43

G 00535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00535

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6501 Reisterstown Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 month

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Whitestone (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred J. Fry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Julia Harris
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) April 30, 1880

8. AGE: Years	Months	Days	If less than one day
62	9	--	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation merchant
11. Industry or business retired 10 years

FATHER
12. Name Walter Fry
13. Birthplace England

MOTHER
14. Maiden Name Ann ?
15. Birthplace England

16 (a) Informant Alfred J. Fry, Jr.
(b) Address 6501 Reisterstown, Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery Trinity
Location Churchville, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) Filed FEB [illegible] 1943 (b) Registrar Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30, 1943 at 8 01 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 7, 1943 to Jan. 30, 1943, and that I last saw him alive on Jan. 30, 1943.

Immediate cause of death	Duration
Anurism, abdominal aorta	3 yrs ?
Due to Arterio-sclerosis	? yrs.
Due to	
Other Conditions Uraemia, terminal (Include pregnancy within 3 months of death)	2 days

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. Bateman M. D.
Address 1041 St. Paul St. Date signed

G 00536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 448

G 00536

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. Physicians: please write the causes of death clearly and legibly. Be sure the correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2540 Lauretta Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2540 Lauretta Ave.
(If rural give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edward H. Wenderoth

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1926

8. AGE: Years	Months	Days	If less than one day
16	1	6	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation School Boy

11. Industry or business

FATHER

12. Name Osmund L. Wenderoth

13. Birthplace Balto. Md.

MOTHER

14. Maiden Name Elizabeth E. Chalk

15. Birthplace Balto. Md.

16 (a) Informant Osmund L. Wenderoth

(b) Address 2540 Lauretta Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1943 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Balto. Md.

18 (a) Funeral director Robert S. Little

(b) Address 2700 Edmondson Ave.

19 (a) (Date received by registrar) FEB 1 - 1943 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29, 1943 19 , at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-16 1942 to Jan 29 1943 and that I last saw h[illegible] alive on Jan 11 1943.

Immediate cause of death Hodgkin disease — Duration If Known

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Jan 1942

Major findings of operation: Lymphosarcoma - Hodgkin disease

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Nelson Carey M. D.

Address 1016 E. Paul St. Date signed 2-1-43

G 00537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 00537 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Supply the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green Spring Manor Apts.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Green Spring Manor Apts. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EMIL CROCKIN

3 (b) If veteran, name war: ?

3 (c) Social Security Account No. 217-12-3891

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sadie J. Crockin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1869.

8. AGE: Years	Months	Days	If less than one day
73	2		hr. min.

9. Birthplace Lithwania. (Town, county, and state)
10. Usual Occupation Clothing Mnfgr.
11. Industry or business

FATHER
12. Name Abram S. Crockin,
13. Birthplace Lithwania.

MOTHER
14. Maiden Name Devora ?
15. Birthplace Lithwania.

16 (a) Informant Mrs. Sadie J. Crockin,
(b) Address Green Spring Manor Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/43. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Harris Lowenstein & Son
(b) Address 1902 Eutaw Place

19 (a) FEB 1 - 1943 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31 1943, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1938, to Jan 30 1943, and that I last saw h im alive on Jan 30 1943.

	Duration
Immediate cause of death coronary occlusion	Sudden
Due to arteriosclerosis	15 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Lottsfeld M. D.
Address 1720 Eutaw Pl. Date signed 2/3/43

G 00538

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1465

G 00538
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given fully and supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Hanover St
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1050 W. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Boardley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 15 1892

8. AGE: Years	Months	Days	If less than one day
50 59	10	13	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John C

13. Birthplace

MOTHER 14. Maiden Name Virginia Jane

15. Birthplace Va

16 (a) Informant Joseph B Boardley

(b) Address 613 W. Barre St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Ct

Location Balto City

18 (a) Funeral director Isaiah L. Brownston

(b) Address 08 W Montgomery St

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 1 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 28 1943 at 2 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 28 1942 to Jan 28 1943 and that I last saw h[illegible] alive on Jan 28 1943

Immediate cause of death Carcinoma of the stomach

Due to

Due to

Other Conditions Obstruction of bowel

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard Harris M. D.

Address 1207 N. Carolina Date signed 1-29-43

G 00539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161 B

G 00539
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 S. Carlton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HAROLD BAKER (Birth F 57685)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-15-42

8. AGE: Years | Months 5 | Days | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Milton Baker
13. Birthplace Va

MOTHER
14. Maiden Name Bernice Albright
15. Birthplace Md

16 (a) Informant Bernice Albright
(b) Address 3 S Carlton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Ct
Location G. a. Co Md

18 (a) Funeral director Joseph L Burgunder
(b) Address 1080 W Mon[illegible]

19 (a) (Date received by Registrar) (b) Registrar

VS 6 FEB 1 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1943, at 1 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said I. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pamphygus — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
Means of injury

23. Signature W. L. Wohlgemuth M.D.
Medical Examiner.
Date signed 1-29-43

G 00540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 9440

G 00540 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 223 N. Chapel
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LUCIANO Louis Cimino

3 (b) If veteran, name war: No
3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Mary Cimino
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19 1873

8. AGE: Years	Months	Days	If less than one day
69	5	11	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Lifter
11. Industry or business City Balto.

FATHER
12. Name Luciano Cimino
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Rabezzo
15. Birthplace Italy

16 (a) Informant Mary Cimino
(b) Address 223 N. Chapel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Bear Rd

18 (a) Funeral director Geo. M. Frank & Son
(b) Address 811 N. Howard St

19 (a) FEB 1 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/30 1943, at 7:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to natural death on the day stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. Mihally M.D. Medical Examiner
Date signed 1/30/43

VS 6

G 00541

428426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 56 D

G 00541
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5-5-6 W. Preston
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie Field

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Widowed.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-16-81

8. AGE: Years	Months	Days	If less than one day
61	11	13	hr. min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Allan Jayner
13. Birthplace N.C.

MOTHER
14. Maiden Name Queenie Edwards
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) [redacted] (b) Date thereof 2/1/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Boykin, Va.

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Eastern Ave. Baltimore, Md.

19 (a) Standing for Registrar
(Date received by registrar) Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 1943, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1943 to Jan. 29 1943 and that I last saw her alive on Jan. 29 1943.

Immediate cause of death Cachexia — Duration

Due to Coma

Due to Brain Operation (Removal Tumor)

Other Conditions Cholelithiasis

(Include pregnancy within 3 months of death)

Date of operation Jan 20-43

Major findings of operation: Dural Tumor Benign Sub Optic Chiasm

of autopsy: Date Tumor of Pituitary

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Irving D. Sherman M.D.
Address Johns Hopkins Hosp. Date signed 1-30-43

G 00542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

G 00542 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 N. Bethel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 418 N. Bethel St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Howard Boone

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Katie Boone
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17, 1890

8. AGE: Years	Months	Days	If less than one day
52	9	12	hr. min.

9. Birthplace Harford Co. Md. (Town, county, and state)
10. Usual Occupation Wood Dealer
11. Industry or business

FATHER
12. Name Not known
13. Birthplace

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Frederick Boone
(b) Address 418 N. Bethel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elias Wilson
(b) Address 1201 Greenleaf Ave

19 (a) FEB 1 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1943 at 1:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1943 to Jan 29 1943, and that I last saw him alive on Jan 29 1943.

Immediate cause of death Hemiplegia — Duration 3 days
Due to (over)
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard Hayes M. D.
Address 1201 N Carlton Date signed 1/30/43

VS 180

G 00543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 C

G 00543 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 305 N Carrollton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 305 N Carrollton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Greene Boone

3 (b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1892

8. AGE: Years	Months	Days	If less than one day
50	8	16	hr. min.

9. Birthplace Calvert Co Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Perry Greene
13. Birthplace C. Co Md

MOTHER
14. Maiden Name Alice Fowler
15. Birthplace Calvert Co Md

16 (a) Informant Percy Greene
(b) Address 305 N Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) FEB 1 - 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1943 to Jan 28 1943 and that I last saw h[illegible] alive on Jan 27 1943

Immediate cause of death
Pulmonary Edema
Due to Endocarditis
Due to (Rheumatic)

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. G. Haverkett M.D.
Address 601 N Carrollton Ave Date signed 2/1/43

VS 250

G 00514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00514 13B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Apply the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1118 W Mulberry st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47

2. USUAL RESIDENCE OF DECEASED:
(a) State [redacted] Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 W Mulberry (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Murray

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-01-5581

4. Sex Male

5. Color or race Negro

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13, 1895

8. AGE: Years 47 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Driver

11. Industry or business

FATHER
12. Name William Murray
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Lee Murray
15. Birthplace Fayette Co Miss

16 (a) Informant Alfred Butler
(b) Address 623 E Preston

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1 1943 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St Huntingtown Williams, Mgr.

19 (a) FEB 1 — (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1943 at 4:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1943, to Jan 28 1943 and that I last saw him alive on Jan 28 1943.

Immediate cause of death: Pulmonary tuberculosis — Duration 1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Watts
Address 5157 Georgia Date signed 2/1/43

VS 8

G 00545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46

G 00545 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered or the word "unknown" supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1570 W. Franklin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1570 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country

3 (a) FULL NAME James Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No. — None

4. Sex: Male

5. Color or race: Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Sadie Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 4 1888

8. AGE: Years 54 | Months 10 | Days 24 | If less than one day ___ hr. ___ min.

9. Birthplace Catonsville Md (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business —

FATHER 12. Name Jacob Johnson
13. Birthplace Howard County

MOTHER 14. Maiden Name Martha Jackson
15. Birthplace Baltimore Md

16 (a) Informant Mamie Queen
(b) Address 1570 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 222 N. Schroeder St.

19 (a) ___ (Date received by Registrar) FEB 1 1943 (b) Huntington Williams, M.D. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 25 1943, at 10 25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942, to Jan 25 1943, and that I last saw him alive on Jan 29 1943.

Immediate cause of death: Carcinoma of Stomach — Duration

Due to:

Due to:

Other Conditions Carcinoma of Intestines (Include pregnancy within 3 months of death)

Date of operation ?

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Douglas Sheppard M. D.
Address 1631 W. Franklin Date signed 2/1/43

G 00546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00546 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given fully and correctly as required. The correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1227 St Mathews St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1227 St Mathews St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fannie Gordon

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Aaron
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-9-

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-43 (month) (day) (year)
(c) Cemetery or crematory Greenlea
Location Phila Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1429 E. Baltimore St

19 (a) FEB 1- 1943 (Date rec'd by registrar) (Signature of registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30 1943, at 2 0 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1942, to Jan 15 1943, and that I last saw her alive on Jan 15 1943.

Immediate cause of death Carcinomatosis — Duration 6 mos.
Due to (or)
Due to
Other Conditions Gen'l Arteriosclerosis Art. Sclerotic Heart Dis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H H Fuller M D
M. D.
Address Rosaville Md Date signed Jan 31/43

VS 3

G 00547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 820

G 00547 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Especially important. correct age

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 710 Cumberland St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 710 Cumberland St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Rhone

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	M.

6 (b) Name of husband or wife Annie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/10/1884

8. AGE: Years	Months	Days	If less than one day
58	10	21	hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Allen Rhone
13. Birthplace N. C.

MOTHER
14. Maiden Name Lydia Brown
15. Birthplace N. C.

16 (a) Informant Geo. Rhone Jr
(b) Address 710 Cumberland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/43 (month) (day) (year)
(c) Cemetery or crematory Charlotte Memorial Section Charlotte North Carolina

18 (a) Funeral director Geo. E. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) [illegible] (b) Attesting for Williams, M.D. Registrar
(Date received by Registrar) FEB 1 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1943, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1943 to Jan 31 1943 and that I last saw h[illegible] alive on Jan 30 1943

Immediate cause of death	Duration
Cerebral Apoplexy	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature P. B. Hatcher M.D.
Address 1 W 25 Park Date signed 2/3/43

G 00548

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 00548 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 928 Shield's Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 928 Shields Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Dorsey

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Edward Gross
13. Birthplace Md.

MOTHER
14. Maiden Name Maggie Queen
15. Birthplace Md.

16 (a) Informant Geo. Simms
(b) Address 2362 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/43 (month) (day) (year)
(c) Cemetery or crematory Md.
Location Mt Auburn

18 (a) Funeral director Geo. E. Kelso
(b) Address 1303 Pennsylvania Ave

FEB 1 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1943, at 9 45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Duration
Immediate cause of death Ruptured aneurysm of thoracic aorta
Due to syphilitic aortitis
Due to
Other Conditions Emphysema, right

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Emerson Graham M.D.
Medical Examiner.
Date signed

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use "None" or "Unknown" where applicable. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

429182

G 00549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1512

Registered No. G 00549

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hopkins Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 541 Cumberland (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Deborah Harrington (Birth F 6/1/67)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10 - 27 - 42

8. AGE: Years | Months: 3 | Days: 1 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Harvey Harrington
13. Birthplace S. C.

MOTHER
14. Maiden Name Ida Kelley
15. Birthplace Va.

16 (a) Informant Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Wm. H. Kelson
(b) Address 1303 Pennsylvania

19 (a) (Date rec'd by registrar) FEB 1 1943 (b) Huntington Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1943 at 2:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/28 1943 to 1/28 1943 and that I last saw her alive on 1/28 1943.

Immediate cause of death: Heart Failure — Duration: 12 hrs.
Due to: Congenital Heart Disease — Duration: 3 mos.
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert D. Schram M. D.
Address Johns Hopkins Hosp Date signed 1/29/43

G 00550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 00550 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2031 Annapolis Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1y 5m
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2031 Annapolis Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CORA-VIRGINIA-ISAAC

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. MARRIED
6 (b) Name of husband or wife WAITER-ISAAC
6 (c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) 3/17/74
8. AGE: Years 68 Months 10 Days 12 13 If less than one day hr. min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Evans
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary Marrison
15. Birthplace Balto Md

16 (a) Informant Fulton August Thompson
(b) Address 2913 Dorman ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/43 (month) (day) (year)
(c) Cemetery or crematory Glenn Haven
Location Ritchie Highway
18 (a) Funeral director M C Siffert
(b) Address 1600 W. North ave
19 Filed FEB 1 1943 Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1943 at 7P. M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to Jan 29 1943 and that I last saw h. alive on Jan 29 1943.

Immediate cause of death Coronary Thrombosis — Duration 1 Month
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Paul Schaffer M.D.
Address 2301 Annapolis Date signed 2/1/43

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly, WITH UNFADING INK.

G 00551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 9th A

G 00551 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West. Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2719 Fourth Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Phillip Adler

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-2404

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Marie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Western Md. Dairy

FATHER
12. Name Bernett Adler
13. Birthplace Russia

MOTHER
14. Maiden Name Fannie Miller
15. Birthplace Russia

16 (a) Informant Cecilia Edelson
(b) Address 1713 Ruxton ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-43 (month) (day) (year)
(c) Cemetery or crematory Huntington Hills Rd
Location Members Island Md.

18 (a) Funeral director H. Sommers Bro
(b) Address 1124 Eutaw Place

FEB 1 1943 (b) (Date rec'd by registrar)

Huntington Williams, Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1943, at 6 20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Gratrow M.D. Medical Examiner.
Date signed Feb. 1 1943

Please write plainly, with UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00552

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

130

G 00552
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 4
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 W. Lanvale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Stanley (STANLEY)
3 (b) If veteran, name war
3 (c) Social Security Account No. 228-10-6814

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Lucy
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 28 1911
8. AGE: Years 31 Months 11 Days 3 If less than one day hr. min.
9. Birthplace North Carolina Virginia (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Joseph B. Stanley
13. Birthplace N C

MOTHER
14. Maiden Name Lelia Settle
15. Birthplace N C

16 (a) Informant Jos E. Stanley
(b) Address 1109 N Fulton Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md
18 (a) Funeral director Hyppa A. Stanley
(b) Address Fulton & Lafayette
19 (d) FEB 1 — 1943 Hunting for Williams, M.R.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1943, at 11:18 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1943 to Jan 31 1943, and that I last saw deceased alive on Jan 30 1943.

Immediate cause of death Cardiac failure — Duration 1 day
Due to Acute glomerular nephritis
Due to
Other Conditions Pulmonary edema
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Elizabeth R. Linnell M. D.
Address Date signed

VS 180

Dr McCafferty

G 00553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 462

Registered No. G 00553

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1940 W Baltimore st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 - 1
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1940 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sister St Xavier (Emelie Tondelier)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 11 1864

8. AGE: Years	Months	Days	If less than one day
78	10	19	hr. min.

9. Birthplace France (Town, county, and state)

10. Usual Occupation Religious

11. Industry or business

FATHER
12. Name Not Available
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Convent Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-43 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Baltimore Md

18 (a) Funeral director George E. Kelly
(b) Address Sulcoat & Eutaw Sts Baltimore Md

19 (a) FEB 1 1943 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1943, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw her alive on Jan 31 1943.

Immediate cause of death Carcinoma of Stomach — Duration 2 yrs

Due to

Due to

Other Conditions Arteriosclerotic C-V disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McCafferty M.D.
Address Bon Secours Hosp Date signed 2-1-43

G 00554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00554 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Central Police Station
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A.A. Co. Md.
(c) City or town RFD #9 Box 317 Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. Anne Arundel Co.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Q. Adams (John Quincy Adams)

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Rose A. Adams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1895

8. AGE: Years 47 | Months 1 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation radio operator

11. Industry or business Balto. Police Dept.

FATHER
12. Name Geo. E. Adams
13. Birthplace unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Rose A. Adams
(b) Address R. F. D. #9, P.O. Box 317, Brooklyn, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/43 (month) (day) (year)
(c) Cemetery or crematory BALTIMORE
Location Balto., Md.

18 (a) Funeral director WM. J. Tickner & Sons
(b) Address Balto., Md.

FEB 1 – 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/29 1943 at 9.45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to natural death on the day stated above.

Immediate cause of death	Duration
Angina Pectoris	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McCulley M.D.
Medical Examiner.
Date signed 1/30/43

Every item of information should be checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00555

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 00555 Registered No. 1747

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkins Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4912 Palmer Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William C Forsterling (William Charles Forsterling)

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 213 - 03 - 9970

4. Sex: Male **5. Color or race:** White **6 (a) Single, married, widowed, or divorced:** married

6 (b) Name of husband or wife: Henny

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 2/12/1886

8. AGE: Years 56 | Months 11 | Days 19 | If less than one day: hr. min.

9. Birthplace: Germany (Magdeberg) (Town, county, and state)

10. Usual Occupation: Waiter

11. Industry or business: Miller Bros.

FATHER
12. Name: William Forsterling
13. Birthplace: Germany

MOTHER
14. Maiden Name: Johanna Sophie Ernat
15. Birthplace: Germany

16 (a) Informant: Mrs. Henny Forsterling
(b) Address: 4912 Palmer Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 2/6/43 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cem.
Location: Woodlawn, Md.

18 (a) Funeral director: Wm. J. Tickner & Sons
(b) Address: Balto., Md.

19 (a) Received [illegible] Registrar Huntington Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/31 1943 at 5-45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1943, to Jan 31 1943, and that I last saw him alive on Jan 30 1943.

Immediate cause of death	Duration
Cirrhosis of liver	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Cirrhosis of liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur Lansberg

Address St. Agnes Hosp. Date signed 2/1/43

G 00556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. G 00556

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 104 W. 39th Street

(c) Hospital or institution: No

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17

(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 104 W. 39th St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Marie Cora Eugénie Shiff

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4, 1857

8. AGE: Years	Months	Days	If less than one day
85	8	26	hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER — 12. Name Gustave Lucien Shiff

13. Birthplace Paris, France

MOTHER — 14. Maiden Name Margaret Oliver Colt

15. Birthplace Baltimore - Md.

16 (a) Informant Mrs. W. K. Cromwell - Jr.

(b) Address Brightside Rd - Govans

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1 43 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Greenmount Ave. Balto.

18 (a) Funeral director Henry W. Jenkins Son & McCulloh - Orchard

(b) Address —

FEB 1 - 1943

(Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1943, at 4.25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 7 1942 to Jan. 30 1943, and that I last saw her alive on Jan. 30 1943

Immediate cause of death: Heart failure

Uremia

Due to arteriosclerotic heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: Two months. 7-8 mos. Cardiac failure 1 week

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charlotte McCarthy M.D. M. D.

Address 101 Read Street Date signed Feb. 1 - '43

G 00557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

932 Registered No. G 00557

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 604 S. Ann St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 604 S. Ann St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Malinowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Waleria

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-23-59

8. AGE: Years	Months	Days	If less than one day
83	1	8	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name — Malinowski
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mrs. Hyllis Morton
(b) Address 830 S. Lakewood Av

17 (a) Burial (b) Date thereof 2/2/43.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Newman Hill Road

18 (a) Funeral director M. F. Kaeser & Son
(b) Address 1818 E. Eastern Ave

19 FEB 1 - 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1943, at 12 05 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Arteriosclerotic Cardio Vascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert A. Graham M.D.
Medical Examiner.
Date signed Feb. 1 1943

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be furnished, if obtainable. Fee for completing certificate, when supplied, WITH UNFADING INK.

G 00558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G 00558

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 427 S. Dallas Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 427 S. Dallas Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HELEN ZAJACZKOWSKI

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Peter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1868

8. AGE: Years	Months	Days	If less than one day
74	9	5	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name -------- Borkiewicz
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mrs. Anna Gardyan
(b) Address 5518 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Road

18 (a) Funeral director M. J. Salamon & Son
(b) Address 1808 Eastern Ave

19 (a) (b) Huntington Williams, MD Registrar

FEB 1 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31 1943 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1943 to Jan 31 1943, and that I last saw her alive on Jan 30 1943.

Immediate cause of death Cerebro-Pneumonia — Duration 3 days

Due to Primary

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. L. Steuart MD

Address 7002 Ritchie Highway Date signed 1/31/43

G 00559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G 00559 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto City
(b) Street address 104 York St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 York St W, (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edna James

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Albert James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1904

8. AGE: Years 39 | Months 10 | Days — | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Jacob Conway
13. Birthplace Va

MOTHER 14. Maiden Name Annie Nelson
15. Birthplace Va

16 (a) Informant Albert James
(b) Address 104 York St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Co Md

18 (a) Funeral director James A Sayer
(b) Address 142 W Lee St

FEB 1 1943 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-29 1943, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1943 to Jan 29 1943 and that I last saw h[illegible] alive on Jan 29 1943.

Immediate cause of death	Duration
Pneumonia	
Due to (b) Colds	
Due to (c)	
Other Conditions Alcoholism	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James C Cayton M. D.
Address 1016 E Lloyd St Date signed 2-1-43

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The [illegible] should be carefully supplied. The [illegible] PRINTING INK.

00560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 00560 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2532 W. Baltimore
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Donna Lee Carruthers (Birth F 52727)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 17, 1942

8. AGE: Years | Months 7 | Days 12 | If less than one day ... hr. ... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name David Carruthers.
13. Birthplace Baltimore.

MOTHER 14. Maiden Name Mabel Powell.
15. Birthplace Hagerstown Md.

16 (a) Informant David Carruthers
(b) Address 2532 W. Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/1/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick ave

18 (a) Funeral director Thos. J. Kenny
(b) Address 600 Hollins St.

REGISTERED
(Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1943 at 11:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20 1943 to Jan 29 1943 and that I last saw her alive on Jan 29 1943

Immediate cause of death ... Duration

Bronchio-pneumonia ... 6 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. Coles

Address 1 N. Fulton Date signed M-D 1-31/43

G 00561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 00561
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 D. Newkirk St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 64yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 625 D. Newkirk St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Filliaux Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife Margaret M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1878

8. AGE: Years	Months	Days	If less than one day
64	9	8	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Invalid
11. Industry or business

FATHER
12. Name William Filliaux
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Snellgrove
15. Birthplace Baltimore Md

16 (a) Informant Margaret M. Filliaux
(b) Address 625 D Newkirk St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/43 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Baltimore, Md

18 (a) Funeral director Durward L. Covington
(b) Address 21 W. 25th St.

FEB 1 - 1943 Huntington Williams M.D.
(Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1943, at 1:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 16 1942, to Jan 30 1943, and that I last saw him alive on Jan 28 1943.

Immediate cause of death Arteriosclerosis C. V. Disease
Diabetes Mellitus
Coronary Thrombosis

Duration
2-16-42
1-15-43

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eichelmann M.D.
Address 842 S. Exeter Date signed 1-31-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

G 00562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93V

G 00562 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 846 W. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 846 W. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Waters Carrick

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna J. Carrick
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) January 4, 1874

8. AGE: Years	Months	Days	If less than one day
69	-	25	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Real Estate
11. Industry or business

FATHER
12. Name Andrew F. Carrick
13. Birthplace Maryland

MOTHER
14. Maiden Name Clara L. Ardin
15. Birthplace Maryland

16 (a) Informant Mrs Anna J. Carrick
(b) Address 846 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1, 1943 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Md.

18 (a) Funeral director Miller Lamoreaux
(b) Address 1003 W. Baltimore St.

19 (a) FEB 1 - 1943 (b) Huntington Williams M.D.
(Date received by registrar) (Registrar)

VE 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 1943, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1942 to Jan 29 1943, and that I last saw him alive on January 29 1943

Immediate cause of death Coronary Embolism — Duration 1½ dy

Due to Coronary Sclerosis — Duration ? 14 yrs

Due to

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis L. Mann M. D.

Address 516 Cathedral St. Date signed

G 00563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46

G 00563 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2115 Belair Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2115 Belair Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel B. Gantz.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Francis L. Gantz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years 83 | Months | Days | If less than one day hr. min.

9. Birthplace Glen Rock Pa. (Town, county, and state)

10. Usual Occupation Carpenter (Retired)

11. Industry or business R. R.

FATHER 12. Name Charles Gantz.

13. Birthplace Pa.

MOTHER 14. Maiden Name Leah Catherine Bauman

15. Birthplace Pa

16 (a) Informant Leah V. Gantz

(b) Address 2115 Belair Rd.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Feb. 3 1943 (month) (day) (year)

(c) Cemetery or crematory Loudon Park.

Location Frederick Rd.

18 (a) Funeral director C. Emmanuel Bauman

(b) Address 2615 W. Lafayette Ave.

FEB 1 1943 (Date received by Registrar) (b) Huntington Williams Mort. (Signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31, 1943, at 7:40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8 1939 to 1-31- 1943, and that I last saw him alive on 1-31- 1943.

Immediate cause of death — Duration

Gastric Cancer — 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton C. Lang M. D.

Address 2117 Belair Rd. Date signed 2-1-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a

G 00564 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4534 Kennick Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 7
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4534 Kennick Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James W. Moore.
3 (b) If veteran, name war Spanish-American
3 (c) Social Security Account No. none.
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married.
6 (b) Name of husband or wife Elizabeth A Moore
6 (c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) Mar 1, 1862
8. AGE: Years 70 Months 10 Days 30 If less than one day hr. min.
9. Birthplace Va (Town, county, and state)
10. Usual Occupation Sheet Metal Worker
11. Industry or business Edgemont Arms (Retired)

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Elizabeth A Moore.
(b) Address 4534 Kennick Rd.
17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Feb 3 1943 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.
18 (a) Funeral director C Clemens & Son
(b) Address 17 Lebenstum Ave.
FEB 1 [redacted] (Date rec'd by registrar)
(b) Huntington Williamson Md. (Signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31, 1943, at M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1940 to JAN 31 1943, and that I last saw him alive on Jan 31 1943.

Immediate cause of death Coronary Thrombosis — Duration 1 day
Due to Cardio-renal-Vascular disease — 1943
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J M Mclaire M. D.
Address 617 N. 40th St Date signed 1/31/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 G 00565 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 26 N.Rose Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 26 N.Rose Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Bartholome

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George Bartholome
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar.-- 1879

8. AGE: Years	Months	Days	If less than one day
63	10	-	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name ------Carbine
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant George Bartholome
(b) Address 26 N.Rose Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb.2/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore Md.

18 (a) Funeral director Philip Stewig Sons
(b) Address 2024 Orleans Street

FEB 1 1943 Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan.29/43 19 , at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1943 to 19 ; and that I last saw her alive on Jan 28 1943.

Immediate cause of death Cardiac failure — Duration

Due to Chronic myocarditis — 2.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H J Faulkner
Address 100 N. Milton Ave Date signed 2/1/43 M D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00566

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4158 Falls Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4158 Falls Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur L. Little

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
—	216-10-2268	Male	White	Married

6 (b) Name of husband or wife Cora A. Little
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 11-1891

8. AGE: Years	Months	Days	If less than one day
51	8	20	hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)
10. Usual Occupation Pressman
11. Industry or business Baltimore News-Post

FATHER 12. Name Robert O. Little
13. Birthplace Maryland
MOTHER 14. Maiden Name Rachael Smith
15. Birthplace Maryland

16 (a) Informant Mrs. Cora A. Little
(b) Address 4158 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3-1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) Filed Feb 1 1943 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31- 1943, at 1:25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1942 to Jan 31 1943, and that I last saw h[illegible] alive on Jan 30 1943.

Immediate cause of death Carcinoma Lung — Duration 2 mo

Due to Carcinoma of Lung — Duration 2 yrs.

Due to General metastasis Carcinoma — Duration 6 mo.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hubert M. Foster M. D.
Address 2424 St. Paul St Date signed Feb 1-43.

G 00567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

G 00567 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3831 Hathaway Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3831 Hathaway Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES W. K. ARNOLD

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-18-6766

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ella May Arnold

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20-1886

8. AGE: Years 56 | Months 7 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Concreting Foreman

11. Industry or business

FATHER 12. Name Henry L. Arnold

13. Birthplace Md.

MOTHER 14. Maiden Name Mary Alice Haynes

15. Birthplace Carroll Co. Md

16 (a) Informant Mrs. Maye Hood

(b) Address 15 Overbrook Road, Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2-1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Moriah Hampden

Location Baltimore Md.

18 (a) Funeral director Horace F. Burgee

(b) Address 3691 Falls Road Hunting for Williams, M.D.

19 (a) FEB 1 1943 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1943, at 8:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Osteogenic sarcoma of left arm	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Asst. Medical Examiner.

Date signed 1-31-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 H

G 00568 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3831 Hamburg Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3831 Hamburg Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ELLA MAY ARNOLD

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Charles H. K. Arnold
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28-1884

8. AGE: Years	Months	Days	If less than one day
58	1	2	hr. min.

9. Birthplace Savage, Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name David Reely
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna Reben
15. Birthplace Maryland

16 (a) Informant Mrs. Althea Parrish
(b) Address 3658 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2-1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Maria Hampden
Location Baltimore, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3621 Falls Road Williamsport, Md.

FEB 1 - 1943 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1943, at 8:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Asphyxiation,	
Due to Carbon monoxide	
Due to	
Other Conditions ko	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: ko
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence Jan 30 1943 at 8 P.M.
(c) Where did injury occur? Home Baltimore Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? ko
(Specify type of place)
(e) Means of injury Escaping gas from stove

23. Signature H. L. Williams M.D.
Medical Examiner.
Date signed 1-31-43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 00569 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 612 S. Ponca St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 96 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 S. Ponca St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME SOPHIA J. GEORGE

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife George A. George

6 (c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) April 6, 1864

8. AGE: Years	Months	Days	If less than one day
78	9	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Adam Scheusler
13. Birthplace Don't know

MOTHER
14. Maiden Name Caroline Miller
15. Birthplace Germany

16 (a) Informant John A. George
(b) Address 612 S. Ponca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3, 1943 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate, Md.

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St.

19 (a) (Date rec'd by registrar) (b) Baltimore Md

VS 3 FEB 1 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30, 1943 at 8:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 23 1943 to Jan 30 1943, and that I last saw her alive on Jan 30 1943

Immediate cause of death — Duration

Chronic Myocarditis

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Adam A Tod M. D.
Address 1126 Dundalk Ave. Date signed Jan 31 43
Baltimore Md

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00570

428998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44a

G 00570 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mattie White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	widowed.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [redacted] 1894

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housework.

11. Industry or business

FATHER
12. Name Charles H. LeCato
13. Birthplace Va.

MOTHER
14. Maiden Name Clara Poulson
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 2 3 43 (month) (day) (year)
(c) Cemetery or crematory Accomac
Location Virginia

18 (a) Funeral director Mrs Ida Baily
(b) Address 1321 Jefferson St.

FEB 1 - 1943 (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 1943 at 12 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 26 1943 to Jan. 31 1943 and that I last saw her alive on Jan. 31 1943

Immediate cause of death Cardiac failure

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1/27/43

Major findings of operation Lymphosarcoma - Uterine fundus - Adnexa

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jimmy J. Sherman M.D. M. D.
Address Johns Hopkins Hosp. Date signed 1-31-43

G 00571

BALTIMORE CITY HEALTH DEPARTMENT ✓ 94a

CERTIFICATE OF DEATH

G 00571 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3017 Frederick Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3017 Frederick ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ALBERT M. WEAVER

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-6869

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	Married

6 (b) Name of husband or wife Roseanna Weaver
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) March 16, 1875

8. AGE: Years	Months	Days	If less than one day
67	10	15	hr. min.

9. Birthplace York, Pa. (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business Fairfield Ship Yard

FATHER
12. Name Francis Weaver
13. Birthplace York, Pa.

MOTHER
14. Maiden Name Susanna —
15. Birthplace Pa.

16 (a) Informant Rosanna Weaver
(b) Address 3017 Frederick ave

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory ST. PATRICK
Location YORK - PA.

18 (a) Funeral director F. B. WIPPERT, SON
(b) Address 312 E. King St. York, Pa. Huntington Pallbearer, Md.

19 (a) FEB 1 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1943, at 12 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions no — Duration

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. A. Wallenmeyer M.D. Medical Examiner.
Date signed 1-31-43

VS 6

Please fill in all items. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly

428033 G 00572 BALTIMORE CITY HEALTH DEPARTMENT ✓ G 00572

CERTIFICATE OF DEATH 46E

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County CARROLL
(c) City or town Sykesville (If outside city or town limits, write RURAL and give town)
(d) Street No. Route 1 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Levi Sheppard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	BLACK	MARRIED

6 (b) Name of husband or wife Queenetta
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) 6-12-81

8. AGE: Years	Months	Days	If less than one day
61	7	19	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Samuel Sheppard
13. Birthplace ?

MOTHER
14. Maiden Name Charlotte Dorsey
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4 1943 (month) (day) (year)
(c) Cemetery or crematory White Rock
Location near Sykesville Carroll Co.

18 (a) Funeral director J. H. Snyder
(b) Address Mt. Airy

19 FEB 1 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JAN 31 1943, at 8 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 1 1943. to JAN 31 1943. and that I last saw him alive on JAN 31 1943.

Immediate cause of death Respiratory Failure — Duration
Due to Cachexia
Due to Carcinoma of Colon at splenic flexure & metastases to liver — >3 mos.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy Confirms above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leslie A. Easterday M. D.
Address Johns Hopkins Hosp. Date signed 2-1-43

G 00573 JL - 78824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 00573 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1[illegible] S. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Williams Blodgett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1877

8. AGE: Years	Months	Days	If less than one day
65	6	1	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business Hohn & Hohn

FATHER
12. Name George Blodgett
13. Birthplace Md.

MOTHER
14. Maiden Name Jennie Gerneal
15. Birthplace Eastern Shore Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL FEB. 1 1943
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) FEB 1 1943 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 150

9778 Baltimore City Health

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-21 - 1943, at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-7 1943 to 1-21 1943, and that I last saw h[illegible] alive on 1-21 1943.

Immediate cause of death Decompensation

Due to ARTERIOSCLEROTIC HEART DISEASE

Due to

Other Conditions Primary fracture Collateral Scrotal Hernia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: No

Duration
10 days
14 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature
Address Date signed 1/[illegible]/43 M. D.

G 00574 JL- 12611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G 00574 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 yr 5 mo
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1145 May St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Chester

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife George (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. ? 1882

8. AGE: Years	Months	Days	If less than one day
60 61?	?	?	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name George Jones
13. Birthplace ?

MOTHER
14. Maiden Name Rachael ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or Crematory UNIVERSITY MEDICAL SCHOOL FEB 1 1943
Location Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) FEB 1 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

97979

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-18 1943, at 3:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-26 1932 to 1-18 1943, and that I last saw her alive on 1-18 1943.

Immediate cause of death	Duration
Cardiac decompensation	1 mo
Due to Hypertensive Arterio-Sclerotic Heart disease	5 yrs
Due to	
Other Conditions Old widel Hem — Pleg (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Mattman M. D.
Address Baltimore City Hosp. Date signed 2/1/43

G 00575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G 00575 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Blanche Miller 78984

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1905

8. AGE: Years 37 | Months 5 | Days 27 29 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Miller
13. Birthplace ?

MOTHER
14. Maiden Name Cherrie Ingleman
15. Birthplace ?

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL FEB 1 1943

18 (a) Funeral director Commissioner of Health
(b) Address
FEB 1 1943 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 150

9780

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 8 19 43, at 4:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 19 43, to Jan. 8 19 43, and that I last saw her alive on Jan. 8 19 43

Immediate cause of death
Pulmonary tuberculosis — Duration: 1 yr?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alice Hertz
Address Balto City Hosp. Date signed Feb 6

G 00576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130

Registered No. G 00576

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 918 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 227 S. Spring St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert McGlaughlin 57273

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1874

8. AGE: Years	Months	Days	If less than one day
68	4	26	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Samuel
13. Birthplace ?

MOTHER 14. Maiden Name Eliza Thomas
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL FEB 1 1943 Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) FEB 1 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 14 1943, at 4:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1940, to Jan. 14 1943, and that I last saw him alive on Jan. 14 1943.

Immediate cause of death	Duration
Pulmonary tuberculosis	3½ yrs.
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation	
of autopsy No	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Halto City Hosp. Date signed 1-29-43

VS 180

9781

G 00577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 Registered No. G 00577

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 N. Dallas St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME June Horsey (Birth F 64344)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-7-42

8. AGE: Years | Months: 6 wks | Days: 17 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Leon Horsey
13. Birthplace Md.

MOTHER
14. Maiden Name Virginia Perry
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL FEB 1 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) FEB 1 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 24 1943 at 1 8 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21 1943 to Jan. 24 1943, and that I last saw her alive on Jan. 24 1943.

	Duration
Immediate cause of death: Respiratory Failure	
Due to: Pneumonia	4 days
Due to: Diabetes Mellitus	4 days 12 hrs
Other Conditions: Paralytic Ileus	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert D. Solomon M.D.
Address Johns Hopkins Hospital Date signed 1/25/43

1782

G 00578 ✓ X G 00578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Homeopathy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7410 Old Harford Rd. (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Samuel K. A. Goldsborough.

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 215-03-8172

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Hester E. Lightner

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 3, 1901

8. AGE: Years	Months	Days	If less than one day
42	8	27	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Asbestos Pipe Covering
11. Industry or business Wallace & Hale Co.

FATHER
12. Name Loyd Goldsborough
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Clara Knopfe
15. Birthplace Baltimore, Md.

16 (a) Informant Hester E. Goldsborough
(b) Address 7410 Old Edmford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-43 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Avenue

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N Broadway

19 (a) FEB 3 1943 (Date rec'd by registrar) (b) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/30 1943, at 9:55 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to 4 Aug 1 death on the day stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
(Verified) of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature Hugh B. MacNally M.D. Medical Examiner.
Date signed 2/1/43.

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G 00579 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CLARA NAOMA AVERY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife John T. Avery
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1869

8. AGE: Years	Months	Days	If less than one day
73	7	19	hr. min.

9. Birthplace Bala, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name George Washington Buhl
13. Birthplace Baltimore Co.

MOTHER
14. Maiden Name Melinda Long
15. Birthplace Greensburg Pa.

16 (a) Informant Mrs. Ida Virginia Avery
(b) Address 1603 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2 1943 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location

18 (a) Funeral director H. Sander & Son
(b) Address North Ave. & Broadway

FEB 1 1943 Huntington Williams, M.D. Registrar
(Date received by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28 1943, at 11 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions No — Duration

(Include pregnancy within 3 months of death)

Date of operation No — Duration

Major findings of operation: — Duration

of autopsy: No — Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. L. Wallenmeyer M.D.
Asst. Medical Examiner.
Date signed 1-29-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46F

G 00580 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1039 S. Hanover St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1039 Hanover St. (If rural give location)
(e) Citizen of foreign country? ~~no~~ (Yes or No) If yes, name country

3 (a) FULL NAME WALTER SCHLOMAN.

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Married

6 (b) Name of husband or wife Mary Schloman
6 (c) If dead, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1861

8. AGE: Years	Months	Days	If less than one day
81	7	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Funeral Director
11. Industry or business

FATHER
12. Name Earnest Schloman
13. Birthplace Germany.

MOTHER
14. Maiden Name Margaret Middlekamp
15. Birthplace Baltimore.

16 (a) Informant Mrs. Mary Schloman
(b) Address 1039 Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/43 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore, City.

18 (a) Funeral director C. Vernon Lemmon.
(b) Address 4611 Park Heights.

19 (a) FEB 1 1943 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29, 1943, at 3 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/11/41 to 1/29/43, and that I last saw him alive on 1/28/ 1943.

Immediate cause of death Malignancy (carcinoma) involving gall-bladder and liver with general metastases — 1 yr. 9 mos. 18 days

Due to —

Due to —

Other Conditions None —

(Include pregnancy within 3 months of death)

Date of operation Dec. 2, 1942

Major findings of operation: carcinoma of gall-bladder and liver, with metastases into pancreas, stomach, etc.

If autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deiel M.D.

Address 1226 Hanover St Date signed 2/1/43 M D

Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Every item of information should be [illegible]

G 00581

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

160 C

G 00581 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 dy
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 513 Edgewood St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes name country

3 (a) FULL NAME Baby Boy Trail (Birth F 68031)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 30, 1943

8. AGE: Years	Months	Days	If less than one day
			6 hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Herbert C. Trail
13. Birthplace Md.

MOTHER
14. Maiden Name Nettie Ashburne
15. Birthplace Va.

16 (a) Informant Mr. Herbert C. Trail
(b) Address 513 Edgewood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1943 (month) (day) (year)
(c) Cemetery or crematory Presbyterian Cem. Location Granite, Md.

18 (a) Funeral director A. Harry Weis
(b) Address Lochearn, Md.

19 (a) FEB 1 - (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 30 1943, at 4.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-30 1943 to 1-30 1943 and that I last saw him alive on 1-30 1943.

Immediate cause of death Prematurity 7 months — Duration 7 months
Due to
Due to
Other Conditions Breech Delivery
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature L. C. Tompsakor
Address West Balto. Gen. Hospital Date signed 1/30/43 M.D.

VS 3

G 00582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G 00582 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Herman Buehlmeir

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Isabella Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name August
13. Birthplace New York

MOTHER
14. Maiden Name Caroline Goodsmith
15. Birthplace New York

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Cummings Ave

19 (a) FEB 2 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION 10 p. m.

20. DATE OF DEATH Jan. 28 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1943 to Jan 28 1943, and that I last saw him alive on Jan 28 1943.

Immediate cause of death

Edema of Lungs — Duration 2 day

Due to Chronic Myocarditis — Duration 3 yr

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed 1/31/43

00583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 93 D G 00583

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1034 Aisquith Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1034 Aisquith St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna McCormick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife John McCormick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29th, 1855

8. AGE: Years	Months	Days	If less than one day
87	1	1	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Krener
13. Birthplace Germany

MOTHER
14. Maiden Name Angela ?
15. Birthplace Germany

16 (a) Informant Miss Mary McCormick
(b) Address 1034 Aisquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) Date received FEB 2 1943 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1943, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1941 to Jan 30 1943, and that I last saw h[illegible] alive on Jan 30 1943

Immediate cause of death	Duration
Senility	?
Due to Chronic Myocarditis	?
Due to arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Silverfarb, M.D.
Address 714 E. Preston Date signed 1/31/43

G 00584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00584 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Katherine Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Colored	Widowed

6 (b) Name of husband or wife Robert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
81			hr. min.

9. Birthplace Charles Co. Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Henry Hawkins
13. Birthplace Charles Co. Md.

MOTHER
14. Maiden Name Matilda Brown
15. Birthplace Charles Co. Md.

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3. 1943 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Communipaw Ave
FEB 2 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31 1943, at 10.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 - 1943, to Jan 31 - 1943. and that I last saw her alive on Jan 30 1943.

Immediate cause of death — Duration

Edema of Lungs — 1 day

Due to Mitral Stenosis — 10 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury E Fell Dead MD

23. Signature M. D.
Address 1631 E Baltimore Ave Date signed 2/1/43

00585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 00585 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1227 E. Eager St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1227 E. Eager
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Harrison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	M

6 (b) Name of husband or wife Benjamin Harrison
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1903

8. AGE: Years	Months	Days	If less than one day
39	11	29	hr. min.

9. Birthplace Edgecomb Co. N. C.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jacton Ford
13. Birthplace Edgecomb Co. N. C.

MOTHER
14. Maiden Name Nathan Ann Battle
15. Birthplace Edgecomb Co. N. C.

16 (a) Informant Benj. Harrison
(b) Address 1227 E. Eager

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-43 (month) (day) (year)
(c) Cemetery or crematory Jerusalem cem.
Location Whitakers N. C.

18 (a) Funeral director Byron & Mamie Wright
(b) Address 721 Dusquith St.

19 (a) Washington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31 1943, at 4 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25 1943, to Jan. 31 1943 and that I last saw h.... alive on Jan. 31 1943.

Immediate cause of death: Cyto suprarenditis pleurisy edema
Due to: Lobar Pneumonia
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration: 1 Day, 1 Day, 7 Days

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dow. L. Berry M. D.
Address 1420 E. Chase Date signed 2-1-43

FEB 7 - 1943

VS 3

correct age is especially important. Physicians: please write the causes of death clearly

G 00586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 ✓ Registered No. G 00586

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 407 Annabel Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 Annabel Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma M Stewart

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Married

6 (b) Name of husband or wife Franklin S
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2 1898

8. AGE: Years	Months	Days	If less than one day
44	9	27 29	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation H W
11. Industry or business

FATHER
12. Name Charles Bailey
13. Birthplace Md

MOTHER
14. Maiden Name Mary A Walters
15. Birthplace Md

16 (a) Informant Jno Franklin S Stewart
(b) Address 407 Annabel ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

FEB 2 1943 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1943 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/27/1941 to 1/31/1943, and that I last saw her alive on Jan. 31, 1943.

Immediate cause of death: Carcinoma of the lower bowel with general — Duration: 1 yr. 3 mos. 4 days.
Due to: metastases.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Colostomy resection portion of bowel.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deitel
Address 1226 Hanover St. Date signed 2/1/43

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any item of information should be given if possible. Supplying the

00587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930

G 00587 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2718 N. Howard St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2718 N. Howard St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HERBERT W. ANDERSON

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Beatrice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1,1875

8. AGE: Years	Months	Days	If less than one day
67	7	29	hr. min.

9. Birthplace Annapolis, Md. (Town, county, and state)

10. Usual Occupation Contractor

11. Industry or business Self

FATHER

12. Name John Anderson

13. Birthplace Annapolis, Md.

MOTHER

14. Maiden Name Victoria Starlings

15. Birthplace Virginia

16 (a) Informant H. Wilson Anderson

(b) Address 100 W. 28th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/43 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Woodlawn, Md.

18 (a) Funeral director Williams & Colvin Inc

(b) Address 1217 E. Pratt St

19 (Date received by registrar) FEB 2 1943 Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30th 1942, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1941 to Jan 30 1942, and that I last saw h/ Malive on Jan 30 1942.

Immediate cause of death

Carcinoma Fountain — Duration 12 hrs.

Due to Chronic Myocarditis — 2 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Arthur J. Davis M. D.

Address 800 W 33rd Date signed 2-1-43

G 00588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 B

Registered No. G 00588

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5003 Ross Rd Hamilton
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 47
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town) Hamilton
(d) Street No. 5003 Ross Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Frank R. Coleman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 8th 1851

8. AGE: Years	Months	Days	If less than one day
91	2	13	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name H. Kurtz
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Helen Stockley
(b) Address 5003 Ross Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 27 St. Paul St

19 (a) Filed FEB 2 1943 (b) Registrar Hon Hunting for Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1st 1943 at 9:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1942 to Jan 30 1943 and that I last saw her alive on Jan 30 1943

Immediate cause of death Cerebral Embolism — Duration 1 hr

Due to Arteriosclerosis — Duration 20 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph H. Zierler M. D.
Address 23 W Eutaw St Date signed 2/1/43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

G 00589

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 E. 20th St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 310 E. 20th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mary Catherine Telle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Herman Telle
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 1st 1852
8. AGE: Years: 91 | Months: 1 | Days: 0 | If less than one day: hr. min.
9. Birthplace: Balto Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name: Henry Fitzburger
13. Birthplace: Unknown

MOTHER
14. Maiden Name
15. Birthplace: Germany

16 (a) Informant: Mary C. Telle
(b) Address: 310 E. 20th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/43 (month) (day) (year)
(c) Cemetery or crematory: Lorraine
Location: Balto Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 127 St Paul St

19 (a) Filed (b) Registrar

FEB 2 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 1st 1943, 5:30 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1942 to Feb 1st 1943, and that I last saw h[er] alive on Jan 31 1943

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day

Due to: Generalized arteriosclerosis — 10 yrs.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Herman Fitzburger M.D.
M. D.
Address: 604 Biddle St Date signed 2/1/43

00590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 31 G 00590

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1840 E. Chase St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1840 E. Chase St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louisa Brown Mills

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Geo. H. Mills
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
69 68			hr. min.

9. Birthplace Md. (town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Jacob Wilson
13. Birthplace Unknown

MOTHER
14. Maiden Name Fancy ?
15. Birthplace Unknown

16 (a) Informant Ruth Libbs
(b) Address 1840 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/43 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bramley ave

19 (a) FEB 2 - 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31 1943, at 12:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1943 to Jan 31 1943. and that I last saw h alive on Jan 30 1943

Immediate cause of death
Acute hemorrhagic pneumonitis
Acute gastritis
Duration 1 day 3 days 3 mos

Due to
Chr. nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dan'l. Berry M. D.
Address 1420 E. Chase Date signed 2-1-43

G 00591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931 Registered No. G 00591

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 419 N. Pine St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 419 N. Pine St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Leroy Martin

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M. | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 18[illegible]

8. AGE: Years 46 | Months 6 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Concessionaire

11. Industry or business man

FATHER 12. Name John W. Martin Jr.
13. Birthplace

MOTHER 14. Maiden Name Laura V. Jones
15. Birthplace

16 (a) Informant Laura Mitchell
(b) Address 419 N. Pine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/43 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bloomsbury Ave

19 (a) [illegible] (b) Huntington Williamsport Md.

FEB 2 - 1943

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 28, 1943, at 11:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1943 to Jan 28 1943 and that I last saw him alive on Jan 28 1943.

Immediate cause of death Myocarditis — Duration 6 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Gray, M. D.
Address 7 W. Pleasant Date signed 2/1/43

G 00592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

2nd G 00592

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2427 Fleet Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 2427 Fleet Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Chrzanowski

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ wife Regina Chrzanowski
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) 1875 ?

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business B.& O.RR Co.

FATHER
12. Name Ambrose Chrzanowski
13. Birthplace Poland

MOTHER
14. Maiden Name Antonina ? Unknown
15. Birthplace Poland

16 (a) Informant Regina Chrzanowski (Wife)
(b) Address 2427 Fleet Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-43 (month) (day) (year)
(c) Cemetery or crematory St, Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George A Weber
(b) Address 705 So Linn Wm Street (Hunting or Milton Ave, Md)

19 (a) FEB 2 1943 (Registrar)
(b) Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1943, at 7.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2, 1943 to Jan. 30, 1943 and that I last saw him alive on Jan 30, 1943

Immediate cause of death

Bronchial Pneumonia — Duration 2 days

Due to Terminal

Due to

Other Conditions Chronic valvular heart disease — Duration several years

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature John J Kreger M. D.
Address 262 N Eastern Ave Date signed 2/4/43

G 00593

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 00593 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 220 S. Wolfe ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 220 S Wolfe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Goralski

3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of ~~husband~~ wife Frances Goralski
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) March 20-1877

8. AGE: Years	Months	Days	If less than one day
65	10	11	hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation Laborer L.D
11. Industry or business City of Baltimore S.C. Dept

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Josephine Goralski Daughter-in-law
(b) Address 576 So. Ellwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-43 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md

18 (a) Funeral director George A. Walther Baltimore, Md.
(b) Address 705 - Lombard to Street

19 (a) FEB 2 1943 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31 1943, at 3 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry & inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Cause of death	Duration
Immediate cause of death Chronic Myocardial degeneration	
Due to Bronchial asthma	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Feb. 1 1943.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully checked.

G 00594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00594

correct age is especially important. Physicians: please write the causes of death clearly. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3406 Cedardale Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3406 Cedardale Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florence Evelyn Cook

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John Benjamin Cook
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 14 - 1891

8. AGE: Years	Months	Days	If less than one day
51.	5.	17.	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Wife President of
11. Industry or business Powder Amusement Co

FATHER
12. Name Oliver Harrison Disney.
13. Birthplace Owings Mills Md.

MOTHER
14. Maiden Name Henrietta Mc-Crea Shannon
15. Birthplace Harrisville Md.

16 (a) Informant Howard A. Disney.
(b) Address 1213 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3 1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem. Location Baltimore Md.

18 (a) Funeral director Maurice Cook Dyer
(b) Address 1601 N. Howard St.

19 (a) FEB 2 1943 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31. 1943. at 9:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 18, 1943. to Jan. 31, 1943. and that I last saw her alive on Jan. 31, 1943.

Immediate cause of death Uraemia — Duration 14 days

Due to Carcinoma of uterine cervix with extensions to bladder

Due to Cancer of uterus & paravesical — Duration 2½ yrs

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice E. Shannon M. D.
Address 3300 W. Dorsey Line Date signed 2/1/43

VS 3

G 00595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93N

G 00595 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + 33rd Sts.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 Lambeth Rd.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Ferdinand Diehl

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-03-4644

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mattie V. Diehl
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21, 1874

8. AGE: Years	Months	Days	If less than one day
68	9	10	hr. min.

9. Birthplace Baltimore, Baltimore Co. Md. (Town, county, and state)
10. Usual Occupation Insurance
11. Industry or business

FATHER
12. Name Chas. F. Diehl
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Baumgartner
15. Birthplace Germany

16 (a) Informant Mrs. C. F. Diehl
(b) Address 211 Lambeth Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/43 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto. Md.

18 (a) Funeral director Harold Sommerville Sons
(b) Address 1902 Eutaw Pl. Attending for Williams, Mgr.

19 (a) FEB 2 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1943 at 11:40 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 13 1943 to Feb 1 1943, and that I last saw him alive on Feb 1 1943.

Immediate cause of death	Duration
Cardiac - respiratory failure	
Due to Myocardial infarction	5 wks.
Due to Hypertensive arteriosclerotic cardiovascular disease	? yrs.
Other Conditions Uremia	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Douglas Lombard M. D.
Address Union Memorial Hosp. Date signed 2/1/43

VS 150

G 08596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00596 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3905 Cold Spring Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3905 Cold Spring Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond Davis (Ray Sands Davis)

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-6347

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Emma Ranch Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/6/1883

8. AGE: Years	Months	Days	If less than one day
59 ~~60~~	1	25	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation Jeweler
11. Industry or business A. H. Fetting

FATHER
12. Name Kelso Davis
13. Birthplace Balto.

MOTHER
14. Maiden Name Letitia Smith
15. Birthplace Balto.

16 (a) Informant Mrs. Emma Rauch Davis
(b) Address 3905 Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/43 (month) (day) (year)
(c) Cemetery or crematory Oaklawn Cem.
Location Balto.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

FEB 2 - 1943 (Date rec'd by registrar)

(b) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1943, at 2 45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (or inquiry) thereon and from the evidence obtained by said autopsy (or inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Feb. 1 1943

VS 8

Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G 00597

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3217 Howard Park Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3217 Howard Park Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY FRANCES MARTIN

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife H. Irving
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1867

8. AGE: Years	Months	Days	If less than one day
75	3	28	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name John H. Harvey
13. Birthplace Baltimore

MOTHER
14. Maiden Name Margaret Whitehill
15. Birthplace Wappingers Falls, N. Y.

16 (a) Informant Mr. H. Irving Martin
(b) Address 3217 Howard Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(Address) Balto., Md.

19 FEB 2 - 1943 (Date rec'd by registrar) (b) Filed by Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31, 1943 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1924 to Jan 31 1943, and that I last saw h. alive on Jan 31 1943

Immediate cause of death Generalized Arteriosclerosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Turner M. D.
Address 11 E. Chase St Date signed 2/1/43

G 00598 ✓ G 00598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1a Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 919 Argyle Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 919 Argyle ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Frances Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 29, 1900

8. AGE: Years 42 | Months 10 | Days 1 | If less than one day hr. min.

9. Birthplace Catonsville Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mary Brown
(b) Address 919 Argyle ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1943 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cemetery
Location

18 (a) Funeral director Adolphus Hall
(b) Address 9 S. Eutaw St. Hall

19 (a) FEB 2 1943 (Date rec'd by Registrar) Hunting for William

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1943 at 4 o'clock M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1942 to Jan 30 1943 and that I last saw her alive on Jan 30 1943.

Immediate cause of death: Amoeb intestinal nephritis — Duration: History indefinite

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Garland Admiell M. D.
Address Date signed

G 00599

439194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/N

G 00599 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 326 N. STRICKER (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Beatrice Knight (Holloway)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: BLACK | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Albert

6 (c) If alive, give age: 33 years

7. Birth date of deceased (mo., day, yr.): 11-16-07

8. AGE: Years: 35 | Months: 2 | Days: 15 | If less than one day: hr. min.

9. Birthplace: PA (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Carson Swann
13. Birthplace: Pa.

MOTHER
14. Maiden Name: CHRISTINE JENKINS
15. Birthplace: Pa Va.

16 (a) Informant: RECORDS
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof: 2 3 1943 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary
Location

18 (a) Funeral director: A Boothe Hatfield
(b) Address: Edward Wallace

19 (a) FEB 3 1943 (Date rec'd by registrar) (b) Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH: JAN 31 1943, at 5.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 30 1943 to JAN 31 1943, and that I last saw her alive on JAN 31 1943.

Immediate cause of death: Uremia — Duration: not known

Due to: Arteriosclerotic nephritis

Due to

Other Conditions: Hypertensive Cardiovascular disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: David Hart M. D.

Address: J H H Date signed: 2-1-43

Huntington Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 00600

CERTIFICATE OF DEATH

131W G 00600

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2105 Division St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Turner

If U. S. Veteran specify WAR

(a) Residence: No. 2105 Division St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	cr	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2 mo.	unknown	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Alice, Otto

(Address) 2171 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Orleans Date 2-2-43 19

19. UNDERTAKER George L. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED FEB 2 - 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 30, 1943

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1943 to Jan 30, 1943

I last saw h alive on Jan 20, 1943 Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal	1
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Wheatley M. D.

(Address) 1230 Druid Hill Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V2 9

G 00601 G 00601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 130

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 807 Eutaw St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 807 Eutaw St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Kendall
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex F
5. Color or race W
6 (a) ~~Single~~, married, widowed, or ~~divorced~~
6 (b) Name of husband or wife Bernie Kendall
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 18 1887
8. AGE: Years 55 Months 8 Days 12 If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business Pvt. Family
MOTHER
12. Name
FATHER
13. Birthplace
MOTHER
14. Maiden Name Wilkinson
15. Birthplace "
16 (a) Informant Bernice Smith
(b) Address 807 Eutaw
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location
18 (a) Funeral director George L. Kelson
(b) Address 2343 Presstman St
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/30/43 19 , at 9.1 M
21. I certify that death occurred on the date above stated; that I attended deceased from 1/27/43 to 1/28/43 19 and that I last saw him alive on 1/27/43
Immediate cause of death Cerebral Hemorrhage Duration 8 hrs
Due to High blood pressure
Due to
Other Conditions Myocarditis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Helen Ellis M. D.
Address 824 Madison Date signed 2/1/43

FEB 83

VS 3

Please answer all questions as completely as possible. Information should be carefully supplied. The words "unknown" or "not applicable" are especially important. Physicians: please write the causes of death clearly and legibly.

Marquer G 00602 ✓ G 00602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 412 N. Lucerne Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Andrew Laumann

3 (b) If veteran, name war —

3 (c) Social Security Account No 220-14-5866

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Maude Laumann

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) May 17 1874

8. AGE: Years	Months	Days	If less than one day
68	10	14	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Apt Supt

11. Industry or business

FATHER 12. Name Lee Laumann
13. Birthplace Philadelphia Pa

MOTHER 14. Maiden Name Barbara Snyder
15. Birthplace Philadelphia

16 (a) Informant Russell R Laumann
(b) Address 1617 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4th (month) (day) (year)
(c) Cemetery or crematory Pet Lawn Cem
Location Catly

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E. Oliver St

19. (a) (b) Huntington Williams, M.D. Registrar

Filed by me FEB 2 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1 1943, at 7 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said autopsy & inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: no

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Gutow M.D. Medical Examiner.
Date signed Feb. 1 1943

Please write as especially important. Physicians: please write the causes of death clearly and legibly. Omission or incorrect information should be carefully supplied.

G 00603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6

G 00603 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1920 Mosher St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Angela Wachter.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	None	F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6/14/1938

8. AGE: Years	Months	Days	If less than one day
4	7	17	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation -
11. Industry or business -

FATHER
12. Name Otto Wachter
13. Birthplace Jersey City, N. J.

MOTHER
14. Maiden Name Angela Fuller
15. Birthplace Baltimore Md.

16 (a) Informant Angela Wachter (mother)
(b) Address 1920 Mosher St.

17 (a) Burial (b) Date thereof 2/2/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wilhoit & Cook Inc
(b) 1219 E. Fort Ave

19 (a) FEB 2 - 1943 (b) Huntington Williamsport Md
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/1 19 43 at 2.00 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to natural death on the day stated above.

Immediate cause of death	Duration
Meningococcic Meningitis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McNulty M.D.
Medical Examiner.
Date signed 2/1/43.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any information should be checked and supplied.

G 00604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00604
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: US Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days): 3 da
(e) Length of stay in Baltimore (yrs., mos., or days): 8 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County: Baltimore
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 9410 Harford Road-Baltimore, Md.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3 (a) FULL NAME: EDWARD LEE WARREN, Jr.

3 (b) If veteran, name war: CG-present war

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Amelia Biermot
6 (c) If alive, give age: 23 years

7. Birth date of deceased (mo., day, yr.): Nov. 7, 1902

8. AGE: Years	Months	Days	If less than one day
40	2	24	hr. min.

9. Birthplace: Portsmouth, Virginia
(Town, county, and state)

10. Usual Occupation: Machinist Mate, 1st Class

11. Industry or business:

FATHER
12. Name: Edward L. Warren
13. Birthplace: Portsmouth, Virginia

MOTHER
14. Maiden Name: Elizabeth BALLentine
15. Birthplace: Portsmouth, Virginia

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 3-1943 (month) (day) (year)
(c) Cemetery or crematory: Portsmouth, Virginia
Location:

18 (a) Funeral director: Lott & B. M. Watters
(b) Address: Pratt & Stricker Sts

19 (a) (Date rec'd by registrar) (b) Registrar: Huntington Williams, M.D.

FEB 2 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 31, 1943, at 7:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 28, 1943 to Jan. 31, 1943 and that I last saw him alive on Jan. 31, 1943

Immediate cause of death	Duration
Bronchopneumonia, bilateral;	3 da
Cerebral hemorrhage, subarachnoid	3 da
Due to Meningococcus meningitis, epidemic	4 da.
Due to	
Other Conditions Rheumatic heart disease, mitral valvulitis	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: L. D. Thomas, M.D.
Address: US Marine Hospital, Baltimore, Maryland.
Date signed: 2/1/43.

JL - 31255 G 00605 BALTIMORE CITY HEALTH DEPARTMENT G 00605

CERTIFICATE OF DEATH 87C

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave,
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 41 S. Stricker St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME J. Allison Holland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	?

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1903

8. AGE: Years	Months	Days	If less than one day
40	0	12	hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER 12. Name Donald McDonald

13. Birthplace N. C.

MOTHER 14. Maiden Name Margaret Hankins

15. Birthplace N. C.

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3-1943 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location City

18 (a) Funeral Director Wm. E. & B. M. Walter

(b) Address Brad & Stricker Sts

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

FEB 3 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/31 1943, at 9:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1938 to 1/31 1943 and that I last saw him alive on 1/31 1943

Immediate cause of death Pneumonia

Duration 5 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Mathman, M.D.

Address Balto. City Hospitals Date signed 1/31

PAUL MATHMAN, MD

G 00606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93

G 00606 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 305 Gwynn Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 - 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 305 Gwynn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bessie M. Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Separated

6 (b) Name of husband or wife Reginald L. Butler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 9, 1891

8. AGE: Years 51 | Months 11 | Days 23 22 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business at Home

FATHER
12. Name Charles Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Seamore
15. Birthplace Md.

16 (a) Informant Mrs Mary J. Kleiz
(b) Address 1264 Sergeant St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/43 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Cem.
Location Washington Blvd.

18 (a) Funeral director John J. Leonard & Son
(b) Address 901 Hollins St.

19 (a) (Date received by Registrar) FEB 8 1943 (b) Registrar Hunting Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 at 1943 at 10 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1942, to Jan 31 1943, and that I last saw h alive on 19

Immediate cause of death	Duration
Congestive Heart Failure	6 Mos.
Due to Rheumatic Heart disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles Townsend M.D.
Address 910 W. Lombard Date signed 2/1/43

Correct age is especially important. Physicians: please write the causes of death clearly and fully. The

G 00607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

G 00607 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1207 S. Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 S. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Wheeler

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Robert E.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 9, 1868

8. AGE: Years	Months	Days	If less than one day
74	8	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name David Seymour
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Maryland

16 (a) Informant Mrs. James Wheeler
(b) Address 1238 W. Ostend St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director John F. Cowan & Son
(b) Address 901 Hollins St.

19 (a) (Date received by Registrar) FEB 2 1943 Registrar M

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1 1943 at 12 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/6/42 to Feb 1 1943, and that I last saw h alive on 19

Immediate cause of death: (a) Chronic Nephritis — Duration 5 Month
Due to
Due to
Other Conditions Dropsy — 60 Days
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard Dram M.D.
Address 727 Madison Ave Date signed 2/5/43

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Errors, omissions or illegible information should be supplied by the physician.

Morgan. G 00608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00608 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2120 Eagle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2120 Eagle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roger Paul O'Dea

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1939.

8. AGE: Years	Months	Days	If less than one day
3	2	30	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Leo Anthony O'Dea
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Catherine Rainey
15. Birthplace Balto, Md.

16 (a) Informant Leo A. O'Dea
(b) Address 2120 Eagle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md.

18 (a) Funeral director Wilbur C. Fox
(b) Address 1211 E. Fayette St. Williams Mortuary

19 (a) FEB 2 1943 (Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31 1943, at 11:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

	Duration
Immediate cause of death Acute Meningococcic meningitis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard Lee Gratacap M.D.
Medical Examiner.
Date signed Feb. 1 1943.

Neagne G 00609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 830 G 00609 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore County
(c) City or town [redacted] Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. Cromwell Bridge Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sadie Bolling

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15, 1870

8. AGE: Years 72 | Months 1 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Rebecca V.
15. Birthplace Unknown

16 (a) Informant Virginia Brine
(b) Address C/o Providence Rd. Towson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2 1943 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest
Location Towson Baltimore Co. Md.

18 (a) Funeral director Bryson Mamie H. Kuges
(b) Address 721 Edgewood St

19 ([redacted]) (b) [redacted]
[redacted] 2 1943 Huntington Maryland

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1943, at 25 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said inquest and investigation (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Cerebral Hemorrhage, spontaneous

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Gastrock M.D.
Medical Examiner
Date signed Jan 29 1943

Physicians: please write the causes of death clearly and fully. The information should be complete and accurate. Underlining is especially important.

G 00610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87E

G 00610 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1411 W Lemmle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 W Lemmle St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gloria (PEGRAW) PETTIGREW

3 (b) If veteran, name war: Child

3 (c) Social Security Account No. Child

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Child

6 (b) Name of husband or wife ''

6 (c) If alive, give age '' years

7. Birth date of deceased (mo., day, yr.) Nov. 13 1929

8. AGE: Years	Months	Days	If less than one day
13	2	17	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business ''

FATHER
12. Name Herman Pettigrew
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sadie Wilkenson
15. Birthplace Petersburg, Va

16 (a) Informant Herman Pettigrew
(b) Address 1411 W. Lemmle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof February 3, 1943 (month) (day) (year)
(c) Cemetery or crematory Mount Calvary
Location Anne Arundel County

18 (a) Funeral director Joseph A Liberty
(b) Address [illegible]

19 (a) FEB [illegible] 1943 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 19 43 at 9 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Pneumonia, lobular

Due to Pneumonia, empyema

Due to Aspastia

Other Conditions hrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: hrs

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.

Date signed 1-31-43

VS 6

The space is especially important. Physicians: please write the causes of death clearly [illegible] Applied. The [illegible] information should be [illegible] will

G-00610
Y-00611

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
1860 Registered No. G-00610

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hosp. W 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 441 Grindall ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph A Booth
3 (b) If veteran, name war —
3 (c) Social Security Account No. 215-09-2155

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	SINGLE

6 (b) Name of husband or wife NONE
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) MAY 14 - 1882

8. AGE: Years	Months	Days	If less than one day
60	8	18	7 hr. min.

9. Birthplace BALTO MD (Town, county, and state)
10. Usual Occupation INSURANCE COLLECTOR
11. Industry or business SUPERIOR LIFE INS Co.

FATHER
12. Name GEO BOOTH
13. Birthplace IRELAND

MOTHER
14. Maiden Name JANE McCARTHY
15. Birthplace IRELAND

16 (a) Informant JOS A. ABBOTT.
(b) Address 441 GRINDALL ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-4-43 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location A. A. Co.

18 (a) Funeral director Bernard C Hanlon
(b) Address 121 E Fayette St

19 (a) Huntington Williams M.D. (Signature of registrar)
(b) Date received FEB 2 1943

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1 1943 at 9:35 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Bronchial pneumonia	
Due to	Fracture of left hip	
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident 2½
(b) Date of occurrence Dec. 27 1942 at M
(c) Where did injury occur? Cross St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? no
(e) Means of injury fell down on street
23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed Feb. 1 1943

Please answer all questions as especially important. Physicians: please write the causes of death clearly and legibly. The information should be supplied.

G 00612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. 37900 D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2003 Brunt St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2003 Brunt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard Hutchins.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Hattie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Queen Annes Co. Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Ida Lyndell
(b) Address 2003 Brunt St.

17 (a) Burial (b) Date thereof Feb 2, 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) FEB 2 1943 (b) Hunter
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/29 1943, at 7.20 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came (Autopsy or Inquiry) to natural death on the day stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McCaddin M.D.
Medical Examiner.
Date signed 1/30/43.

VS 6

00613
JL- 78595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43B

G 00613 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo-16da

(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 535 N. Pulaski St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John W. Stanley

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-01-5137

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Agnes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1882

8. AGE: Years	Months	Days	If less than one day
61	0	27	hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Repair Man

11. Industry or business Oakford Apts.

FATHER
12. Name George Stendley
13. Birthplace Va.

MOTHER
14. Maiden Name Agnes Katherine Fremp
15. Birthplace Va.

16 (a) Informant Bs. Co. Hosp. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-43 (month) (day) (year)

(c) Cemetery or crematory

Location Oakland, Va.

18 (a) Funeral director Frederick A. Cole

(b) Address 1200 W. Lombard St.

19 (a) FEB 2 1943 (Date rec'd by registrar) Huntington Williams, M.D.

FEB 2 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30 1943, at 10 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-14 1942, to 1-30 1943, and that I last saw h[illegible] alive on 1-30 1943.

Immediate cause of death	Duration
Cerebral thrombosis	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Not Done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. K. Rathbun M. D.

Address Balto. City Hosp. Date signed 2-1-43

G 00614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 1440 G 00614 Registered No.

Typewrite or print in ink. Information should be carefully recorded. Items are especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Garrison (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Glen F. Orndorff

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-16-26

8. AGE: Years	Months	Days	If less than one day
16	10		hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Joseph W. Orndorff
FATHER 13. Birthplace Winchester Va

MOTHER 14. Maiden Name Minnie Smoot
MOTHER 15. Birthplace Va

16 (a) Informant Ashley Orndorff
(b) Address 1228 E Vogt ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1943 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Memorial Park
Location Wash. Co. Md.

18 (a) Funeral director Ambrose Inc.
(b) Address 414 N Frank Klein Town rd Towson, Md.

FEB 2 - 1943 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1 1943, at 1 30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy thereon and from the evidence obtained by said inquest & autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death Gunshot wound of left chest — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Feb. 1 1943 at 12 50 A.M.
(c) Where did injury occur? Busy Bee Restaurant on (City or town) Lutherville (State) Md.
(d) Did injury occur about home, on farm, industrial place, in public place? restaurant While at work? no (Specify type of place)
(e) Means of injury Shot self with rifle

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Feb. 1 1943

VS 6

G 00615

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 00615 Registered No. 938

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 South Stockton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Blanche Briggs

3 (b) If veteran, name war — | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C.	Married

6 (b) Name of husband or wife Edward Briggs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1846

8. AGE: Years	Months	Days	If less than one day
47 44			hr. min.

9. Birthplace Virginia (Town) county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Robert Bunting
13. Birthplace Va.

MOTHER
14. Maiden Name Rachel Haskins
15. Birthplace Va.

16 (a) Informant Edward Briggs
(b) Address 15 S. Stockton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 2, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie P Gallagher
(b) Address 322 N. Schroeder St

FEB 2 1943 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29, 1943, at 4:20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day dated above.

Immediate cause of death Chronic myocardial degeneration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh McNally M.D.
Medical Examiner.
Date signed Feb. 2 1943 per Robert Le Fraker M.D.

VS-6

Please answer all questions. Information should be supplied by the person best qualified. The age is especially important. Physicians: please write the causes of death clearly and

G 00616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00616 Registered No. 131

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1060 Vine St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1060 Vine St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Moses

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years 42 | Months 44 | Days | If less than one day hr. min.

9. Birthplace Maryland. (Town, county and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 2, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

FEB 2 1943 Katie R Williams
(Date rec'd by registrar) registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1943, at 7 05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Chronic nephritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Graham M.D. Medical Examiner.
Date signed Jan 28 1943

VS 6

G 00617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00617 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 929 Leadenhall St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (ALBERT) JAMES JONES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Cynthia Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1904

8. AGE: Years	Months	Days	If less than one day
38	6		hr. min.

9. Birthplace Burkesville, Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James Jones
13. Birthplace Burkesville, Va.

MOTHER
14. Maiden Name Mary Rudy
15. Birthplace Burkesville, Va

16 (a) Informant Cynthia Jones
(b) Address 924 Leadenhall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie L. Williams
(b) Address 322 E Lexington Baltimore, Md.

19 (a) FEB 2 1943 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 29 1943, at 8a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
a Chronic alcoholism	
Due to	
Due to	
Other Conditions Nil	

(Include pregnancy within 3 months of death)
Date of operation Nil
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. and Medical Examiner.
Date signed 1-29-43

VS 6

G 00618

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

8G 00618 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1531 McCulloh Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1531 McCulloh Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Pollett

3 (b) If veteran, name war

3 (c) Social Security Account No. 154-05-9301

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Alice C. Pollett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1920

8. AGE: Years	Months	Days	If less than one day
22	2	23	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Charles Pollett
13. Birthplace Md.

MOTHER
14. Maiden Name Alice Dickerson
15. Birthplace Md.

16 (a) Informant Mrs. Alice Pollett
(b) Address 1531 McCulloh St.

17 (a) Burial (b) Date thereof 2-4-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Frances A. Hennelly
(b) Address 578 W. Baltimore St

(Date rec'd by registrar) FEB 4 1943 (Signature of Registrar) Huntington Williams

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/1/1943, at 8 20 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Pneumonia, lobar	
Due to	
Due to	
Other Conditions Hs	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner
Date signed 2-2-43

Dr. McNally's case

G 00619

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 00619 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3101 Hilborn ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Martinia L. Downs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of ~~husband~~ wife Lemman P. H. Downs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-24-1874

8. AGE: Years	Months	Days	If less than one day
68	2	7	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER 12. Name Wm John Hanger
13. Birthplace Balt Md

MOTHER 14. Maiden Name Alice A
15. Birthplace Balt Md

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Balto Co Md

18 (a) Funeral director Leeman & Pugh
(b) Address 2008 Harford Ave

19 (a) Huntington Williams M.D. (Signature of registrar)
(b) Registered 2-4-1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1 1943 at 2:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 22 1943 to Feb. 1 1943. and that I last saw him alive on Feb. 1 1943.

Immediate cause of death Prob. pulmonary embolus & cardiac failure — Duration

Due to Coronary Thrombosis and infarct; Fatal Bronchopneumonia — 3 wks. 5 d.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edwin L. Seigman M.D.
Address University Hosp. Date signed 2/11/43

C 00620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146

Registered No. C 00620

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4806 Frankford a
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 49

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 4806 Frankford a (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Johannes K. G. Tunnecke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-26-1878

8. AGE: Years	Months	Days	If less than one day
64	7	5	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Liquor dealer

11. Industry or business

FATHER 12. Name Johannes Tunnecke

13. Birthplace Germany

MOTHER 14. Maiden Name Matilda Goos

15. Birthplace Germany

16 (a) Informant Margaret Tunnecke

(b) Address 4806 Frankford ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-43 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Balto Md

18 (a) Funeral director Leonard Hartz

(b) Address 5205 Maryland Ave

(Signature of registrar) (b) Huntington Williams

FEB 1943

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1943, at 1 1 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1942 to Jan 31 1943, and that I last saw h alive on Jan 26 1943.

Immediate cause of death Carcinoma Stomach — Duration 6 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. S. Hartung M. D.

Address 4810 Belair Rd Date signed 2/2/43

G 00621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131W

G 00621 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The cost of each certificate is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Baltimore Md.
(b) Street address 1840 Lorman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1840 Lorman St
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Nettie Collins

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
57	—	—	hr. min.

9. Birthplace Howard Co. Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Oliver Collins
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Caroline Prettyman
15. Birthplace Howard Co. Md

16 (a) Informant Harry H. Smith
(b) Address 1840 Lorman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A. Co. Md.

18 (a) Funeral director Chas. F. Alexander
(b) Address 927 N. Mount St.

FEB 8 1943
(Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-2- 1943 at 1 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 31 1943 to Feb. 2 1943 and that I last saw h— alive on Feb. 1, 1943.

Immediate cause of death Cardio-Renal Vascular Disease — Duration 3 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. C. Jagen
Address 1816 N. Mount St. Date signed 2-3-43

G 00622

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 00622

Registered No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 734 S. Curley St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sylvester Seitz (SEITZ)

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-0814

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife MARY
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) 12-5-88

8. AGE: Years	Months	Days	If less than one day
54	1	25	hr. min.

9. Birthplace BALTIMORE, MD (Town, county, and state)
10. Usual Occupation LABORER
11. Industry or business

FATHER
12. Name JOHN SEITZ
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name CHRISTINA WOZNIAK
15. Birthplace BALTIMORE, MD.

16 (a) Informant MARY SEITZ
(b) Address 734 S. CURLEY St.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/4/43 (month) (day) (year)
(c) Cemetery or crematory MOST HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director M. J. McDonald's Sons
(b) Address 1808 Eastern Ave

FEB 3 1943 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30-43 19 ... at 9:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-26 1943 to 1-30 1943 and that I last saw h alive on 1-30-43 19

Immediate cause of death Pulmonary Edema due to myocardial failure

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1-28-43

Major findings of operation: Direct Inguinal Hernia

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Beardsley Jr.
Address University Hospital Date signed 1-30-43 M. D.

G 00623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00623 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Md. Genl. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 W. Fort Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Rev. Samuel A. Snyder

3 (b) If veteran, name war: No | 3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Hattie D
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 8/28/1875

8. AGE: Years	Months	Days	If less than one day
67	5	3	hr. min.

9. Birthplace Penn. (Town, county, and state)
10. Usual Occupation Minister
11. Industry or business

FATHER 12. Name Wm H Snyder
13. Birthplace Penn - Loganville

MOTHER 14. Maiden Name Sarah Miller
15. Birthplace Penn Loganville

16 (a) Informant Mrs Hattie D Snyder
(b) Address 5 W. Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4 1943 (month) (day) (year)
(c) Cemetery or crematory Emanuel E & Church
Location Loganville York Co Pa.

18 (a) Funeral director A. J. Bryant Evans
(b) Address 1492 Edmondson Ave

19 FEB 2nd 1943 (b) Washington Williams M.D. (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1 1943, at 5:20 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/25 1943, to 2/1 1943, and that I last saw h[illegible] alive on 2/1 1943.

Immediate cause of death: Uremia ?
Due to: Cerebro-vascular accident
Due to: Post operative
Other Conditions:
(Include pregnancy within 3 months of death)

Duration

Date of operation 1/30/43
Major findings of operation: Benign prostatic hypertrophy
of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Magruder M.D.
Address Md Genl Hosp. Date signed 2/1/43

VE 2

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. The

G 00624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B G 00624

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 100 S. Fagley St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 100 S. Fagley St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE CONRAD MEISTER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Anna R. Meister

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Oct. 23, 1871

8. AGE: Years	Months	Days	If less than one day
71 72	3	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired Salon Keeper

11. Industry or business Saloon

FATHER 12. Name Magnus Meister

13. Birthplace Germany

MOTHER 14. Maiden Name Maria Borshell

15. Birthplace Germany

16 (a) Informant Mrs. Anna R. Meister

(b) Address 100 S. Fagley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/43 (month) (day) (year)

(c) Cemetery or crematory Pikesville

Location Md.

18 (a) Funeral director H. Sander & Sons

(b) Address North Ave. & Broadway

FEB 2 1943 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 1943 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1942 to Jan 31 1943, and that I last saw him alive on Jan. 31 1943.

Immediate cause of death Carcinoma Stomach — Duration

Conditions Febrosis

Due to Chronic Myocardial Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Allene C. Beetham

Address 3134 E. Baltimore St. Date signed 2-4-43 M. D.

G 00625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G 00625

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 812 Webb Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Ambrose

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 12, 1942

8. AGE: Years	Months	Days	If less than one day
-	1	20	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Marion A. Ambrose
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Edith Grote
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Marion A. Ambrose
(b) Address 812 Webb Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1943 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Md.

18 (a) Funeral director Willis L. Amoss
(b) Address 1003 W. Baltimore St.

19 (a) [redacted] (b) [redacted]
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2nd 1943, at 12:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1943 to Feb 2 1943, and that I last saw him alive on Feb. 2 1943.

Immediate cause of death Broncho pneumonia — Duration

Due to

Due to

Other Conditions Malnutrition

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Fanting, M.D.
Address St. Joseph's Hosp. Date signed 2-3-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00626 Registered No. 182a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 S. Eden St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna M. Reese (Birth F 57312)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 11. 1943

8. AGE: Years	Months	Days	If less than one day
	4	19.	20 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Michael. Reese
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Lena. Hofman
15. Birthplace Baltimore Md

16 (a) Informant Michael Reese
(b) Address 413. S Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 3. 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Bethany

18 (a) Funeral director Wendell. Dillegel
(b) Address 812.8. Highland Ave.

FEB 2 1943 (Date rec'd by Registrar) Hunting Williams M.D.

FEB 9 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31 1943, at 11 39 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Suffocation due to clot

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 31 1943 at M
(c) Where did injury occur 413 S. Eden St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury Child became entangled in bedclothes

23. Signature Robert Lee Shelton M.D. Medical Examiner.
Date signed Jan 31 1943

Please answer all questions as completely as possible. Information should be given for every question. The questions are especially important. Physicians: please write the causes of death clearly and legibly.

G 00627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No. G 00627

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 W. 37th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Parsons (Birth F-6753)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-25-43

8. AGE: Years	Months	Days	If less than one day
			14 hr. 30 min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William Parsons
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Catherine Hermes
15. Birthplace and

16 (a) Informant Hosp Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL FEB 2 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) FEB 2 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1943 at 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1943 to Jan 25 1943, and that I last saw her alive on Jan 25 1943.

Immediate cause of death	Duration
Circulatory Failure	14 hrs
Due to Congenital Heart Disease	2 hrs
Due to	
Other Conditions Double vessel - left	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Patent Ductus Arteriosus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R Lamar M. D.
Address Mercy Hospital Date signed 1-28-43

VS 150

97790

G 00628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160C

Registered No. G 00628

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2029 W. Lafayette Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Vaccarella (Birth F 68/98)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/28/43

8. AGE: Years	Months	Days	If less than one day
[redacted]		3	50 hr. 30 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Vaccarella
13. Birthplace Italy

MOTHER
14. Maiden Name Josephine Vaccarella
15. Birthplace Md.

16 (a) Informant Mary Race
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL FEB 2 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) FEB 2 1943 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/31 1943, at 12:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/28 1943, to 1/31 1943, and that I last saw h[redacted] alive on 1/28 1943.

Immediate cause of death Respiratory Failure — Duration

Due to Premature Separation of Placenta — 1 hr

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Jan 28 1943

Major findings of operation Bicornuate uterus separation of placenta

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Mercy Hospital Date signed 2-2-43

VS 150

9769

G 00629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 00629

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. O. A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2807 Gibbons Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Ford Messimer

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-7941

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 28-1877

8. AGE: Years	Months	Days	If less than one day
65	2	3	hr. min.

9. Birthplace Greenville Pa. (Town, county, and state)
10. Usual Occupation Maintenance Engineer
11. Industry or business Municipal Mail Laundry

FATHER 12. Name William J. Messimer
13. Birthplace Pa

MOTHER 14. Maiden Name Elizabeth Wiley
15. Birthplace Pa

16 (a) Informant Mrs. Josephine Tennidy
(b) Address 2807 Gibbons Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location North Ave. Balto. Md.

18 (a) Funeral director John C. Miller Inc
(b) Address 2425 E. Oliver St

19 (a) FEB 2-1943 (Date rec'd by registrar) Entered by Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1 1943, at 7 10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Acute coronary thrombosis

Due to coronary arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes (violence) fill in the following: (Accident was not the cause of death)
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb. 1 1943 at 6 35 A.M.
(c) Where did injury occur? 1206 E. 33rd St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? no
(e) Means of injury Auto: ran from road

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Feb. 1 1943

VS 6

Name age is especially important. Physicians: please write the causes of death clearly and legibly. Omission or uncertainty in any item should be explained fully. The

G 00630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00630 Registered No. 920

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 249 Mc Cawley St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 249 Mc Cawley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James E. Donnelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Married

6 (b) Name of husband or wife Mary A. Donnelly Mc Cuban

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1862

8. AGE: Years	Months	Days	If less than one day
80	6	67	hr. min.

9. Birthplace Md. (Town, county and state)

10. Usual Occupation Retired Blacksmith

11. Industry or business Foreman - Bartlett Hayward

FATHER
12. Name Hugh Donnelly
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Cork
15. Birthplace Ireland

16 (a) Informant Mrs. Mary A. Donnelly
(b) Address 249 Mc Cawley St.

17 (a) Burial (b) Date thereof Feb 3/43 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director Harry H. Wittle
(b) Address 4101 Edmondson Ave. Huntington Williams, Mgr

19 (a) (Date received by registrar) (b) Registrar

FEB 2 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 31/43. 19 , at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1943 to Jan. 31 1943. and that I last saw him alive on Jan 30 1943

Immediate cause of death

Mitral Regurgitation (Duty.)
Due to
Acute dilatation of Heart (2 days)
Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. E. Campbell M. D.
Address 644 Hanover St. Date signed 2. 2. 43

V5-150

G 00631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00631 Registered No. 107

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 228. Athol Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28-4
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 228. Athol Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman C. Schroeder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Widowed

6 (b) Name of husband or wife Elsie S. Schroeder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 6, 1859

8. AGE: Years	Months	Days	If less than one day
83	5	27	26 hr. ... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Christian Schroeder
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Altenbrunck
15. Birthplace Germany

16 (a) Informant Herman Aged Home
(b) Address 228. Athol Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4/43 (month) (day) (year)
(c) Cemetery or crematory Oakdawn
Location Eastern Ave.

18 (a) Funeral director Harry W. Witzke
(b) Address 4101 E. Lynnhaven Ave. Huntington Williams, M.D.

19 (a) FEB 2 1943 (b) (Signature of Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2/43 19 ... at 3.15 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 28/43 to Feb. 2/43 19 ..., and that I last saw him alive on Feb. 1/43.

Immediate cause of death

Broncho Pneumonia — Duration 5 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Penny Reeds Glenn M. D.
Address 933 Hollins St. Date signed Feb 2/43.

G 00632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G 00632 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1710 Ramsay St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 Ramsay St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Oliver P. Macken

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	widowed

6 (b) Name of husband or wife Laura V.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1858

8. AGE: Years	Months	Days	If less than one day
84	11	9 21	hr. min.

9. Birthplace ~~Virginia~~ Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Painter

FATHER
12. Name Thomas Macken
13. Birthplace Va.

MOTHER
14. Maiden Name — Grimes
15. Birthplace Va

16 (a) Informant Elizabeth R. Kerr
(b) Address 1710 Ramsay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry N. Wirth
(b) Address 4601 Edmondson Ave. Hamilton or Williams, M.D.

FEB 2 1943 (Date received by Registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/1 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept , 1942, to Feb 1, 1943, and that I last saw h[illegible] alive on Feb 1, 1943.

Immediate cause of death	Duration
Myocardial failure	
Due to Arteriosclerotic Cardiovascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H H Baylus
Address 1600 Wilkens Ave Date signed 2/2/43

G 00633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48B

G 00633 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 Rosecroft Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 Rosecroft Ter. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Selara E. Dorr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Charles Dorr

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1893

8. AGE: Years 49 | Months 7 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Joseph R. Grishaber
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary H. Miller
15. Birthplace Baltimore Md.

16 (a) Informant Mary G. Grishaber
(b) Address 420 Rosecroft Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Febr. 3 - 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Road

18 (a) Funeral director Elizabeth Hartz Inc.
(b) Address 115 E. Mt. St.

19 (a) FEB 2 1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/31 1943 at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/1 1942 to 1/31 1943, and that I last saw h[illegible] alive on 1/30 1943.

	Duration
Immediate cause of death Carcinomatosis	2 yrs.
Due to Carcinoma of Uterus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A H Crawford M.D.
Address 4209 Frederick Ave Date signed 2/2/43

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

G 00634

AB-79305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

G 00634 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 Pennsylvania Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lottie White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?*?*? 1840

8. AGE: Years 53? Months Days If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation On Relief

11. Industry or business

FATHER 12. Name Stock Davis
13. Birthplace ?

MOTHER 14. Maiden Name Sarah ?
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address Records.

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 9-43 (month) (day) (year)
(c) Cemetery or crematory Easley
Location Kingsland

18 (a) Funeral director Archibald A. Gaddis
(b) Address 2101 M. Eutaw St.

19 (a) FEB 3 1943 (b) Huntingtown, Md.
(Date received by registrar) (Registrar)

VR 150

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1, 1943, at 5 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-19-1943 to 2-1-1943, and that I last saw her alive on 2-1-1943.

Immediate cause of death arteriosclerotic nephritis & terminal uremia — Duration ?1 yr

Due to alveolar abscess — 2 days

Due to generalized arteriosclerosis — 2 mo

Other Conditions — yrs

(Include pregnancy within 3 months of death)

Date of operation 1-26-43

Major findings of operation: alveolar abscess

of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Schneider, M. D.
Address Baltimore City Hospitals Date signed 2-2-43

G 00635 G 00635

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH ✓ 131R

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square
(c) Hospital or institution: Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3304 Ravenwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

FULL NAME Joseph Winchester Finnegan

3 (b) If veteran, name war
3 (c) Social Security Account No. 212-05-1954

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Belle Sauner Finnegan
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 23rd 1906
8. AGE: Years 36 Months 3 Days 9 If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Gas & Electric Co.

FATHER
12. Name Lawrence V. Finnegan
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Susie Ward
15. Birthplace Balto. Md.

16 (a) Informant Belle Sauner Finnegan
(b) Address 3304 Ravenwood Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md
18 (a) Funeral director William Cook Inc
(b) Address 121 St. Paul St
19 (a) FEB 3-1943 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/2/43 19 , at 12 20 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 1/28/43 19 , to 2/2/43 19 , and that I last saw h[illegible] alive on 2/2/43 19 .

Immediate cause of death	Duration
Uremia	
Due to Chronic Glomerulonephritis	
Due to Hypertensive C. V. Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cardiac hypertrophy & dilatation of L ventricle

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature James E. Goodman M. D.
Address Franklin Sq. Hosp. Date signed

VS 3

(Over)

G 00636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00636

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT FOLD OR MUTILATE THIS CERTIFICATE. IT WILL BE RETURNED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO
(c) City or town BALTO Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 MARWOOD RD. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ARTHUR SMITH JOHNS

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-9305

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of ~~husband~~ wife Carly S. Johns

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22, 1879

8. AGE: Years	Months	Days	If less than one day
63	1	9	hr. min.

9. Birthplace Illinois (Town, county, and state)
10. Usual Occupation CREDIT MGR
11. Industry or business SWIFT CO

FATHER
12. Name William S. Johns
13. Birthplace Ill

MOTHER
14. Maiden Name Elizabeth Skinner
15. Birthplace Ill.

16 (a) Informant Fredrick A. Johns
(b) Address 7221 Louisiana St. LittleRock Ark

17 (a) ~~Burial~~ Cremation (b) Date thereof 2/4/43 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Walnut Hill
Location Baltimore Md

18 (a) Funeral director Williams & Son
(b) Address 1219 E. Fayette St

19 (a) Date received by Registrar FEB 3 1943 (b) Signature of Registrar for Williams & Son

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1943, at 2:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 19 43 to Feb 1 1943, and that I last saw h. alive on Feb 1 1943

Immediate cause of death CARDIO-RESPIRATORY FAILURE — Duration

Due to Intestnal Obstruction

Due to Volvulus

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Jan 30, 1943

Major findings of operations: Volvulus

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathaniel Soifer M. D.

Address Union Mem Hosp. Date signed 2/6/43

G 00637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00637

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street
(c) Hospital or institution: The Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Glen Burnie (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mr Josiah Purnell Johnson

3 (b) If veteran, name war No | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mrs J. Purnell Johnson
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Sept 26 - 1887

8. AGE: Years 55 | Months 4 | Days 5 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Lumber business

11. Industry or business

FATHER
12. Name Wilmer Johnson (D)
13. Birthplace Maryland

MOTHER
14. Maiden Name Carrie Hayman (D)
15. Birthplace Maryland

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3rd 1943 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md

18 (a) Funeral director William Cook Inc
(b) Address 342 St Paul St

19 (a) FEB 3 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1st 1943, at 1-00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from January 31 1943 to February 1 1943, and that I last saw him alive on JAN. 31st 1943.

Immediate cause of death: Cardio-Respiratory failure
Cardiac Decompensation
Due to: Hypertensive Cardio-Renal disease
Due to: Arterio Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Newland Edmund Day M. D.
Address Union Memorial Hosp. Date signed Feb 1st 1943

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

G 00638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 Registered No. G 00638

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 725 Linnard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 725 Linnard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John J. Reilly

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-8423

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 19, 1889

8. AGE: Years	Months	Days	If less than one day hr.	min.
53	10	12		

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Printer

11. Industry or business News-Post

FATHER
12. Name Cornelius M. Reilly
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Mary Kilbay
15. Birthplace Pa.

16 (a) Informant Miss Rose Reilly
(b) Address 725 Linnard St

17 (a) Burial (b) Date thereof 2/4/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md.

18 (a) Funeral director E. J. Gaming & Son
(b) Address 1938 E. Lafayette Ave.

19 (a) FEB 3 – 1943 Huntington Williams M.D.
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/1 1943, at 8.45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Angina Pectoris	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 2/1/43.

VS 6

G 00639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

309

Registered No. G 00639

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 North Carolina St.

(c) Hospital or institution: St. Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days

(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland County Baltimore

(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3800 Fleetwood Avenue (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME William B Waitz

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-7815

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Elizabeth Haggerich

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25th 1878

8. AGE: Years	Months	Days	If less than one day
64	4	5	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Stereotyper

11. Industry or business A. S. Abell Co.

FATHER

12. Name Henry F. Waitz

13. Birthplace Pa.

MOTHER

14. Maiden Name Rebecca Seddon

15. Birthplace D.C.

16 (a) Informant Mrs. Elizabeth Waitz

(b) Address 3800 Fleetwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/43 (month) (day) (year)

(c) Cemetery or crematory Oaklawn

Location Balto. Co.

18 (a) Funeral director C. J. Fanning & Son

(b) Address 1938 E. Lafayette Ave.

19 (a) (b)

Filed FEB 3 1943 Registrar of Vital Statistics, M.

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31st 1943, at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 12 1943 to Jan. 31 1943, and that I last saw him alive on Jan. 31, 1943.

Immediate cause of death Cardio-respiratory failure

Due to Generalized arteriosclerosis

Due to

Other Conditions Diabetes, Syphilis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Earl A. Dillinger, M.D.

Address St. Joseph's Hosp. Balto. Md. Signed Jan. 31, 1943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

42789 G 00610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58D

G 00610 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1634 Thames (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Evelyn Goldstein
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-27-31

8. AGE: Years 11 | Months 12 | Days 6 | If less than one day hr. min. 5

9. Birthplace Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph Goldstein
13. Birthplace Russia

MOTHER
14. Maiden Name Ethel Meister
15. Birthplace Poland

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-43 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Philadelphia Baltimore Co. Md.

18 (a) Funeral director Jewish Funeral Inc.
(b) Address 1439 E. Baltimore St.

19 (a) (Date received by registrar) FEB 3 - 1943 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2 1943, at 7.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 24 1943 to Feb 2 1943 and that I last saw h[illegible] alive on Feb 2 1943.

	Duration
Immediate cause of death: Cardiac and respiratory failure	
Due to Acute rheumatic pericarditis	
Due to Acute rheumatic fever	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert D. Solomon M. D.
Address Johns Hopkins Hosp. Date signed 2/3/43

G 00641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G 00641

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 15 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1406 East Fort Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			15 hrs. 30 min.

9. Birthplace St. Joseph Hospital (Town, county and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Lawrence Kelly
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Marguerite O'Connor
15. Birthplace Baltimore, Md.

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/3/43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A. A. Co. Md.

18 (a) Funeral director Maurice J. Tilghman
(b) Address 1417 Light St. Baltimore, Md.

19 (a) FEB 3 1943 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-2-1943, at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-1 1943 to 2-2 1943 and that I last saw him alive on 2-2-1943.

Immediate cause of death Atelectasis — Duration 15 hrs.

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley B. Klyanowicz M.D.
Address St. Joseph's Hosp. Date signed 2-3-43

VS 2

Please write plainly, WITH UNFADING INK. Every item of information should be carefully checked before signing. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 00642 **CERTIFICATE OF DEATH** 63B G 00642

1. PLACE OF DEATH Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5515 Mattafeldt St., 15 Ward)

Length of residence in city or town where death occurred — yrs. 3 mos. — da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sarah B. Young

If U. S. Veteran specify WAR

(a) Residence: No. Route #1 Jakeytown Md. St., Ward. Carroll Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Young

6. DATE OF BIRTH (month, day, year) Nov. 28, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	2	6 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Worthington Fringer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Davis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Raymond Spangler

(Address) 5515 Mattafeldt St. Balto.

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Lutheran Cemetery Taneytown Md. Date 2-5- 1943

19. UNDERTAKER C. O. Fuss & Son

(Address) Taneytown, Md.

20. FILED 1943

Registrar.

FEB 9 1943 Edgar Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb. 3, 1943.

22. I HEREBY CERTIFY, That I attended deceased from July 1942 to Feb. 3, 1943.

I last saw her alive on Feb. 1, 1943. Death is said to have occurred on the date stated above, at 5:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Indefinite

Other contributory causes of importance:

Hyperthyroidism	Indefinite
Chronic nephritis	Indefinite

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) George Dawyer M. D.

(Address) 4808 Harford Rd.

VS 8

G 00643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 830 G 00643

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2101 W. Cold Spring Lane

(c) Hospital or institution: Cold Spring Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5220 Cuthbert Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EDGAR J. A. MISTER

3 (b) If veteran, name war --

3 (c) Social Security Account No. 213-10-1529

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Carrie B. Mister

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1867

8. AGE: Years	Months	Days	If less than one day
75	2	25	hr. min.

9. Birthplace Chance, Somerset Co. Md. (Town, county, and state)

10. Usual Occupation Retired Operator

11. Industry or business Baltimore Transit Co.

FATHER

12. Name Planner Mister

13. Birthplace Md

MOTHER

14. Maiden Name Amanda Parks

15. Birthplace Md

16 (a) Informant Mrs. Blanche Gardner

(b) Address 5220 Cuthbert Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1943 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Baltimore Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC.

(b) Address North & Pa Aves.

19 (a) FEB 3 - 1943 (Date rec'd by registrar) Thurlie E. Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1943, at 5:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1943, to Feb 2 1943, and that I last saw him alive on Jan 26 1943

Immediate cause of death cerebral hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. H. Fuller M.D.

Address 2324 Reisterstown Rd Date signed 2/2/43

G 00644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1628 G 00644 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT WRITE IN SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3324 St. Ambrose Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3324 St. Ambrose Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY A. HOFFMEYER

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Henry Hoffmeyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1849

8. AGE: Years	Months	Days	If less than one day
93	5	28	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Henry Wenzel
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Katherine Wolfgang
15. Birthplace Pa.

16 (a) Informant Mr. Harry Hoffmeyer
(b) Address 4110 Oakford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) FEB 3 - 1943 (Date rec'd by registrar) (b) Hunter S. Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1, 1943, at 12:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 to Feb 1 1943 and that I last saw her alive on Feb 1 1943.

Immediate cause of death	Duration
Cardiac Failure	
Due to Senility	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter C. Bacon M. D.
Address 1002 E. 20th St. Date signed 2/3/43

G 00645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00645

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.,
(c) Hospital or institution:
Edgewood Nursing Home,
(d) Length of stay in hospital or inst. (~~years~~ days) 35
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2003 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Thomas Yates,

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: none

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Addie L. Yates
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 11, 1858

8. AGE: Years 84 | Months 9 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Retired 14 years - trainman
11. Industry or business: B & O R.R.

FATHER
12. Name: John Richard Yates
13. Birthplace: ~~Unknown~~ Worcester Co., Md

MOTHER
14. Maiden Name: Rebecca Rosenberry
15. Birthplace: ~~Unknown~~ Balto. Md.

16 (a) Informant: Mr. R. Hood Yates
(b) Address: 2918 Poplar Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 3, 1943 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn Cemetery

18 (a) Funeral director: Wm. J. Tilknet & Sons
(b) Address: North & Pa. Baltimore

19 (a) FEB 3 - 1943 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/31/43 19 ... at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-2/42 19 ... to 1/31/43 19 ..., and that I last saw him alive on 1/31/43 19 ...

Immediate cause of death: Cardio Vascular Renal

Due to: Anuria

Due to:

Other Conditions: Apoplexy - Dec/42
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration
2 yr

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: A W Wheeler

Address: 4307 York Rd. Date signed: 2/1/43

(over)

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully ...

G 00646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

G 00646 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 303 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ella D. Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22-1884

8. AGE: Years 58 | Months 11 | Days 7/10 | If less than one day hr. min.

9. Birthplace Gloucester Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Orange Redmond
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Charles H. Lee
(b) Address 303 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6-43 (month) (day) (year)
(c) Cemetery or crematory McKaboy
Location C. J. Co. Md

18 (a) Funeral director Samuel H. Chase Sons
(b) Address 638 N. Fulmor St

19 (a) (Date received by registrar) FEB 8 1943 (b) Registrar Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2 1943 at 2:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1943 to Feb 2 1943, and that I last saw her alive on Feb. 2 1943.

Immediate cause of death	Duration
Uremia and Hypostatic Pneumonia	5 days
Due to Acute Glomerulo-nephritis	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. H. Bayliss M.D.
Address Provident Hospital Date signed 2/2/43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

Spec.—8-15-39—L. F. S.—150 Blks.

G 00647

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 00647

CERTIFICATE OF DEATH

1310

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2129 Druid Hill ST., 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME William Briggs Sr.

(a) RESIDENCE NO. 2129 Druid Hill ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Virginia (1852)

6 DATE OF BIRTH (month, day, and year): Aug. 16-1852

7 AGE — Years: 90 — Months: 5 — Days: 15 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Caterer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Public

9 BIRTHPLACE (city or town) (State or country): West Moreland Co Va

PARENTS

10 NAME OF FATHER: Thomas Briggs

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Jennie White

(Address): 2129 Druid Hill ave

15 Filed FEB 3 1943 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): February 1-1943

17 I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1942 to Feb 1, 1943, that I last saw h[illegible] alive on Feb. 1, 1943 and that death occurred, on the date stated above, at 1.05 m.

The CAUSE OF DEATH* was as follows:

Interstitial Nephritis Chronica

(duration) 4 yrs. mos. da.

CONTRIBUTORY (Secondary): age.

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) William H. Wright, M. D.

2/2, 1943 (Address) 1209 Preston ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arbutus Memorial Park

DATE OF BURIAL: 2-3-1943

20 UNDERTAKER: Mrs George H. Holland

ADDRESS: 1631 Druid Hill Ave

OF DEATH in plain terms, so that it may be properly classified. Exact statement of the CAUSE important. See instructions on back of certificate.

G 00648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1314

G 00648 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 608 Cornell
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Cornell (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Mattie Mitchell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18 1889

8. AGE: Years 53 | Months 3 | Days 13 | If less than one day hr. min.

9. Birthplace S. Carolina (Town, county, and state)
10. Usual Occupation Farm Laborer
11. Industry or business Day Work

FATHER
12. Name Simon Gilliam
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Margaret Hobbs
15. Birthplace N.C. Carolina

16 (a) Informant Georgia Gilliam
(b) Address 608 Cornell

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Lot
Location A.A. Co. Md

18 (a) Funeral director Daniel F. Burns & Son
(b) Address 1028 W Montgomery St

19 (a) FEB 2 1943 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/1 1943 at 6 10 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/19 1943 to 1/31 1943, and that I last saw h.m alive on 1/31 1943.

Immediate cause of death Uraemia 4 Days — Duration

Due to Hypertension Nephritis

Due to acute arthritis (3 mos)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Saunders
Address Irvington Date signed 2/3/43

correct age is especially important. Physicians: please write the causes of death clearly and [illegible]. The [illegible] information should be [illegible] applied. The

G 006419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 006419

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Church Hospital Dros.
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dod
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. Wasena Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Broz

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5 1881

8. AGE: Years 61 | Months 2 | Days 26 | If less than one day hr. min.

9. Birthplace Germany
(Town, county and state)

10. Usual Occupation Chef Joiner (Retired)

11. Industry or business

FATHER
12. Name Mike Broz
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Varvara
15. Birthplace Germany

16 (a) Informant Mrs Anna Broz
(b) Address 4819 Wasena Ave Brooklyn Md

17 (a) Burial (b) Date thereof 2-5-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William H Mareck
(b) Address 715 Light St Huntingtown Williamsport, Md.

19 (a) FEB 3 1943
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/1 1943, at 8 15 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary thrombosis and arteriosclerosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 1, 1943 at 8 P M
(c) Where did injury occur? Church Hospital Ave Brooklyn Anne Arundel Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Institution While at work? —
(Specify type of place)
(e) Means of injury Fractured skull by fall

23. Signature H. Leach B. McCleary M.D.
Medical Examiner.

Date signed 2/1 1943.

Female

H.I. Wollenweber

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and fill in

G 00650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00650 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Lombard Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Sykesville (If outside city or town limits, write RURAL and give town)
(d) Street No. Church Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florence Cole Hobbs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Walter E.
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1893

8. AGE: Years	Months	Days	If less than one day: hr.	min.
49	2	5		

9. Birthplace Annapolis, Anne Arundel, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Alfred Basil Cole
13. Birthplace Anne Arundel Co.

MOTHER
14. Maiden Name Florence P. Davis
15. Birthplace Anne Arundel Co.

16 (a) Informant Daughter - Mrs. Lewis Rendall
(b) Address 13 Bruce Ave, Annapolis

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5, 1943 (month) (day) (year)
(c) Cemetery or crematory Springfield
Location Sykesville, Md.

18 (a) Funeral director C. Harry Weer
(b) Address Sykesville, Md.

19 (a) Filed Feb 3 1943 (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1943, at 8:50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 29 1943, to Feb 2 1943, and that I last saw her alive on Feb 2 1943.

Immediate cause of death Central Hemorrhage — Duration 6 days

Due to Arterial Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Bethell M. D.
Address University Hospital Date signed 2-2-43

G 00651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1943 G 00651 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Coldspring Lane
(c) Hospital or institution: Coldspring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 236 S. Collins Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ellen Coates Humphreys

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 8, 1856

8. AGE: Years 86 | Months 11 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Enos Humphreys

13. Birthplace England

MOTHER 14. Maiden Name Virginia Bowen

15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Ida Humphreys

(b) Address 236 S. Collins Ave. Balto. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1943 (month) (day) (year)

(c) Cemetery or crematory Lorraine Cem.

Location Woodlawn, Md.

18 (a) Funeral director C. Harry Weers

(b) Address Hyattsville, Md.

19 (a) FEB 3 1943 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1943, at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1942, to Feb 2 1943, and that I last saw her alive on Jan 26 1943.

Immediate cause of death: Chronic myocarditis

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mrs. H. Cutterman, M.D.

Address 2324 Riverdale Rd. Date signed Feb 4 1943

G 00652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00652 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison + Linden
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1405 Park Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Emory O. Carroll

3 (b) If veteran, name war None.

3 (c) Social Security Account No. 232-18-0980

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Gertrude (Nuttall)

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) 1/18/1892

8. AGE: Years 51 | Months — | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace W. Virginia (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business Bath-Fairfield Ship Bldg

FATHER
12. Name John Carroll
13. Birthplace W. Va

MOTHER
14. Maiden Name Mary ?
15. Birthplace W. Va.

16 (a) Informant Rosael Carroll
(b) Address Porter Falls, W. Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/43 (month) (day) (year)
(c) Cemetery or crematory Benson Cemetery
Location Salem W. Va

18 (a) Funeral director George J. Puttlitz
(b) Address 1730 Hanford Ave

19 (a) 1935 (Date rec'd by registrar) (b) [illegible] for Williams, M.D. Registrar

FEB 3 1943

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1943 at 4:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1 1943, to 2/2 1943, and that I last saw him alive on 2/2 1943

Immediate cause of death Meningococcus Meningitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo M. Zimmerman, M.D.
Address Md. Gen. Hosp. Date signed 2/2/43

Correct age is especially important. Physicians: please write the causes of death clearly and

G 00653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

G 00653 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd and Calvert

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 622 Eator Ave. City (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs. Mary E. Vedity

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife Charles H Vedity (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26, 1870

8. AGE: Years	Months	Days	If less than one day: hr.	min.
72	5	56		

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Henry Aspen (D)

13. Birthplace Pennsylvania

MOTHER

14. Maiden Name Mary E. Delaney (D)

15. Birthplace Pennsylvania

16 (a) Informant Miss Jennie E. Vedity

(b) Address 622 Eator ave. Waverly

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/1943 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Old Frederick Rd.

18 (a) Funeral director John A. Moran

(b) Address 420 Greenmount ave

19 (a) Filed Feb 4 1943 (b) Registrar Huntington Williams M.D.

FEB 3 1943

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2 1943, at 2:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1, 1943, to Feb. 2, 1943 and that I last saw h[illegible] alive on Feb. 2, 1943.

Immediate cause of death	Duration
Cardio-respiratory failure	
Due to Cerebral accident	10 hrs.
Due to Hypertension	10 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James McCash Jr. M. D.

Address Union Memorial Date signed 2-2-43

Register No. G 00654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 G 00654

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 N. Hilton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis Janney

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 215-03-1932

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Late Angeline
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 187[illegible]

8. AGE: Years 63 | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Hotel Employee
11. Industry or business Belvedere Hotel

FATHER
12. Name Nicholas Janney
13. Birthplace Italy

MOTHER
14. Maiden Name Catherine Bastoleto
15. Birthplace Italy

16 (a) Informant Anna M. Hooper (Daughter)
(b) Address 105 N. Hilton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Old Frederick Rd.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Monroe St

19 (a) FEB 3 - 1943 (Date rec'd by registrar) (b) Registrar for Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1 1943, at 3:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy & Inquest (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral hemorrhage
Due to: Comminuted fracture of right lower leg

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
Was there an autopsy? No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 20/6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb. 1 1943 at 3 A.M.
(c) Where did injury occur? Hilton St near Monroe (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? No
(e) Means of injury Pedestrian struck by auto

23. Signature Robert Lee Gentzler M.D. (Medical Examiner)
Date signed Feb. 4 1943

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00655 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1719 N. Chapel Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE Bonacker

3 (b) If veteran, name war: NW SAN
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Elizabeth Chalmers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26, 1873.

8. AGE: Years	Months	Days	If less than one day
69	10	6	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation CIGAR FACTORY LABORER
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location

18 (a) Funeral director Kendall E. Humphreys
(b) Address 601 N. Broadway

19 FEB 3 - 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2, 1943, at 8:04a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 30, 1943 to Feb. 2, 1943, and that I last saw him alive on Feb. 2, 1943.

Immediate cause of death: RIGHT UPPER LOBAR PNEUMONIA — Duration: 3 da.

Due to: CARCINOMA OF BLADDER WITH MULTIPLE METASTASES — Unk.

Due to:

Other Conditions: Adenocarcinoma of thyroid with metastases to liver and right adrenal

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature: Huntington Williams M.D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 2/2/43

VS 180

VA12297

G 00656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 940

G 00656 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkins Ave
(c) Hospital or institution: Jenkins Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Eaton & Wilkins Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Daniel O'Rourke

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Margaret Welch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1855

8. AGE: Years 87 | Months 2 | Days 27th | If less than one day hr. min.

9. Birthplace Maryland (town, county and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Patrick J. O'Rourke

13. Birthplace Ireland

MOTHER 14. Maiden Name Alice Rice

15. Birthplace Scotland

16 (a) Informant Mrs. Theresa Vigeant

(b) Address 861 4/4 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (month) 6 (day) 43 (year)

(c) Cemetery or crematory St. Louis Cemetery

Location Louisville, Ky.

18 (a) Funeral director Martin Gable & Sons

(b) Address 1827 W. North Ave.

19 (a) FEB 5 1943 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1 1943, at 4:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1942 to Feb. 1 1943, and that I last saw h[illegible] alive on Jan 29 1943.

Immediate cause of death Coronary heart disease — Duration

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Arthur Rourke, M.D.

Address 4 Agnes Hospital Date signed 2/4/43

VS 3

Every item of information should be given fully and accurately. The correct age is especially important. Physicians: please write the causes of death clearly and legibly, with UNFADING INK.

Morgue G 00657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930 G 00657

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 N. Ann St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Bright

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-4423

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Elizabeth Bright
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Dec. 16th 1884

8. AGE: Years	Months	Days	If less than one day
58	1	21	hr. min.

9. Birthplace Balto, Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Samuel Bright
13. Birthplace Md

MOTHER
14. Maiden Name Francis Smith
15. Birthplace Md

16 (a) Informant Elizabeth Bright
(b) Address 210 N. Ann St

17 (a) Burial (b) Date thereof Feb. 3rd 1943
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto, Md

18 (a) Funeral director Byron Francis H. Knight
(b) Address 721 Edgewood St

19 Filed FEB 3 1943 (b) Huntington Williams, M.D.
(Date received by Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1 1943, at 12 45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an As. Query & Ex. Autopsy thereon and from the evidence obtained by said As. Query & Ex. Autopsy I find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic cardiovascular disease

Due to acute pulmonary edema

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Scarborough M.D.
Medical Examiner.
Date signed Feb. 4 1943

VS 6

Morgue is especially important. Physicians: please write the causes of death clearly and legibly.

C 00658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

C 00658 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1048 N. Gay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1048 N. Gay St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eli Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-5295

4. Sex Male

5. Color or race C

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Judith Brown

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) July 20th 1896

8. AGE: Years 46 Months 6 Days 11 If less than one day hr. min.

9. Birthplace Timmonsville S. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Isaac Brown

13. Birthplace S. C.

MOTHER 14. Maiden Name Laura McNorrell

15. Birthplace S. C.

16 (a) Informant Judith Brown

(b) Address 1048 N. Gay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-43 (month) (day) (year)

(c) Cemetery or crematory Westgate cem

Location Florence S. C.

18 (a) Funeral director Byrum & Manis Wright

(b) Address 721 Aliquith St.

19 (a) (b) Huntington Williams Md

FEB 3 - 1943

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-31 1943 at 3 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/15 1943 to 1/31 1943, and that I last saw him alive on 1/30 1943.

Immediate cause of death Lobar Pneumonia — Duration 1/12/43

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Calvin N. LeCompte M. D.
Address 1113 N Cashua St Date signed 2/2/43

The correct age is especially important. Physicians: please write the causes of death clearly and with INDELIBLE INK. Every item of information should be

G 00659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 N G 00659 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3018 Abell Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3018 Abell Avenue
(If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Ellen Theresa Hart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Thomas Joseph Hart
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) -------- 1866

8. AGE: Years	Months	Days	If less than one day
About 77	---	---	-- hr. --- min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation None
11. Industry or business -----

FATHER	12. Name	James Clancy
	13. Birthplace	Ireland
MOTHER	14. Maiden Name	Margaret Mannion
	15. Birthplace	Ireland

16 (a) Informant Mrs. Margaret E. Richmond
(b) Address 3018 Abell Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. U. Meeks and Son
(b) Address 805 N. Calvert Street

19 (a) [illegible] (Registrar) (b) Thurlington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2 1943, at 2:30 M

21. I certify that death occurred on the date above stated, that I attended deceased from Dec. 15 1942 to 2/2 1943, and that I last saw h-- alive on 1/31 1943.

Immediate cause of death Chronic bronchiectasis — Duration 12/15/42

Due to Chronic myocarditis — Duration "

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A Landon
Address 1517 E North Ave Date signed 2/3/43. D.

G 00660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 462

G 00660 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2014 Cecil Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2014 Cecil Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CARRIE DARNALL JONES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Walter F. Jones
6 (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) May 20, 1833

8. AGE: Years	Months	Days	If less than one day
73	8	23	hr. min.

9. Birthplace Charles Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Unknown
13. Birthplace England

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. LeGarde Jones
(b) Address 2201 Maryland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Lot 86 Sec. K.K.

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

19 (a) (Registered by signature) (b) Registrar

FEB 3 1943

Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2, 1943, at 12:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5, 1942 to Feb 2, 1943, and that I last saw her alive on Feb. 2, 1943.

Immediate cause of death Carcinoma of large intestine.

Due to ✓

Due to ✓

Other Conditions Generalized carcinomatosis

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations: ✓

of autopsy: None

Duration
6 months
3 Months

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at ✓ M
(c) Where did injury occur? ✓ ✓ ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓ (Specify type of place)
(e) Means of injury ✓

23. Signature Francis M. Ogden M. D.
Address 2701 N. Calvert. Date signed Feb. 3.

G 00661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 932

G 00661 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2542 Mc: Henry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 & 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2542 Mc: Henry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MALISSE J. BUCKNER.

3 (b) If veteran, name war: None.
3 (c) Social Security Account No.: None.

4. Sex: Female | 5. Color or race: White. | 6 (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: Henry T. Buckner.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 23-1859.

8. AGE: Years 84 | Months 0 | Days 10 | If less than one day hr. min.

9. Birthplace Clark County - Ill. (Town, county and state)
10. Usual Occupation Housewife.
11. Industry or business — Not home.

FATHER
12. Name Levi McDaniel
13. Birthplace Clark Co. Ill.

MOTHER
14. Maiden Name Katherine Elliott.
15. Birthplace Clark Co. Ill.

16 (a) Informant Mrs. Nola P. Kaw.
(b) Address 2542 Mc Henry St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 43. (month) (day) (year)
(c) Cemetery or crematory Wesley Chapel Cemetery
Location Martinsville, Ill.

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

19 (a) FEB 3 — 1943 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1943, at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/28 1943, to 2/2 1943, and that I last saw her alive on 2/2 1943.

	Duration
Immediate cause of death: Myocardial degeneration.	(?).
Due to Arteriosclerosis	(?).
Due to Pneumonia - Lt.	2yrs (?).
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis E. Buckner, Jun.
Address 905 W. Baltimore St. Date signed 2/3/43 M. D.

VS 150

G 00662 ✓ G 00662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 200a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5011 Elmer Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 7
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5011 Elmer Avenue
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME James William Funk Jr.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	White	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1942

8. AGE: Years	Months	Days	If less than one day
	2	27th	..... hr. ..... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name James Wm. Funk
13. Birthplace Greensburg, Pa.

MOTHER
14. Maiden Name Hazel R. Kauffman
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. James Wm. Funk
(b) Address 5011 Elmer Avenue

17 (a) Burial (b) Date thereof 2-1-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director LORING BYERS
(b) Address 5005 Park Heights Avenue

19 (a) FEB 3 1943 Huntington Williams, Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1, 1943, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1943, to Jan 31 1943, and that I last saw [illegible] alive on Jan 31 1943.

Immediate cause of death: Cardiac Failure
Cause unknown

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Samuel A. Caine M. D.
Address 5311 Old Pimlico Rd. Date signed .....

Please answer all questions. Physicians: please write the causes of death clearly and legibly. Spaces are especially important. Physicians should be carefully supplied with information

G 00663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131

G 00663 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 S Hanover
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 610 S. Hanover (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Willie Gardner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Maggie Gardner
6 (c) If alive, give age 21 years

7. Birth date of deceased (mo., day, yr.) Oct 28 1914

8. AGE: Years	Months	Days	If less than one day
28 27	3	4	hr. min.

9. Birthplace Essenille Va
(Town, county, and state)
10. Usual Occupation Shipyard helper
11. Industry or business Ship yard

FATHER
12. Name Jacob Gardner
13. Birthplace Essenilla Va

MOTHER
14. Maiden Name Martha Boldan
15. Birthplace Essenille Va

16 (a) Informant Maggie Gardner
(b) Address 610 Hanover

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Baltimore, Md
Location Baltimore Md

18 (a) Funeral director Thos F Kenny
(b) Address 16 Light St
(c) Huntington Williams, M.D.
Registrar

FEB 3 - 1943
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/1 1943, at 8 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/20 1942 to 2/1 1943, and that I last saw him alive on 1/31 1943.

Immediate cause of death	Duration
Pulmonary Tuberculosis	5 mo
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Gardner
Address 1717 W Lee Date signed 2/1/43 M.D.

G 00664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 932

G 00664 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 350 Lucile Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME BRAMBLE Mrs MARGARET
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M

6 (b) Name of husband or wife James N. Bramble
6 (c) If alive, give age 57 years
7. Birth date of deceased (mo., day, yr.) Aug 7. 1897

8. AGE: Years	Months	Days	If less than one day
45	405	25	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Luis Barley
13. Birthplace Lithuania

MOTHER
14. Maiden Name Tolgarus
15. Birthplace Lithuania

16 (a) Informant James N. Bramble
(b) Address 350 Lucile ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/43 (month) (day) (year)
(c) Cemetery or crematory Bals National
Location Frederick Rd

18 (a) Funeral director Thos. F. Ennis
(b) Address 1600 Hollins St

19 (a) Date received 1943 (b) Huntington Hollins M.D. (Signature of Registrar)

FEB 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-2-1943, at 11 06 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-1-1943 to 2-2-1943 and that I last saw him alive on 2-2-1943

Immediate cause of death: Congestive Heart Failure — Duration: 1 wk.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stanley B. Hyamowicz M.D.
Address St. Joseph's Hosp. Date signed 2-2-43

VS 2

Victor
G 00665

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1316

G 00665 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave.,
(c) Hospital or institution:
Melrose Nursing Home,
(d) Length of stay in hospital or inst. (~~Yrs.~~ mos. ~~Da.~~) 18 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 640 N. Fulton Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julius Victor. SR.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Anna
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 25. 1860

8. AGE: Years	Months	Days	If less than one day
82	5	6	..... hr. ..... min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Clothing Industry

FATHER
12. Name Vincent Victor
13. Birthplace Russia

MOTHER
14. Maiden Name Paulina Stunkcarick
15. Birthplace Russia

16 (a) Informant Vincent Victor
(b) Address N. Fulton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd

18 (a) Funeral director Thos J Kenny
(b) Address 1600 Hollins St.

19 (a) FEB 6 1943 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/1/43 19.... at 6.35 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1942 to 2/1/43 19....; and that I last saw him alive on 1/31/43 19....

Immediate cause of death

Cardiac Renal
Due to Varicella

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration
1D 3H

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. D. Victor M. D.
Address 430 N Wolfe Date signed 2/4/43

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. 10/11

Med Exam Case

G 00666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940

G 00666

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PRINT RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1203 Linthicum St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Agnes Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/29/99

8. AGE: Years 43 | Months 10 | Days 28 | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James Gross

13. Birthplace

MOTHER 14. Maiden Name Annie ?

15. Birthplace

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4, 1943 (Month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem Location Frederick Rd.

18 (a) Funeral director Mrs. Robert A. Elliott & Daughter

(b) Address 1129 N. Caroline St.

FEB 3 - 1943 (Date rec'd by registrar)

(b) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1. 1943 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death: Pulmonary edema

DUE TO Cardiac failure

Due to Thrombocardial infarction

Due to Coronary Occlusion

Other Conditions Severe reactive depression

Fracture of spine & legs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Thrombi in left & rt. ventricles

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Robert C. Gutstein

Address The Johns Hopkins Hosp. Date signed 2/3/43

Robert C. Gutstein M.D.

G 00667

439096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

G 00667

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1712 Ashland Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-30-92

8. AGE: Years	Months	Days	If less than one day
50	5	2	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name Joseph Scott

13. Birthplace Md.

MOTHER 14. Maiden Name Nancy Scott

15. Birthplace Md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 6 43 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem

Location A. A. County

18 (a) Funeral director Mrs. R. A. Elgin Daughtry

(b) Address 1129 N. Caroline St.

FEB 3 1943

(b) [illegible] Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1943 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 28 1943 to Feb. 2 1943 and that I last saw h[illegible] alive on Feb. 2 1943

Immediate cause of death hypertensive cardiovascular disease with cardiac failure — Duration

Due to

Due to

Other Conditions pulmonary edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address Date signed

G-Transcript G 00668

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 00668

CERTIFICATE OF DEATH 77

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 17
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 000
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 105 N Allenswood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM CANDY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 45 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant Clara G. Penn
(b) Address 2135 E Eighth St. Winston Salem

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1943. (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

FEB 3 - 1943 Huntington Williams, M.D.
(Date rec'd by registrar)

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and [illegible] Every item of information should be [illegible] Supplied. The

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1943, at 8:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cause unknown (decomposed)
Due to (partially chewed alcoholism)
Due to
Other Conditions NO

(Include pregnancy within 3 months of death)
Date of operation NO
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 1-31-43

1-G 00669 Copy

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G 00669

CERTIFICATE OF DEATH 136a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 137 Winters Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Harrison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	M.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Raleigh N. C. (town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Willis Harrison
13. Birthplace N. C.

MOTHER 14. Maiden Name Julia ?
15. Birthplace N. C.

16 (a) Informant William F. Harrison
(b) Address 137 Winters Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/3/43 (month) (day) (year)

(c) Cemetery or crematory Westerly Star
Location Catonsville Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) FEB 3 - 1943 (Date rec'd by registrar) (b) Filed Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30 1943 at 10 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-24 1943 to 1-30 1943 and that I last saw h[illegible] alive on 1-30 1943

Immediate cause of death Cerebral Hemorrhage

Due to Cerebral Hemorrhage Infection

Due to Chronic nephritis uremia Convulsions

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard Harris M. D.
Address 1207 Caroline Date signed 2-1-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

3 - Transcripts
G 00670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 00670
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hosp.
(c) Hospital or institution: Redwood & Greene Sts
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 Greenmillow Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thelma Gladden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years 39 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/43 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A. County Md.

18 (a) Funeral director Charles R. Law
(b) Address 802 Harlem Ave

19 (Date received) FEB 3 1943 (Signature of Registrar) Huntington Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1 1943, at 3:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/26 1943, to 2/1 1943, and that I last saw her alive on 2/1 1943.

Immediate cause of death: Hypertensive C. V. Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Lobar pneumonia, Rt. base

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Howard Tracy, M.D.
Address Univ. Hosp. Date signed 2/3/43

1- Transcript ✓ G 00671

BALTIMORE CITY HEALTH DEPARTMENT ✓ G 00671

CERTIFICATE OF DEATH 1710

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 428 Moore St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALEXANDER BENSON

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 53 | Months | Days | If less than one day hr. min.

9. Birthplace Harford Co. Md. (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name William H Benson
13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Julia R. Benson
(b) Address 428 Moore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4, 1943 (month) (day) (year)
(c) Cemetery or crematory Clarks Chapel
Location Md

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) 2-3-1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 31 1943 at 6 35 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Pulmonary Embolism	
Due to Laceration of Brain	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: N/A
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 1-25-43 at 8:10 P M
(c) Where did injury occur? Linden ave. & Biddle St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian struck by auto
23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 1-31-43

VS 6

~~Local~~ G 00672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43D

✓ G 00672 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 601 Prince av

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 601 Prince av (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME William Tiller T. Tiller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace Kent Co. Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Clarence Rhoades

(b) Address 1008 Pennsylvania ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6 1943 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill Ave

(c) Huntington Williams M.D.

FEB 3 1943

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1943 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to Jan 29 1943, and that I last saw h alive on 19

Immediate cause of death Chronic Myocarditis — Duration 6 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Huntington Williams M.D.

Address 157 Eutaw pl Date signed 2/2/43

VS 3

Please write plainly, with UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B

G 00673

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene Sts

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1625 Hilton St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank A. Embry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26, 1872

8. AGE: Years	Months	Days	If less than one day
70	5	8	hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business B. & O. Railroad

FATHER

12. Name Unknown

13. Birthplace "

MOTHER

14. Maiden Name "

15. Birthplace "

16 (a) Informant Mrs. E. D. VanDamken

(b) Address 1625 N. Hilton St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb. 3, 1943 (month) (day) (year)

(c) Cemetery or crematory

Location Buffalo, New York

18 (a) Funeral director E. Leroy Stoller, Inc.

(b) Address 125 E. North Ave.

FEB 3 1943

(b) Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 1943, at 8:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1943, to Feb 3 1943, and that I last saw him alive on Feb 3 1943.

Immediate cause of death Uremia — Duration

Due to Carcinoma of Bladder

Due to

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. R. Williams M. D.

Address Univ. Hosp. Date signed 2-3-43

00674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 6 a

G 00674 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 125 Chesapeake St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANCIS J. DALEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 4 1898

8. AGE: Years	Months	Days	If less than one day
54	1	27	hr. min.

9. Birthplace Albany N Y
(Town, county, and state)

10. Usual Occupation Horseman

11. Industry or business

MOTHER | FATHER

12. Name John Daley

13. Birthplace N Y

14. Maiden name Mary Stegerman

15. Birthplace N Y a

16 (a) Informant John Mercer

(b) Address 4 Mellen Ave Albany N Y

17 (a) Removal (b) Date thereof 2-3-43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St Agnes Cem

Location Albany N Y

18 (a) Funeral director Geo A Daley

(b) Address 2 [illegible] & Fayette

19 (a) FEB 4 1943 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2, 1943 at 9 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Subarachnoid hemorrhage

Due to Contusion of head

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4/1

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence Feb 1, 1943 at 7 30 M

(c) Where did injury occur? Pratt & Chesapeake St
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Factory While at work? No
(Specify type of place)

(e) Means of injury Fall to sidewalk

23. Signature H. L. Wollenweber M.D.
Medical Examiner.

Date signed 2-3-43

VS 6

00675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55 W G 00675 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1154 Washington Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1154 Washington Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaretha Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married Separated

6 (b) Name of husband or wife John E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 24 1878

8. AGE: Years	Months	Days	If less than one day
64	2	7	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At W

11. Industry or business

FATHER 12. Name John A Jannsch

13. Birthplace Germany

MOTHER 14. Maiden Name Bertha Prescorn

15. Birthplace Germany

16 (a) Informant Mrs Arthur Cooper

(b) Address 1154 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-43 (month) (day) (year)

(c) Cemetery or crematory Western Cemetery

Location Longwood & Edmondson Ave

18 (a) Funeral director William M Marack

(b) Address 715 Light St

FEB 4 – 1943 (Date rec'd by Registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1943, at 6:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1942 to Feb 1st 1943, and that I last saw h alive on Jan 26 1943

Immediate cause of death

(a) Cerebral Hemorrhage (Cerebrovascular accident)

Due to Metastasis in brain

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 6 Months

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. J. Marr M. D.

Address 516 Cathedral Date signed 2-3-43

VS 150

00676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 930 C 00676

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33d.
(e) Length of stay in Baltimore (yrs., mos., or days) 50y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Curtis Bay
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1503 Filbert St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country C

3 (a) FULL NAME John HRANICKA.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 24 1883

8. AGE: Years	Months	Days	If less than one day
59	6	10	hr. min.

9. Birthplace Gacha - Slovakia (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Frank Hranicka
13. Birthplace Gacha - Slovakia

MOTHER
14. Maiden Name Dont Know
15. Birthplace Gacha - Slovakia

16 (a) Informant Mr Frank Hranicka
(b) Address Stoney Creek Green Beach

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brooklyn Md

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) FEB 4 1943 Huntington Williamsport Md
Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/3 19 43 at 4.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/5 19 43 to 2/3 19 43, and that I last saw him alive on 2/3 19 43.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Uraemia	
Due to Generalized arteriosclerosis	
Other Conditions Paralysis of bladder	
Arteriosclerotic Cardiac	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul O. Maugans M. D.
Address 1213 Light St Date signed

JL - 79426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00677

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 da
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 S. Exeter St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lizzie Green

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-14-5589

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 20, 1896

8. AGE: Years	Months	Days	If less than one day
46	10	14	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business

FATHER
12. Name Bennie Green
13. Birthplace Russia

MOTHER
14. Maiden Name Sonja ?
15. Birthplace Russia

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Franklyn Ave & Philadelphia Rd

18 (a) Funeral director Jos Levine Inc
(b) Address 1439 E. Baltimore St.

FEB 4 - 1943
(Date rec'd by registrar)

Huntington Williams, M.D.
Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-3 1943, at 4 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 1943, to 2-3 1943, and that I last saw h[illegible] alive on 2-3 1943.

Immediate cause of death: Uremia — Duration: 7

Due to: Chronic glomerulonephritis — Duration: 2

Due to — Duration:

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. T. Hamilton M. D.
Address Balt. City Hosp. Date signed 2-3-43

G 00678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00678

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if possible. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West Baltimore General Hosp
(c) Hospital or institution:
Rayner Ave & Dukeland AVe
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 ds
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 Walbrook Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harris Strumwater

3 (b) If veteran, name war	3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Fannie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5 1870

8. AGE: Years	Months	Days	If less than one day
72	9	28	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Butcher

FATHER
12. Name Benjamin Strumwater
13. Birthplace Russia

MOTHER
14. Maiden Name Freda ?
15. Birthplace Russia

16 (a) Informant Sol. Strumwater
(b) Address 2015 Walbrook ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof February 4, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar
FEB 4 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/3 1943, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/10 1943 to 2/3 1943 and that I last saw h[illegible] alive on 2/3 1943.

Immediate cause of death Respiratory Failure — Duration 5 minutes
Due to Cerebral Hemorrhage — Unknown
Due to Cerebral arteriosclerosis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at P.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. V. Youngstein M. D.
Address 1126 W. Balto St. Date signed 2/3/43

G 00679 ✓ X G 00679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 S. Johns ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days) 3 MOS.

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Md.~~ PA (b) County
(c) City or town ~~Baltimore~~ CHAMBERSBURG
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SIMON BENDER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	WIDOWED

6 (b) Name of husband or wife MAHALA FISHER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APRIL 8-1853

8. AGE: Years	Months	Days	If less than one day
89	9	25	hr. min.

9. Birthplace FRANKLIN CO. PA.
(Town, county, and state)
10. Usual Occupation LABORER
11. Industry or business

FATHER
12. Name JACOB BENDER
13. Birthplace PENNA.

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant MRS. GEO. SPAHR
(b) Address BALTIMORE MD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-7-43 (month) (day) (year)
(c) Cemetery or crematory
Location CHAMBERSBURG, PA.

18 (a) Funeral director Herbert W. Brauer
(b) Address Chambersburg Hunting to Hillcrest, MD

19 (a) FEB 4 1948 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB. 3 1943, at 11 00 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic cardiovascular-renal disease.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert L. Graham M.D.
Medical Examiner
Date signed Feb. 4, 1943.

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93N

Registered No. G 00680

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 305 Norris St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 305 Norris St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha O'Leary

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14, 1899

8. AGE: Years 44 Months 4 Days 19 If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Home

FATHER
12. Name Bernard C. Carey
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Rose R. Morgan
15. Birthplace Frederick Md.

16 (a) Informant Clarence A Heater
(b) Address 305 S. Norris St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-43 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore Md.

18 (a) Funeral director George L. Schumb
(b) Address 1101 Frederick Ave

FEB 4 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/2 1943, at 2 00 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an I. G. Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said I. G. Autopsy (Autopsy or Inquiry) find that said deceased came to natural death on the day stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertensive Cardia vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. MacMullen M.D. Medical Examiner.
Date signed 2/3/43

WHITE PAPER, WITH UNFADING INK. Every item of information should be given if known. Data not applicable should be so stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 00681
T.N 79092

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

11 9a C 00681 Registered No.

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 W. Saratoga St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Regina Alston (Birth F 5,1995)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 26, 1942
8. AGE: Years | Months: 6 | Days: 16 | If less than one day: hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edward Waters
13. Birthplace S.C

MOTHER
14. Maiden Name Mary Alston
15. Birthplace S.C

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Cremation Vina (Burial, cremation, or removal) (b) Date thereof 1-14-43 (month) (day) (year) at 9 AM
(c) Cemetery or crematory
Location Balto City Hosp

18 (a) Funeral director
(b) Address 4940 Eastern Ave

19 (a) Date FEB 4 1943 (b) Huntington Williams, M.D. (Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 12 1943 at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1943 to Jan 12 1943, and that I last saw h e alive on Jan 12 1943.

Immediate cause of death: Dehydration — Duration 3 week
Due to: Dermatitis — 3 week
Due to: ?
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Cerebral thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. K. Rackliffe M. D.
Address Balto. City Hosp Date signed 1-14-43

G 00682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

158

G 00682 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 + Calvert.
(c) Hospital or institution: Union Memorial Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 hrs 24 min
(e) Length of stay in Baltimore (yrs., mos., or days) 15 hrs 24 min

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2605 W. North ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Q'ni Geckle. (Birth F 1880)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day: 15 hr. 24 min.
premature

9. Birthplace Union Memorial Hospital (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Mr August Geckle.
13. Birthplace

MOTHER
14. Maiden Name Mrs Janie Wheatley
15. Birthplace Baltimore.

16 (a) Informant Mrs August Geckle
(b) Address 2605 W. North Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Destroyed by Fire
Location

18 (a) Funeral director
(b) Address

19 (a) (Date rec'd by registrar) Huntington Williams & Co
FEB 2 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-30 1943, at 6:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-31 Dec 1943 to 1-30 Jan 1943, and that I last saw h alive on 12-31 Dec 1943.

Immediate cause of death Respiratory failure — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John L. Chasanow, M. D.
Address Union Memorial Hosp signed 1-31-43

G 00683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

G 00683 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Conk Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth LIZZIE WHITE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name James White
13. Birthplace N.C.

MOTHER
14. Maiden Name Mary Jones
15. Birthplace N.C.

16 (a) Informant Josephine Saunders
(b) Address 762 Hanover Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A H Co Md

18 (a) Funeral director Isaiah R Brown Son
(b) Address 1080 Montgomery St

19 FEB 4 1943 (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1943, at 10 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Burns, 2nd & 3rd degree, entire body — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 20/1
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 30, 1943 at 11 35 M
(c) Where did injury occur? home Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury gasoline stove exploded

23. Signature H. L. Wallenmeier M.D.
Medical Examiner.

Date signed 1-30-43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G 00684 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3800 Glengyle Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3800 Glengyle Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Edward Miner, Sr.

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 216-09-0353

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife: Frances
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24 1874

8. AGE: Years	Months	Days	If less than one day
68	5	8	hr. min.

9. Birthplace: Carroll Co. Md.
(Town, county, and state)

10. Usual Occupation: Hatter

11. Industry or business: M. S. Levy

FATHER
12. Name: John E. Miner
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Alice VanSant
15. Birthplace: Unknown

16 (a) Informant: Mr M E Patterson
(b) Address: 3714 Mohawk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Md.

18 (a) Funeral director: Wm. J. Tickner & Sons.
(b) Address: North & Pennsylvania Ave

19 (a) FEB 4 1943 (Date rec'd by registrar) (b) Huntington Maryland, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2, 1943, at 4.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1941, to Feb 2 1943, and that I last saw h[illegible] alive on Jan 20 1943;

Immediate cause of death: Coronary occlusion — Duration: sudden
Due to: Arterio Sclerosis — 2
Due to: Myocarditis — 2 yrs
Other Conditions: arterial hypertension — 2 yrs
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H E Nichols M.D.
Address Pikesville Md Date signed 2-4-43 M. D.

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G 00685

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4100 N. Charles St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4100 N. Charles St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME May A. Turner Slocum

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife George W. Slocum
6 (c) If alive, give age 88 years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1867

8. AGE: Years	Months	Days	If less than one day
75	1	22	hr. min.

9. Birthplace Phila., Pa. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name William M. Turner
13. Birthplace Va.

MOTHER
14. Maiden Name Hannah Ford
15. Birthplace Conn.

16 (a) Informant George W. Slocum
(b) Address 4100 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Prospect Hill Park
Location Towson, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place.

19 (a) (Date received) FEB 1 1943 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1943, at 8 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1939 to Feb 2 1943, and that I last saw h[illegible] alive on Feb 1 1943.

Immediate cause of death Coronary occlusion (thrombosis) — Duration 6 da

Due to Arteria sclerosis

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Chas. Ellis Judd M. D.
Address 222 Wendover Road Date signed

G 00656 ✓ 744 G 00686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4204 Falls Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Medill, Wm. F.

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-05-0009

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Ella H. Medill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Delaware (Town, county, and state)
10. Usual Occupation Pharmacist
11. Industry or business

FATHER
12. Name Geo. L. Medill
13. Birthplace Delaware

MOTHER
14. Maiden Name Felicia Pennick
15. Birthplace Newark, Del.

16 (a) Informant Mrs. Ellen J. Medill
(b) Address 4204 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/43 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Windsor Mill Rd., City

18 (a) Funeral director John J. Mitchell & Sons, Inc.
(b) Address 1 E. Lexington Place

FEB 4 1943

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2 1943, at 4:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1943, to Feb 2 1943, and that I last saw him alive on Feb 2 1943.

Immediate cause of death	Duration
Bronchopneumonia terminal.	
Due to Acute myeloid leukemia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Etta C. Link, M. D.
Address Univ. Hosp. Date signed 2/2/43

G 00687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 N

Registered No. G 00687

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 2510 Greenmount Ave.
(c) Hospital or institution: Southern Hospital & Home
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days): 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: none
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 2510 Greenmount Ave. (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country: Sweden

3 (a) FULL NAME: Selma Ziehm

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Ferdinand Ziehm
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 4, 1867

8. AGE: Years: 76 | Months: - | Days: - | If less than one day: hr. min.

9. Birthplace: Sweden (Town, county, and state)
10. Usual Occupation: none-- housewife
11. Industry or business:

FATHER
12. Name: Johns Johnans
13. Birthplace: Sweden

MOTHER
14. Maiden Name: unknown
15. Birthplace: unknown

16 (a) Informant: Southern Hospital & Home
(b) Address: 2510 Greenmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/6/43 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: 3801 Frederick Ave.

18 (a) Funeral director: John A. Mitchell & Sons, Inc.
(b) Address: 1800 Eutaw Place

19 (a) FEB 4 1943 (Date rec'd by registrar) (b) Huntington Wilkinson, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2-4-43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15-43 19 , to 2-4- 1943, and that I last saw her alive on 2-3- 1943.

Immediate cause of death	Duration
Chronic Myocarditis	2 yrs
Due to	
Old age	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Hubert C. Blake M. D.
Address: Medical Arts Bldg. Date signed: 2-7-43

G 00688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00688 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BARIUM RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1841 N. Collington Ave.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1841 N. Collington Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ann Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1870

8. AGE: Years	Months	Days	If less than one day
72	2	24	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Alfred Taylor
13. Birthplace Va.

MOTHER
14. Maiden Name Virginia Boggs
15. Birthplace Va.

16 (a) Informant Francis B. Taylor
(b) Address 1841 N. Collington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/43 (month) (day) (year)
(c) Cemetery or crematory
Location Oak Hall, Va.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) FEB 4 1943 (b)
(Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 1943 at 7:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from January 20 1943 to February 3 1943. and that I last saw her alive on February 2 1943.

Immediate cause of death Carcinoma of Breast — Duration 1 year 2 months

Due to

Due to

Other Conditions Cachexia and Metastasis — Duration 2 weeks
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Eisenberg M. D.
Address 2025 E. North Ave. Date signed 2/3/43

VS 150

Dr. Eisenberg

G 00689

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 00689 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3500 Clifton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3500 Clifton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William E Shuter

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Carrie Morehead
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1870

8. AGE: Years	Months	Days	If less than one day
72	1	5	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Tailoring

FATHER
12. Name James Shuter
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Sallie Waldron
15. Birthplace Tenn.

16 (a) Informant Mrs. Mary S. McGrath
(b) Address 1230 Mt. Vernon Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Ave & Oliver St

18 (a) Funeral director's name C. O. Mitchell's Sons, Inc.
(b) Address 1300 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

FEB 4 - 1943

Huntington Woods, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/2 1943, at 9.00 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to Natural death on the day stated above.

Immediate cause of death: Arteriosclerotic Hypertensive Cardio-vascular disease — Duration

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury

23. Signature Hugh B. McKelly M.D. Medical Examiner.
Date signed 2/3/43.

The correct age is especially important. Physicians: please write the causes of death clearly and fully.

G 00690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

118A

G 00690 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1254 N. Gay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1254 N. Gay St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond Barr

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-9953

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1893

8. AGE: Years	Months	Days	If less than one day
49	6	27	hr. min.

9. Birthplace Hagerstown, Md. (Town, county, and state)

10. Usual Occupation Welder

11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Edward Barr
13. Birthplace Md.

MOTHER
14. Maiden Name Julia Hosaer
15. Birthplace Md.

16 (a) Informant Mr. Sawyer
(b) Address 1254 N. Gay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6th 1943 (month) (day) (year)
(c) Cemetery or crematory Morelands
Location Taylor Ave

18 (a) Funeral director Leo B. Lock
(b) Address 1201-03 N Patterson Park Ave

19 (a) (b) Registrar

FEB 4 1943

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/1 1943, at 4.05 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Carbon Monoxide Poisoning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 8/7
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 2/1 1943 at 2.00 P.M
(c) Where did injury occur? Home, Baltimore. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Illuminating gas (coke)

23. Signature Hugh B. McKelvey M.D. Medical Examiner.
Date signed 2/1/43.

G 00691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a G 00691 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland —
(b) Street address Same
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2104 Druid Hill Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isabella Irvis Henson

3 (b) If veteran, name war ----
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-2-1885

8. AGE: Years	Months	Days	If less than one day
58	-	2	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business —

FATHER
12. Name James Henson
13. Birthplace Md.

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Summerfield Henson
(b) Address 2104 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/2/43 (month) (day) (year)
(c) Cemetery or crematory Laurel
Location Md.

18 (a) Funeral director Geo. G. Kelson
(b) Address 1903 Presstman St.

19 (a) FEB 4 - 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-31- 1943, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-15- 1942, to 1-31- 1943, and that I last saw h alive on 1-30- 1943.

Immediate cause of death Carcinoma of Cervix Uteri — **Duration** —

Due to —

Due to

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm H. Cargile M. D.
Address 611 N. Caroline St Date signed 2-2-43

VS 8

Hunting for Williams MD

Certificate of Death, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G 06692

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address — Same —
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 Mad. Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Sail

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widow

6 (b) Name of husband or wife Warren

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/20/1892

8. AGE: Years	Months	Days	If less than one day
50	10	12	hr. min.

9. Birthplace S. C. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Wm Medwards

13. Birthplace S. C.

MOTHER 14. Maiden Name Frances Jackson

15. Birthplace S. C.

16 (a) Informant Margaret Graham

(b) Address 1604 Madison Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 2/6/43 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Md

18 (a) Funeral director Key & S. Kelson

(b) Address 1303 Pennsylvania Ave

19 (a) (Title of Rec'd Registrar) (b) Registrar

FEB 4 1943

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-2 1943 at 11:46 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/28 1943 to 2/2 1943. and that I last saw h alive on 2/2 1943.

Immediate cause of death

Diabetic Coma

Due to Diabetes Mellitus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature B. D. Hatcher

Address 1220 Park Ave Date signed 2/4/43 M. D.

G 00693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 00693

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1067 Argyle ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County .....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1067 Argyle ave (If rural give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3 (a) FULL NAME Mary O Tyler

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Harry

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 11/30/1861

8. AGE: Years 81 | Months 2 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name James Carter

13. Birthplace Md

MOTHER 14. Maiden Name Rachel Johnson

15. Birthplace Md

16 (a) Informant Rachael Tyler

(b) Address 1067 Argyle ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/43 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Md

18 (a) Funeral director Geo. E. Gleason

(b) Address 1303 Pleasant

FEB 4 1943

19 (a) ..... (b) .....

(Date rec'd by registrar) ..... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2 1943 at 8:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to Feb 2 1943 and that I last saw her alive on Feb 2 1943.

Immediate cause of death

Duration

Arterial Hemorrhage — 2

Due to Arteriosclerosis — 7

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

Signature [illegible] Moore

Address 1067 Argyle ave Date signed 2/4/43 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 00634

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Roland Ave & Bellevue Road

(c) Hospital or institution: Kirkleigh Villa

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 years

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Balto Md.

(If outside city or town limits, write RURAL and give town)

(d) Street No. Kirkleigh Villa Roland Ave 4301 Roland Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Octavia Whelan Forman

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Frederick Walter Forman

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 7 1860

8. AGE: Years	Months	Days	If less than one day
82	8	27	hr. ..... min.

9. Birthplace Baltimore Md.

(Town, county, and state)

10. Usual Occupation Nun

11. Industry or business —

FATHER

12. Name Thomas A. Whelan

13. Birthplace Baltimore

MOTHER

14. Maiden Name Mary Small

15. Birthplace Maryland

16 (a) Informant J. A. Chatard

(b) Address 1300 N. Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/43 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

18 (a) Funeral director H. W. Miles & Son

(b) Address 605 W. Calvert St Baltimore Md

19 (a) FEB 6 1943 (b) Registrar

(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3rd 1943, at 7 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1943, to Feb 3rd 1943, and that I last saw her alive on Feb 3rd 1943.

Immediate cause of death	Duration
Acute Lobar Pneumonia	5 days
Due to	.....
Due to	.....
Other Conditions Arteriosclerosis	long

(Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) — (County) — (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —

(Specify type of place)

(e) Means of injury —

23. Signature J. A. Chatard M. D.

Address 1300 N. Calvert St Date signed Feb 3/43

VS 8

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00695

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G 00695 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 1150 Shields Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henritta Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife Walter Stewart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1888

8. AGE: Years	Months	Days	If less than one day
54	7		hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Alexander Robinson
13. Birthplace Md.

MOTHER
14. Maiden Name Mamie
15. Birthplace Md.

16 (a) Informant Harry Jones
(b) Address 1150 Shields Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 31 1943. at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 29 1943. to Jan 31 1943. and that I last saw her alive on Jan 31 1943.

Immediate cause of death cardiac failure — Duration 3 days

Due to hypertensive arterio-sclerotic cardio-vascular disease

Due to

Other Conditions Auricular fibrillation Anasarca (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elizabeth B. d'Aunoill M. D.
Address University Hospital Date signed 1-31-43

G 00696 — Reg. 15777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G 00696 — Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Avenue
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days): 13 5 16
(e) Length of stay in Baltimore (yrs., mos., or days): 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: Infirmary - Balto. City Hosp/ (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country: Poland

3 (a) FULL NAME: Frank Gutowski

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife:
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): ? ? 1873

8. AGE: Years	Months	Days	If less than one day
70	?	?	hr. min.

9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation: ?
11. Industry or business:

FATHER
12. Name: Frank Gutowski
13. Birthplace: Poland

MOTHER
14. Maiden Name: Rosie ?
15. Birthplace: Poland

16 (a) Informant: B.C.H. Records
(b) Address: 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof: 2 4 43 (month) (day) (year)
(c) Cemetery or crematory: Sacred Heart
Location: German Hill Rd

18 (a) Funeral director: J. J. Fahey & Son
(b) Address: 1318 Light St.

FEB 4 - 1943 (Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2-1 1943, at 3 10/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-30 1943, to 2-1 1943, and that I last saw h~~im~~ alive on 2-1 1943.

Immediate cause of death: Uremia — Duration: ?

Due to: Arteriolar nephrosclerosis — ?

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. K. Cathcart M. D.
Address: Balto. City Hosp. Date signed 2-3-43

G 00697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17a Registered No. G 00697

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if known or supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3240 Keswick Rd (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME LAURA MATILDA RICE

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-01-8070

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15-1868

8. AGE: Years 74 | Months 4 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Co. Md (Town, county, and state)

10. Usual Occupation Spinner

11. Industry or business Mt. Vernon Woolbury Mills

FATHER 12. Name Louis Rice

13. Birthplace Germany

MOTHER 14. Maiden Name Caroline Heller

15. Birthplace Germany

16 (a) Informant Mrs. Ethel P. Lucas

(b) Address 3240 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5-1943 (month) (day) (year)

(c) Cemetery or crematory Green Run

Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee

(b) Address 3631 Falls Road Phone Hunting ton Wolfdale 1417

19 (a) FEB 4 1943 (b) (Filed by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2. 1943, at 10:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death Pneumonia	
Due to Fracture of left	
Due to Senility	
Other Conditions no	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 12/5
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec. 20, 1942 at 10a M
(c) Where did injury occur? 33rd St. (City or town) Chemung (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury pedestrian struck by street car

23. Signature H. L. Wallammeber M.D.
Asst. Medical Examiner.
Date signed 2-2-43

VS 6

G 00698 Neighbors ✓ G 00698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 681 W. Fayette St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Terry Neighbors
3 (b) If veteran, name war No
3 (c) Social Security Account No. NAR

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Divorced

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 6, 1876

8. AGE: Years	Months	Days	If less than one day
66	2	26	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business Unemployed

FATHER
12. Name (?)
13. Birthplace (?)

MOTHER
14. Maiden Name (?)
15. Birthplace (?)

16 (a) Informant Mrs. Lillian Dare
(b) Address 119 N. Pine St.
17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.
18 (a) Funeral director Williams, Cook & Son
(b) Address 1217 Mt. Royal Ave.
19 (a) FEB 4 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-2 1943, at 8 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from 2-1- 1943, to 2-2 1943, and that I last saw him alive on 2-2 1943.

Immediate cause of death: Hypertension Cardio Vascular Renal disease — Duration
Due to: Pulmonary edema
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis C. Jacobson M.D.
Address [illegible] Date signed 2/2/43

G 00699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1318

Registered No. G 00699

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1716 W. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 W. Lombard ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth Monroe

3 (b) If veteran, name war: No
3 (c) Social Security Account No. FAKE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John Monroe
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 24th 1881

8. AGE: Years: About 61 | Months: 3 | Days: 8 | If less than one day: hr. min.

9. Birthplace: Virginia
(Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business: At Home

FATHER
12. Name: William Ware
13. Birthplace: Va

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Va

16 (a) Informant: John Monroe
(b) Address: 1716 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/43 (month) (day) (year)
(c) Cemetery or crematory: Maryland Park
Location: Parkville Md

18 (a) Funeral director: William Cook Inc
(b) Address: 127 St. Paul St

FEB 4 1943 Huntington Williams, M.D.
(Date rec'd by Local Registrar) (Signature of Local Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2nd 1943, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1942 to Feb 2 1943, and that I last saw h[illegible] alive on Feb 1 1943.

Immediate cause of death: Myocarditis

Due to:

Due to:

Other Conditions: Chronic nephritis

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Albert Seagrott M.D.
Address: 1726 W Lombard St Date signed 2/3/43

G 00700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

Registered No. G 00700

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 724 E. 20th St
(c) Hospital or institution: 4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 724 E. 20th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella REINHART

3 (b) If veteran, name war: N

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
F	W	Single

6 (b) Name of husband or wife:

6 (c) If alive, give age ___ years

7. Birth date of deceased (mo., day, yr.) June 16th 1878

8. AGE: Years	Months	Days	If less than one day
64	7	16	___ hr. ___ min.

9. Birthplace Cecil Co. Md.
(Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER
12. Name Jesse Reinhart
13. Birthplace Md

MOTHER
14. Maiden Name Mary Ellen Townsend
15. Birthplace Md.

16 (a) Informant Edith Klages
(b) Address 525 Beaumont Ave

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 2/4/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) FEB 4 1943 (Date rec'd by registrar) (b) Huntington Williams, Ltd.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/2 19 43 at 11 00 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to Natural death on the day stated above.

Immediate cause of death: Coronary Thrombosis — Duration

Due to: Hypertensive Cardio-vascular disease.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B McNally M.D.
Medical Examiner.
Date signed 2/3/43

G 00701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1316 Registered No. G 00701

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3120 Woodland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3120 Woodland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ethel M. Jones

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or~~ divorced.
Female	Wht	Married

6 (b) Name of husband W. Marshall Jones
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 25th 1887

8. AGE: Years	Months	Days	If less than one day
55	7	7	hr. min.

9. Birthplace Balto. Md. (City, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John F. Schultz
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Emma V. Kent
15. Birthplace Balto. Md.

16 (a) Informant Mr W. Marshall Jones
(b) Address 3120 Woodland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/43 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director W. Ulman Cook Inc
(b) Address 1217 St. Paul St

FEB 4 1943 (Signature of registrar) Washington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 2nd 1943 at 1039 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/10 1942 to 2/2 1943 and that I last saw him alive on 2/1 1943.

Immediate cause of death: Chronic Bronchitis Duration 1 yr
Due to: Pulmonary Tuberculosis Duration 1 yr
Due to: Vascular Heart Disease Duration 4 yrs
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation: X
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: X
(b) Date of occurrence: X at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X (Specify type of place) While at work?
(e) Means of injury: X

23. Signature W. U. Hearn M.D.
Address 1217 St. Paul St Date signed 2/4/43

G 00702

WILMA MYERS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 00702

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Saratoga & Calvert Sts

(c) Hospital or institution Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days

(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto City

(c) City or town Baltimore Cat (If outside city or town limits, write RURAL and give town)

(d) Street No. 29 S. Ellwood Ave (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Wilma Myers

3 (b) If veteran, name war No

3 (c) Social Security Account No. NONE

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31. 1874

8. AGE: Years 68 | Months 6 | Days 3 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Wm Smith

13. Birthplace Unknown

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Hosp. Admission Sheet

(b) Address

17 (a) Rummel (Burial, cremation, or removal) (b) Date thereof 2/6/43 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Berkley Station 7 C

18 (a) Funeral director Fallkenau Col Inc

(b) Address 1217 E Fayette St

19 (a) FEB 4 1943 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1943, at 4.00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 31 1943, to Feb 4 1943, and that I last saw her alive on Feb 4 1943.

Immediate cause of death Pulmonary Edema — Duration

Due to Cardiac Failure

Due to Coronary Thrombosis — 10 days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William A. Johnson M.D.

Address Mercy Hospital Date signed 2/6/43

Wayne G 00703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163H

G 00703 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA.
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1736 E. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Irene Polusny

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	none	F	W	married

6 (b) Name of husband or wife John Kowlewski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 18 1900

8. AGE: Years	Months	Days	If less than one day
42	1	16	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Adam Polusny
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Gertrude Polusny
(b) Address 727 S. Ann St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6/43 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Taylor ave.

18 (a) Funeral director Leilly & Zeiler Inc.
(b) Address 403 S. Ed Lee St.

FEB 4 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 1943, at 5 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Asphyxiation due to carbon monoxide — Duration

Due to inhalation of illuminating gas

Due to

Other Conditions Fatty degeneration of liver (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence Feb. 3rd 1943 at 4 PM
(c) Where did injury occur? 1736 E. Fayette St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury turned on gas stove burners

23. Signature Robert Lee Scarlett M.D. Medical Examiner
Date signed Feb 4th 1943

VS 6

G 00704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

G 00704 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2406 E. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2406 E. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas F. Jubb

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ellen Jubb
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1857

8. AGE: Years	Months	Days	If less than one day
85	2	0	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER 12. Name John Jubb
13. Birthplace Md.

MOTHER 14. Maiden Name Elizabeth-------
15. Birthplace Md.

16 (a) Informant Mrs. Ellen Jubb
(b) Address 2406 E. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4/43 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location Baltimore Md.

18 (a) Funeral director Philip Dennis & Sons
(b) Address 2024 Orleans St.

19 (a) Date received FEB 4 1943 (b) Registrar Huntington Williams, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1st/43 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to Feb 1 1943 and that I last saw h alive on Jan 26 1943

Immediate cause of death Cerebral Hemorrhage — Duration Feb-/43
arterial Hypertension — 5 yrs
Due to arterio S clerosis. 5 yrs.
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature Louis F. Krumrein M. D.
Address 722 N. Howard St. Date signed

(L. F. Krumrein) 2/3/43

G 00705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 00705 Registered No.

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Every item of information should be supplied. Use diagnosis adopted by physicians; please write the causes of death clearly and legibly. Give correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 210 N. Carey St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** Mrs Annie Salkauskas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ignaty

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1891

8. AGE: Years 52 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Peter Barauskas

FATHER 13. Birthplace Lithuania

MOTHER 14. Maiden Name Anna Praska

MOTHER 15. Birthplace Lithuania

16 (a) Informant Ignatas Salkauskas

(b) Address 210 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 6 43 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location: Blair Rd

18 (a) Funeral director Joseph Kasmakas Sons

(b) Address 604 Wash. Blvd

19 (a) FEB 6 1943 (Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4 1943, at 1115 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1943 to Feb 4 1943, and that I last saw her alive on Feb 3 1943

Immediate cause of death Pneumonia — Duration

Due to (a)

Due to (b)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Herman Williams M. D.

Address Maryland General Hosp Date signed Feb 4 1943

00706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00706
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3/4h.
(e) Length of stay in Baltimore (yrs., mos., or days) 3/4h.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
City or town Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No. Route 14 - Box 80
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Gage

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3-1943

8. AGE: Years | Months | Days | If less than one day: hr. 45 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Monroe Gage
13. Birthplace Hamleytown, W. Va.

MOTHER
14. Maiden Name Bertha Cook
15. Birthplace Hamleytown, W. Va.

16 (a) Informant Mrs. Bertha Gage
(b) Address Middle River, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5 1943 (month) (day) (year)
(c) Cemetery or crematory Ebenezer burial
Location Bare, Md.

18 (a) Funeral director Leo G. Gooch
(b) Address 1701-03 N. Patterson Park Ave
(Undertaker or Embalmer) Huntington Williams, M.D.

FEB [illegible] 43
(Date received by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 1943, at 6:17 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3 1943 to Feb 3 1943, and that I last saw him alive on Feb. 3 1943.

Immediate cause of death: Thermal Asphyxia.

Due to: Congenital Anomalies.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Dr. Clough S. Hall
Address University Hosp. Date signed Feb. 3 1943

G 00707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190a Registered No. G 00707

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 E. Light St
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 weeks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Brooklyn Anne (If outside city or town limits, write RURAL and give town)
(d) Street No. 3604 Brooklyn Ave (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Phillip Poland

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 9-1942

8. AGE: Years	Months	Days	If less than one day
		26	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name William Poland
13. Birthplace Balto - Md.

MOTHER 14. Maiden Name Mary Stanbrewing
15. Birthplace Europe

16 (a) Informant Relative
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-43 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto Co

18 (a) Funeral director Bernard C Hartle
(b) Address 121 E West St

19 (a) FEB 4 1943 (b) Huntingtown Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1943 at 12:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1943 to Feb 4 1943 and that I last saw him alive on Feb 4 1943

Immediate cause of death Acute Gastro Enteritis — Duration 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature C. Andrew Zebb M.D.
Address 1213 E Light St Date signed 2/4/1943

VS 180

G 00708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G 00708

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954-Forest St.
(c) Hospital or institution: Maryland Penitentiary 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Worcester
(c) City or town Berlin
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Gilliam

3 (b) If veteran, name war: None
3 (c) Social Security Account No. Has become lost

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bessie Mae Gilliam
6 (c) If alive, give age ??? years

7. Birth date of deceased (mo., day, yr.) March 12, 1903

8. AGE: Years 39 | Months 10 | Days 3 | If less than one day: hr. min.

9. Birthplace Columbia, N. Car.
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name John Clements
13. Birthplace Columbia, N. Car.

MOTHER
14. Maiden Name Jane Gilliam
15. Birthplace Columbia, N. Car.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL FEB 4 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 FEB 4 1943 (Date received by local registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 15 1943 at P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 21 1942 to Jan. 15 1943 and that I last saw him alive on Jan. 15 1943

Immediate cause of death: Dislocation of 5th Cervical vertebra — Duration
Due to: Execution by hanging
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Hartman M. D.
Address 1123-St. Paul St. Date signed 1-15-43

VS 180

9798

G 00709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 00709 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 10 W. York ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME J. Wilson Brown

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace (Town, county and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL FEB 4 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) FEB 4 - 1943 (Date rec'd by registrar) Wm. Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 19 1943, at 10.4 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an his gross & his question (Autopsy or Inquiry) thereon and from the evidence obtained by said his gross & his question (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage spontaneous — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Jan 19 1943

G 00710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 D

Registered No. G 00710

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use supplementary sheet if space is insufficient. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 832 S. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH ALIAZINI

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL FEB 4 1943

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) FEB 4 1943 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9, 1943, at 12 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Valvular heart disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Wallenmeyer M.D. Medical Examiner.

Date signed 1-10-43

T 9756

G 00711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G 00711

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dot
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 N. Stricker (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEONA BROWN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		5	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHN HOPKINS MEDICAL SCHOOL FEB 4 1943

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

9735

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 25 1943 at 11 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular	
Due to Starvation	
Due to	
Other Conditions Leo	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: NO

of autopsy: N.D

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.

Date signed 1-25-43

VS 6

00712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 6

Registered No. C 00712

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if available. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1216 E. Eager St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD REED (Birth Cert F-64-199

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-4-42

8. AGE: Years	Months	Days	If less than one day
	1	14	hr. min.

9. Birthplace Balto City Hosp
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name David Reed
13. Birthplace Fla.

MOTHER
14. Maiden Name Annabelle Bennett
15. Birthplace S.C.

16 (a) Informant (Birth Cert F-64-199
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL FEB 4 1943
Commissioner of Health

18 (a) Funeral director
(b) Address Huntington Williams, Md.

19 (a) FEB 4 - 1943 (Date rec'd by registrar) Registrar

1-9794

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 9, 1943, at 5 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular	
Due to Hemmorrhagic septicemia (not confirmed by Culture)	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. L. Wollenweber M.D.
Asst Medical Examiner.

Date signed 1-10-43

G 00713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00713 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Driveway and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 Gough Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES JOBOWICKI (GOTOWICKI)

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 213-07-8199

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret (Unknown)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1891

8. AGE: Years 51 | Months 2 11 | Days 28 | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer-Baltimore City

11. Industry or business

FATHER
12. Name Benny Jabowicki
13. Birthplace Poland

MOTHER
14. Maiden Name Rose-(Unknown)
15. Birthplace Poland

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Ave.

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street

19 (a) (b)

Registered by me FEB 4 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30, 1943, at 8:10p.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25, 1943 to Jan. 30, 1943 and that I last saw him alive on Jan. 30, 1943.

Immediate cause of death: Bronchopneumonia and emphysema — Duration: 10 da.

Due to Arteriosclerotic heart disease with coronary sclerosis mitral valvulitis and congestive failure. — 4 yrs.

Other Conditions Gen. Arteriosclerosis; Unk. Pulmonary tb. chr. ulcerated rt. upper lobe

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature U. S. Marine Hospital, M. D.
Address Wyman Park Drive Baltimore, Maryland. Date signed 2/1/43

No. 12661

G 00714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 00714 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use a typewriter if possible. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1938 E. Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1938 E. Lafayette Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie F. Fanning

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Edward J. Fanning
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13th 1870

8. AGE: Years	Months	Days	If less than one day
72	5	21	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Philip E. Smick
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Fannie Weymouth
15. Birthplace Va.

16 (a) Informant Harry W. Fanning
(b) Address 1938 E. Lafayette Ave.

17 (a) Burial (b) Date thereof 2 | 8 | 43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Baltimore County

18 (a) Funeral director Richard Fleming
(b) Address 1424 Light St.

FEB 4 1943
(Date rec'd by registrar)

(b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1943, at 4:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1941, to Feb 4 1943 and that I last saw h.e.r. alive on January 30 1943.

Immediate cause of death Myocardial Insufficiency
General Arteriosclerosis

Due to

Other Conditions Cardiac Dilatation
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1 year 7 months
10 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Eisenberg M.D.
Address 2025 E. Monument Ave Date signed 2/4/43

VS 3

G 00715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G 00715 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3039 Belmont Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3039 Belmont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Aubbra M. Lowe

3 (b) If veteran, name war World War 1

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ----

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1895

8. AGE: Years 47 | Months 4 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Co., Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Wallace F. Lowe
13. Birthplace Va.

MOTHER
14. Maiden Name Mary C. Norton
15. Birthplace Howard Co., Md.

16 (a) Informant Mrs. Mary C. Lowe
(b) Address 3039 Belmont Ave.,

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Feb. 5 1943 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn, Md.

18 (a) Funeral director L. Howard Strong
(b) Address 3207 W. North Ave.

19 (a) Feb 4 1943 **(b)** ... Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 1, 1943, at 8.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1943 to Feb 1 1943 and that I last saw h i M alive on Feb 1 1943

Immediate cause of death Diabetic Coma — Duration 1 day

Due to Diabetes? — ?

Due to Ulcerism — 8 days

Other Conditions Gastric Ulcer — 1 yr

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter D. Tibbett M.D.

Address 2220 Garrison Blvd Date signed 2/3/43

G 00716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 00716 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1606 E. 30th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1606 E. 30th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HENRY JAMES EAGERS

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Mary Eagers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 7, 1858

8. AGE: Years	Months	Days	If less than one day
84	10	23 25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired 20 yrs.
11. Industry or business Standard Oil co.

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Christine Wills
15. Birthplace Germany

16 (a) Informant Mr. J. Allan Eagers
(b) Address 1303 E. 30th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5, 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Lot 384-Sec. M.M.

18 (a) Funeral director H. Sanders & Sons
(b) Address North Ave. & Broadway

FEB 5 1943 Huntington Williams, M.D. (Registrar)
Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 2, 1943 at 4:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 10, 1942 to 2-2-1943, and that I last saw [illegible] alive on 2-1-1943.

Immediate cause of death Duration

Arteriosclerosis [illegible]

Due to Senility

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Sybert M. D.
Address 2902 Harford Rd. Date signed 2-3-43

G 00717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1332a

Registered No. G 00717

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2825 Hemlock Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MAURICE HENRY JONES

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Bessie Chesser
6 (c) If alive, give age: 47 years
7. Birth date of deceased (mo., day, yr.): January 15, 1896
8. AGE: Years 47 | Months 0 | Days 19 | If less than one day: hr. min.
9. Birthplace: Chance, Maryland (Town, county, and state)
10. Usual Occupation: Conductor 26 years ago
11. Industry or business: Disabled veteran since

FATHER
12. Name: James Jones,
13. Birthplace: Chance, Maryland.

MOTHER
14. Maiden Name: Anna E. Reeves,
15. Birthplace: Chance, Maryland.

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1943 (month) (day) (year)
(c) Cemetery or crematory: Baltimore National Cem
Location: Frederick Road.

18 (a) Funeral director: A. Lee Oder
(b) Address: 416 W. York Road

FEB 5 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4, 1943, at 12:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 2, 1943 to Feb. 4, 1943, and that I last saw h im alive on Feb. 4, 1943.

Immediate cause of death: Terminal Bronchopneumonia; Uremia	1 week
Due to: Chronic pylonephritis	4 years
Due to: Cord Bladder (Result of old Injury)	26 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: None
of autopsy: ~~xxx~~ NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: H. Adler
Address: US MARINE HOSPITAL, BALTIMORE, MARYLAND. Date signed 2/2/43

00718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. C 00718

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 N Calvert St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 N Calvert St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gertrude Saffington

3 (b) If veteran, name war No
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) about 1860

8. AGE: Years 82 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER
12. Name Richard Saffington
13. Birthplace Howard Co Md
14. Maiden Name Araminta Smith
15. Birthplace Kent Co Md

16 (a) Informant R H Giese
(b) Address 15 Eighteenth Rd. Towson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Wilhelm & Son
(b) Address 1217 St Paul St

19 FEB 5 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1943 at 9.38 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942 to Feb 3 1943. and that I last saw her alive on Feb 3 1943

Immediate cause of death Cerebral Arterio-sclerosis.

Due to Arterio-sclerosis

Due to Senility

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operations: no

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence 3 February 1943 at 9.35 P.M.
(c) Where did injury occur? Baltimore, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? At home While at work? (Specify type of place)
(e) Means of injury none

23. Signature H. Corbin Streett
Address 712 Park Ave Date signed 4-5-43 M. D.

G 00719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832 Registered No. G 00719

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2211 Rogers Ave

(c) Hospital or institution: Home for the Aged M E Church

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2211 Rogers Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura L Grim

3 (b) If veteran, name war NV

3 (c) Social Security Account No. NHE

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Edward Grim

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13 1853

8. AGE: Years 89 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Baltimore Md (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name William B Meredith

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Caroline E Riegel

15. Birthplace Baltimore Md

16 (a) Informant Mrs Coates

(b) Address 2211 Rogers Ave

17. Burial (Burial, cremation, or removal) (b) Date thereof 2/7/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Location Baltimore Md

18 (a) Funeral director William Gehr Inc

(b) Address 1317 E Fayette St

F 685 - 1943 (Date rec'd by registrar) (b) Registered by Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1943 at 7 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1943 to Feb 3 1943, and that I last saw her alive on Feb 3 1943.

Immediate cause of death Cerebral Hemorrhage

Due to Arterio-Sclerosis

Duration 3 day 5 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Anthony Donis M. D.

Address 800 N 33rd St Date signed 2-4-43

G 00720

427077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

G 00720

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 26 Burkshire Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Sherwood
3 (b) If veteran, name war N
3 (c) Social Security Account No. NONE
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 24, 1880
8. AGE: Years 62 Months 10 Days 7 If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state or country)
10. Usual Occupation Balto City
11. Industry or business Engineer
FATHER 12. Name Wm. D. Sherwood
13. Birthplace Maryland
MOTHER 14. Maiden Name Matilda Wood
15. Birthplace Maryland
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md.
18 (a) Funeral director Wm Cooke Inc.
(b) Address 1847 St Paul St
19 FEB 5 1943 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 1943 at 12:10 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 17 1942 to Feb. 3 1943, and that I last saw him alive on Feb. 3 1943.

Immediate cause of death: Cardio-respiratory failure — Duration: 6 mos.
Due to: SUBACUTE BACTERIAL ENDOCARDITIS; Arteriosclerotic heart disease; congenital defect mitral valve — Duration: 20 yrs.
Other Conditions: Extensive scarring sites old cord operations
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Strept. faecalis
Findings of autopsy: Confirm above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Leslie A. Eastland M. D.
Address Johns Hopkins Hospital Date signed 2-4-43

JL - 78716

G 00721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 00721

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo. 11d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2513 James St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George F. Arscott

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-1700

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Amelia E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1873

8. AGE: Years	Months	Days	If less than one day
69	3	14	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Old Age Pension

11. Industry or business

FATHER 12. Name	George Arscott
13. Birthplace	Baltimore, Md.
MOTHER 14. Maiden Name	Margaret Adems
15. Birthplace	Baltimore, Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8-43 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location

18 (a) Funeral director Edward Fowlkes
(b) Address 2359 Work Blvd.

19 FEB 5 - 1943 (Date Rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-4-43 19 , at 2:11 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-22-43 to 2-4 1943.
and that I last saw h. alive on 2-3 1943.

Immediate cause of death	Duration
Cardiac Failure	2 hrs.
Due to Arteriosclerosis	
Heart Disease	
Due to	
Other Conditions B. P. H.	

(Include pregnancy within 3 months of death)

Date of operation 1-22-43

Major findings of operation: Surgical Prostatic Cystotomy

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Vogel M. D.
Address Balto. City Hosp. Date signed 2-4-43

VS 150

G 00722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G 00722 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 80 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 Walnut ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Marcilean Hodson MARCILFAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Mr. John Hodson
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 5-10-91

8. AGE: Years	Months	Days	If less than one day
51	8	22	hr. min.

9. Birthplace Jarrettsville Maryland (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Herman Waltke
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant John F. Hodson
(b) Address 1107 Walnut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-(month) -(day) -43 (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director Harry F. Witzke
(b) Address 4101 Edmondson Ave.

19 (a) FEB 5 1943 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2 1943, at 6 P.M.

23. I certify that death occurred on the date above stated; that I attended deceased from Nov. 12 1942, to Feb. 2 1943 and that I last saw her alive on Feb. 2 1943.

Immediate cause of death Carcinoma of Colon — Duration 1 mo. and 5

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation August 10, 1942.

Major findings of operation Secondary Carcinomatosis of Colon

Date of autopsy Cor. Jacobs & multiple metastasis

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McClafferty M.D.
Address Bon Secours Hosp Date signed 2-2-43

VS 8

Rev.—2-20-25—L. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 00723

CERTIFICATE OF DEATH

94a G 00723

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 117 N WOLFE ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME ALDERICO BROCCOLO

(a) RESIDENCE NO. 117 N. WOLFE ST. 6-4 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS (218-09-6468) MEDICAL CERTIFICATE OF DEATH

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
MALE	W.	MARRIED

6a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ MARY R.

6 DATE OF BIRTH (month, day, and year) 6-4-1901

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	8	-	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Shipyard Worker

(b) General nature of industry, business, or establishment in which employed (or employer) Shipyard

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) MORROVALLE ITALY

PARENTS

10 NAME OF FATHER ANGELO BROCCOLO

11 BIRTHPLACE OF FATHER (city or town) (State or country) ITALY

12 MAIDEN NAME OF MOTHER PALMINA?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ITALY

14 Informant MARY R. BROCCOLO-WIFE

(Address) 117 N. WOLFE ST.

15 FEB 5 - 1943 Huntington Williams M.D. Registrar

16 DATE OF DEATH (month, day, and year) Feb. 4 - 1943

17 I HEREBY CERTIFY, That I attended deceased from Jan 24, 1943, to Feb 4, 1943, that I last saw h... alive on Feb 4, 1943 and that death occurred, on the date stated above, at 4 1 m.

The CAUSE OF DEATH* was as follows:

acute Cardiac dilation

(duration) yrs. mos. 1 da.

CONTRIBUTORY (Secondary) acute pneumonia thrombus

(duration) yrs. mos. 4 da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical

(Signed) A. C. Feldman, M. D.

, 19 (Address) 1715 E Balto

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	2-8 1943
20 UNDERTAKER Frank Della Rose	ADDRESS 52 N. Morley St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should fill CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G 00724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43D

G 00724 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) Died
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2629 North Charles St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Herbert Joseph McCann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30, 1894

8. AGE: Years	Months	Days	If less than one day
48	5	4	hr. min.

9. Birthplace Baltimore, Baltimore, Md. (Town, county, and state)
10. Usual Occupation Real Estate Agent
11. Industry or business

FATHER
12. Name Walter E. McCann
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Knight
15. Birthplace Maryland

16 (a) Informant Hosp Records.
(b) Address 33rd & Calvert Sts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Road

18 (a) Funeral director H. W. Measurom
(b) Address 805 N. Calvert St.

19 (a) (Registrar's signature) Huntington Williams, Registrar
(b) Filed FEB 9 1943

vs 115

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 19 43, at 5-10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-30-42 to 2-4-43, and that I last saw him alive on Feb 4 19 43.

Immediate cause of death Cardio-respiratory failure — Duration

Due to Cerebral accident

Due to Hypertensive cardiovascular disease

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Franklin Lester M.D.
Address Union Memorial Hospital Date signed 2-4-43

G 00725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

G 00725 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light St.

(c) Hospital or institution: South Balto. Gen. Hosp. 2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 141 N. Highland Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Adam H. Foelber

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-03-7865

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Josephine

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-5-1899

8. AGE: Years 43 Months 4 Days 29 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Balto Transfer

FATHER 12. Name John Foelber

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden Name Louise Lehnies

MOTHER 15. Birthplace Maryland

16 (a) Informant Records

(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2/8/43 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Balto County

18 (a) Funeral director Philip Henry Sons

(b) Address 2024 Orleans St.

19 (a) FEB 5 - 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1943, at 12 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1943 to Feb 4 1943 and that I last saw h. alive on Feb 4 1943

Immediate cause of death Uraemia — Duration

Due to Acute Glomerular Nephritis — 3 months

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature Paul A. Magnuson, M.D.

Address 1213 Light St. Date signed 2/4/43

G 00726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 00726 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West. Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2206 W. North Ave. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

3 (a) FULL NAME Michael Gendason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed or divorced. Married

6 (b) Name of husband or wife Rebecca nee Bruce

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 54 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Max Gendason

13. Birthplace Russia

MOTHER 14. Maiden Name Gertrude ?

15. Birthplace Russia

16 (a) Informant Mrs. Rebecca Gendason

(b) Address 2206 W. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-43 (month) (day) (year)

(c) Cemetery or crematory Hebrew Mt. Carmel

Location Gorman Mill Rd.

18 (a) Funeral director Joe Lewis Inc.

(b) Address 1439 E. Balto. St. Huntington Williams

19 (a) FEB 5 1943 (Date rec'd by local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/4 1943, at 6:00 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh E. McNally M.D. Medical Examiner.
Date signed 2/5/43

VS 6

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be furnished, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1928

G 00727 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St + Portland Ave.
(c) Hospital or institution: Sinai Hospital of Baltimore, Inc.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2038 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie Rosenstein

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Maurice Rosenstein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
52	0.		hr. min.

9. Birthplace Poltz (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Marcus Yankelowz
13. Birthplace Poltz.

MOTHER
14. Maiden Name Sarah —
15. Birthplace Poltz.

16 (a) Informant Harry Balt
(b) Address 116 N. Mansfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5-43 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Franklyn Ave + Phil. Rd.

18 (a) Funeral director Isaac Levin Inc
(b) Address 1439 E. Balto. St

19 (a) (b) Registrar

FEB 1943 Huntington Maryland, Md.

VS F

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-4 1943 at 10 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-3 1943 to 2-4 1943, and that I last saw her alive on 2-4 1943.

Immediate cause of death: Cerebral hemorrhage — Duration: 1 day
Due to: Hypertension
Due to:
Other Conditions: Rheumatic mitral disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Brain hemorrhage, mitral stenosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Moses M. D.
Address Sinai Hosp of Balto, Inc. Date signed 2-4-43
Monument & Portland Ave.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

G 00728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

526

G 00728 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4681 PARK HEIGHTS AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos 6
(e) Length of stay in Baltimore (yrs., mos., or days) 45 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4681 PARK HEIGHTS AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH SEKOFF

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Coleman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15 1875

8. AGE: Years	Months	Days	If less than one day
68	10	18	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name	Jerome Pinerman
13. Birthplace	Russia
MOTHER 14. Maiden Name	Rose
15. Birthplace	Russia

16 (a) Informant Thomas Sekoff-Son
(b) Address 2913 Gold Spring Lane
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-43 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Old Pulaski & Brooklyn Lane
18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E Baltimore St
19 (a) [illegible] (b) [illegible]
(Signature of local registrar) Hortense Hollinger

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 1943, at 11 P.M. 45

21. I certify that death occurred on the date above stated; that I attended deceased from August 1 1942 to February 3 1943, and that I last saw h[illegible] alive on Feb 2 1943.

Immediate cause of death Diabetes
atrio sclerosis
Due to carcinoma of bladder
Due to
Other Conditions

Duration

(Include pregnancy within 3 months of death)
Date of operation Aug 3 - 1942
Major findings of operation: Gangrene of toes - both legs amputated
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benj. Cadan M. D.
Address 2306 Eutaw Pl. Date signed 2-3-43

G 60729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. 60729

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3 N. Sunnybrook Rd
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 N. Sunnybrook Rd (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME Charles R. Wheatley

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-1772

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary E. Wheatley
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 28 1893

8. AGE: Years	Months	Days	If less than one day
49	10	6	— hr. — min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Elevator man
11. Industry or business Fidelity & Deposit Bank

FATHER
12. Name Charles R. Wheatley
13. Birthplace Maryland

MOTHER
14. Maiden Name —
15. Birthplace Maryland

16 (a) Informant Mary E. Wheatley
(b) Address 3 N. Sunnybrook Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md

18 (a) Funeral director F. S. Hilleary Son
(b) Address 300 Eutaw Place

19 (a) (Date received by registrar) FEB 5 1943 Huntington Hill Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3rd 1943 at 1/2 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 28 1943 to Feb 3 1943 and that I last saw h.. alive on Feb 2 1943.

Immediate cause of death: Acute cardiac dilatation — Duration 6 hrs.
Due to: Chronic myocarditis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Laton
Address H. A. Laton Date signed 2/7/43

G 00730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1945

Registered No. 00730

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2815 Nunnemaker
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2815 Nunnemaker Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Georgie M. Dewson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: White | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary M. Deaver

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 9-1864

8. AGE: Years 78 | Months 11 | Days 26 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business Retired

FATHER
12. Name
13. Birthplace Maryland

MOTHER
14. Maiden Name
15. Birthplace Maryland

16 (a) Informant Pete Mackie
(b) Address Masonic Temple Bldg

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 2-7-45 (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Baltimore County Md

18 (a) Funeral director J. B. Shurbert & Son
(b) Address 1300 Eutaw Place

19 (a) [illegible] Washington Blvd Registered

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/4/1945, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1942 to Feb 4 1945 and that I last saw him alive on Feb 3 1945

Immediate cause of death: Coronary thrombosis

Due to Chronic myocardial dis
Generalized arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 1 day
Recent
Years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Mitchell M. D.

Address Date signed

G 00731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

G 00731 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3115 Lelefton Ave
(c) Hospital or institution: 15

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3115 Lelefton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie L. Myers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Geo. H. Myers

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 26 - 1851

8. AGE: Years 91 | Months 3 | Days 7 | If less than one day: hr. min.

9. Birthplace Baltimore County Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ernest T. Victor
13. Birthplace Md

MOTHER
14. Maiden Name Mary E. Kennedy
15. Birthplace Md

16 (a) Informant Mrs. L. A. Roberts
(b) Address 3115 Lelefton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director J. S. Whippert & Son
(b) Address 300 Eutaw Place

19 (a) (Date rec'd by registrar) FEB 5 1943 (b) (Registrar)

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4th 1943 at 2:45 M

21. I certify that death occurred on the date above stated that I attended deceased from Dec 15 1942 to Feb 3 1943 and that I last saw her alive on Jan 31 1943

Immediate cause of death

Myocarditis, Senile
Due to: Dilatation of Heart
Due to: Senile Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: ✓
of autopsy: none

Duration
✓
✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work?
(Specify type of place)
(e) Means of injury ✓

23. Signature Edgar A. Hubbard M.D.
Address 12 19 Eutaw Place Date signed 2/4/43

G 00732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00732

Registered No. 518

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford Co.
(c) City or town Aberdeen.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles W. Deppish

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	057-14-5151	Male	White	Married

6 (b) Name of husband or wife Annie W Deppish
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Oct 27-1870

8. AGE: Years	Months	Days	If less than one day
72	3	6	hr. min.

9. Birthplace Havre de Grace Md (Town, county, and state)
10. Usual Occupation Farm Manager
11. Industry or business Farming

FATHER
12. Name John Deppish
13. Birthplace Havre de Grace

MOTHER
14. Maiden Name Charlotte Brown
15. Birthplace Havre de Grace

16 (a) Informant Mrs Robbin Deppish
(b) Address 724 Dunbarton Rd. Dundalk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7-1943 (month) (day) (year)
(c) Cemetery or crematory Grove Cemetery
Location Near Aberdeen Md

18 (a) Funeral director Penington & Son
(b) Address Havre de Grace, Md

19 (a) FEB 5 - 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1943 at 12:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1943 to Feb 4 1943 and that I last saw him alive on Feb 4 1943.

Immediate cause of death	Duration
Pneumonia	
Due to Uremia	
Due to Carcinoma of Prostate	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Rosenbaum M. D.
Address Univ. Hosp. Date signed 2-4-43

VS 280

Form—5-15-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

G 00733

CERTIFICATE OF DEATH

830 G 00733

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1157 W. Mound ST. 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James Bouldin

(a) RESIDENCE NO. 1157 W. Mount ST. WARD

(Usual place of abode)

S.S. # 213-09-2352

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Dec 19-1871

7 AGE — Years: 71 | Months: 1 | Days: 15 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Blowers ?

(c) Name of employer: Sparrows Point Plant Baltimore Co

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS

10 NAME OF FATHER: James Truck Bouldin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Laura Wheeler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14

Informant: Nettie Henson

(Address) 1157 N. Mount St.

15 Filed FEB 5 - 1943, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Feb 4-1943

17

I HEREBY CERTIFY, That I attended deceased from Feb 1, 1943, to Feb 4, 1943, that I last saw h— alive on Feb 4, 1943, and that death occurred, on the date stated above, at 10.30 ? m.

The CAUSE OF DEATH* was as follows:

Hemiplegia Rt Side Brain

2nd Paralysis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary): Arteria Sclerosis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm. H. Wright, M. D.

2/4, 1943 (Address) 1209 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Arbutus

DATE OF BURIAL: 2/6/43, 19

20 UNDERTAKER: Geo. L. Kelson

ADDRESS: 1303 Preston St.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

G 00734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 00734 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Morgue
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3501 Coolidge Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ~~John R. Schafer~~ John R. Schafer

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Louise (Lula) Schafer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 14, 1867

8. AGE: Years	Months	Days	If less than one day
75	9 11	19	hr. min.

9. Birthplace Baltimore Co., Md. (Town, county, and state)
10. Usual Occupation Retail Meat Business
11. Industry or business

FATHER
12. Name Henry Schafer
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Braun
15. Birthplace Germany

16 (a) Informant Mr. Robert Schafer
(b) Address 3501 Coolidge Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Wilkes Lamorgan
(b) Address 1005 W. Baltimore St. Baltimore, Md.

19 (a) FEB-5-1943 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3, 1943, at 5:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence (Autopsy or Inquiry) obtained by said Inquiry & Inspection had that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to Chronic Myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Schafer M.D. Medical Examiner
Date signed Feb. 8 1943

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G 00735

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 Division St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PEARL "MacLAURIN

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-1623

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1917

8. AGE: Years	Months	Days	If less than one day
29	28		hr. min.

9. Birthplace Lumberton, N.C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John McLaurin
13. Birthplace N.C.

MOTHER
14. Maiden Name Daisy Smith
15. Birthplace N.C.

16 (a) Informant Wallace McLaurin
(b) Address 1616 Division St.

17 (a) burial (b) Date thereof 2-8-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto. Md.

18 (a) Funeral director Hilleary A. Jackson
(b) Address 916 Pennsylvania Ave

19 (a) FEB 5 - 1943 Thurlington Williams
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/4 1943, at 11:00 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to natural death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A.M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McGaffey M.D.
Medical Examiner.
Date signed 2/5/43

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

G 00736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43D

G 00736 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 940 W. Franklin, St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1871
(e) Length of stay in Baltimore (yrs., mos., or days) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 940 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Marshall Hall

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1869

8. AGE: Years	Months	Days	If less than one day
73	10	17	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Brick Yard

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Clarence E. Hall
(b) Address 925 N. Carey, St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5, 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Baltimore

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) FEB 5 - 1943 (Registered by registrar) Huntington Williams M.D. (Address)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1943, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 19__ to Feb 3 1943, and that I last saw [illegible] alive on Feb 2 1943.

Immediate cause of death Hypostatic Pneumonia — Duration 3 days.
Due to Arteriosclerosis & Paraplegia — Duration 2 yrs.
Due to Senility
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno. A. Mitchell M.D.
Address 511 N. Schroeder St. Date signed Feb 4 43

G 00737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00737 Registered No. 93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 48 & 4 Roland Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Henry Snow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Lizzy Snow (2nd wife) 6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) July 2, 1858

8. AGE: Years	Months	Days	If less than one day
84	7	2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Office Bldg Owner
11. Industry or business Real Estate Self

FATHER
12. Name Charles H. Snow
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Ellen Deloes
15. Birthplace Baltimore Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6, 1943 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Aves. Balto. Md.

FEB 5 1943 Huntington Williams M.D.
(Date filed by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1943, at 10 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1943 to Feb 4 1943, and that I last saw him alive on Feb 4 1943.

Immediate cause of death Cardio-respiratory failure

Due to Coronary occlusion

Due to Arteriosclerotic cardiovascular disease

Other Conditions Pneumonia, acute, lower lobe, right

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
4½ mos.
4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Eagle M. D.
Address Union Memorial Hosp. Date signed 2-4-43

VS 150

G 00738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 00738 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and the answer "Unknown" should be written where the information cannot be obtained. Ditto marks should not be used. Fill in all blanks. Physicians: please write the causes of death clearly and state the duration in terms of hours, days, months or years, as the case may be. Please report the exact house number, and if in a hospital or institution, the ward. Please report the usual residence of the deceased, even if death occurred elsewhere. Please report the correct age in each case, and if less than one day, the exact hours or minutes. Information as to color or race, whether single, married, widowed or divorced, and the name of husband or wife is especially important. Physicians: please write the causes of death clearly and state the duration in terms of hours, days, months or years, as the case may be.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3409 Gunaway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Mary Belotenzo

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20. 1942

8. AGE: Years	Months	Days	If less than one day
	10	17	13 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Albert. DeBenzo
13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Rose Lynch
15. Birthplace New York

16 (a) Informant Albert. DeBenzo
(b) Address 3409 Gunaway

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-6-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road Rosedale Md

18 (a) Funeral director Rendell Klapsel
(b) Address 3 E. Highland Ave.

19 (a) Filed [illegible] (b) [illegible] Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3 1943 at 9.20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3 1943 to Feb. 3 1943 and that I last saw her alive on Feb. 3 1943

Immediate cause of death Lobar Pneumonia — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fusting M. D.
Address St. Joseph's Hosp Date signed 2-3-43

VS 3

G 00739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1170

G 00734 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address /
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Middle River (If outside city or town limits, write RURAL and give town)
(d) Street No. Box 3766 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Theodore Joel Louis LESKO

3 (b) If veteran, name war

3 (c) Social Security Account No. 104-03-0306

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Freda Limoncelli

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1902

8. AGE: Years	Months	Days	If less than one day
40	7	17	hr. min.

9. Birthplace Conn. (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Western Electric Co

FATHER
12. Name Louis Lesko
13. Birthplace Austria

MOTHER
14. Maiden Name Rose Havery
15. Birthplace Austria

16 (a) Informant Mrs. Freda Lesko
(b) Address Middle River

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-43 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Holly
Location N. J.

18 (a) Funeral director Harry A. Fritzke
(b) Address 4701 Edmondson Ave

FEB 5 - 1943 (Date rec'd by registrar) (b) Huntington Williams Jr.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/4 1943, at 12:45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said Inquiry find that said deceased came accidental (Autopsy or Inquiry) to death on the day stated above.

Immediate cause of death: Anesthetic Poisoning (Spinal - Novocaine)
Due to: Operation - Gastric Ulcer.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2/4 at 12.42 PM
(c) Where did injury occur? Balto. Univ. Hosp. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Hospital operating room While at work? No (Specify type of place)
(e) Means of injury Spinal Anesthetic Poisoning

23. Signature Hugh A. McNally M.D. Medical Examiner.
Date signed 2/5/43.

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly

G 00740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00740 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3613 Milford Ave
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo 26 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Rockdale
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3613 Milford Mill Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia Stalle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: John Stahle
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 26 1865
8. AGE: Years 78 | Months - | Days 109 | If less than one day hr. min.
9. Birthplace Germany (Town, county and state)
10. Usual Occupation Attendant Study Room
11. Industry or business Peabody Conservatory

FATHER
12. Name [illegible]
13. Birthplace Germany

MOTHER
14. Maiden Name Hukenoos
15. Birthplace Germany

16 (a) Informant Irene K Hoffleth
(b) Address 3613 Milford Mill Road
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 8 1943 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md.
18 (a) Funeral director Harry A Branaccio
(b) Address 4 Ridgewood Ave
FEB 5 - 1943
Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-5-43 19 , at 6 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-23-42 19 , to 2-5- 19 43 and that I last saw her alive on 2-5-43 19 .

Immediate cause of death Myocardial failure with Pulmonary Edema. — Duration

Due to Hypertensive Arterio sclerotic Cardio Vascular Renal

Due to

Other Conditions Diabetes Mellitus Chronic ulcer Rt Leg
(Include pregnancy within 3 months of death)

Date of operation 1-23-43.

Major findings of operation: Chronic Leg ulcer - Amputation Leg

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. L. Beverly Jr. M. D.
Address University Hospital Date signed 2-5-43

Original 00741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V178A

Registered No. 00741

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3319 Mueller ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Mueller St
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3319 Mueller St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME (Mrs.) Martha Kress

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Henry F. Kress

6 (c) If widowed, give age years

7. Birth date of deceased (mo., day, yr.) July 28 - 1876

8. AGE: Years 66 Months 6 Days 6 5 If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Louis

13. Birthplace Germany

MOTHER 14. Maiden Name Francisca Bandsondt

15. Birthplace Germany

16 (a) Informant John Kress

(b) Address 2229 E. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6/43 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart Cem

Location Govans Hill Rd.

18 (a) Funeral director John F. Miller

(b) Address 2334 Jefferson Ave. Baltimore, Md.

19 (a) FEB 5 1943 Registrar

(b) Date of Registration

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3rd 1943, at 3 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Asphyxiation due to illuminating gas

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Feb. 3 1943 P M
(c) Where did injury occur? 3319 Mueller St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? At home While at work? No
(Specify type of place)
(e) Means of injury Gas from burner turned on.

23. Signature Robert Lee Featherston M.D.
Medical Examiner

Date signed Feb. 5 1943

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and

G 00742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160c

Registered No. G 00742

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hospital for Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL, and give name)
(d) Street No. 105 Greenbriar Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Polk - [Twin #1]
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male
5. Color or race W
6 (a) Single, married, widowed, or divorced
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years C | Months | Days | If less than one day: 0 hr. 10 min.
9. Birthplace Woman's Hospital (Town, county, and state)
10. Usual Occupation
11. Industry or business

PARENTS
12. Name Albert Sydney Polk, Jr.
13. Birthplace Balto. Co.
14. Maiden Name Mary Anna Sutch
15. Birthplace Balto. Co.

16 (a) Informant Father
(b) Address 105 Greenbriar Rd. Towson
17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Cremation
Location Woman's Hospital
18 (a) Funeral director
(b) Address
19 (a) FEB 5 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1943 at 10:12 AM
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1943 to Feb 3 1943; and that I last saw him alive on Feb 3 1943
Immediate cause of death Prematurity
Due to premature separation of placenta
Due to
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur while at work? (Specify yes or no) (Specify type of place)
(e) Means of injury
23. Signature J. Arthur Yost M.D.
Address Woman's Hosp. Date signed Feb 5/43

VS 8

G 00743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 C

G 00743

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hospital for Women of Md
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 105 Greenleaf Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Polk | Twin #2

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			0 hr. 10 min.

9. Birthplace Lorraine Hospital
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Albert Sydney Polk, Jr.
13. Birthplace Balto. Co.

MOTHER
14. Maiden Name Mary Anna Sutch
15. Birthplace Balto. Co.

16 (a) Informant Father
(b) Address 105 Greenleaf Rd. Towson

17 (a) Cremation (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cremation
Location Md. Womens Hospital

18 (a) Funeral director
(b) Address

19 (a) FEB 5 1943 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-3 1943 at 11:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1943 to Feb 3 1943 and that I last saw h[illegible] alive on Feb 3 1943

Immediate cause of death Prematurity Premature separation of placenta — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Arthur Lyon, M.D.
Address Womans Hospital Date signed 2/3/43

VS 3

CAUSE WORDS PRINTED WITH UNDERLINE INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 06744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1837 N Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1837 N Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth M Smith

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Louis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6 1866

8. AGE: Years 76 | Months 4 | Days — | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry Grimm
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary Kovonough
15. Birthplace Unknown

16 (a) Informant Maurice Pulkoski
(b) Address 1844 Wilkens Ave

17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof 2 (month) 8 (day) 43 (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Milton Cohen
(b) Address 1317 E Fort Ave

19 (a) FEB 5 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1943, at 10 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1943 to Feb 4 1943 and that I last saw h[illegible] alive on Feb 4 1943.

Immediate cause of death Cerebral Hemorrhage — Duration 7 days
Due to Arteriosclerosis — 2
Due to —
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James F Cunningham
Address 701 Medical Arts Bldg Date signed Feb 5 43

G 00745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00745 Registered No. 131B

PRINCIPAL WAITS PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Upper Falls (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Elizabeth Hart

3 (b) If veteran, name war: W
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M

6 (b) Name of husband or wife Mr. Stewart Hart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1907

8. AGE: Years	Months	Days	If less than one day
35	4	19	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Harvey Buckingham
13. Birthplace Harford Md.

MOTHER
14. Maiden Name Mary Gregg
15. Birthplace Maryland

16 (a) Informant Hospital Nurses
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2/8/43 (month) (day) (year)
(c) Cemetery or crematory Forkville Md.
Location Forkville Md.

18 (a) Funeral director Phillips Co Inc
(b) Address 317 N. Eutaw St. Baltimore Md.

FEB 5 1943 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4 1943, at 10.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20 1943, to Feb. 4 1943, and that I last saw h.C.C. alive on Feb. 4 1943.

	Duration
Immediate cause of death: Uremia	7
Due to Chronic glomerulo-nephritis	?
Due to	
Other Conditions Bronchopneumonia	15 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Ellenberg M.D.
Address Church Home & Infirmary Date signed 2/5/43

VS 3

G 00746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E C 00746
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harvard & Madison Ave
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 313 Lorraine Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Miss Catherine M. D'Arcy

3 (b) If veteran, name war N | 3 (c) Social Security Account No. NONE

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife no

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 1874

8. AGE: Years 68 | Months 89 | Days 8 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name John D'arcy
13. Birthplace Ireland

MOTHER 14. Maiden Name Elizabeth D'arcy
15. Birthplace Ireland

16 (a) Informant Mrs Agnes Slattery
(b) Address 313 W. Lorraine Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 2/6/43 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St.

19 (a) (b)

Huntington Hollins

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1943 at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1943 to Feb 3 1943 and that I last saw h. alive on Feb 3 1943

Immediate cause of death Congesting heart failure — Duration

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Herman Williams M. D.
Address Maryland General Hosp. Date signed Feb 3 43

correct age is especially important. Physicians: please write the causes of death clearly and

Haas
G 00747

✓ G 00747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Reisterstown Ave
(c) Hospital or institution: Highland Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) If outside city or town, give town 5607 Roland Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Mary Haas.

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1860

8. AGE: Years 83 Months 1 Days 0 If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county and state)

10. Usual Occupation None

11. Industry or Business

FATHER
12. Name John M Haas
13. Birthplace Md

MOTHER
14. Maiden Name Johanna Grahmm
15. Birthplace Md

16 (a) Informant Mrs Michael Haas
(b) Address 6000 Reisterstown Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 Feb 43 (Month) (day) (year)

(c) Cemetery or crematory St John's Cemetery
Location Baltimore Md

18 (a) Funeral director Tilton & Son
(b) Address 1217 E Fort Ave

19 FEB 5 1943 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/5/43 19 , at 2 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 13 1943 to 2/5/43 19 , and that I last saw h[illegible] alive on 2/5/43 19 .

Immediate cause of death: Gen'l Carcinomatosis — Duration 5 Yrs

Due to: Ca Face

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H H Whitacre M. D.

Address 43 • S Ye Pky Date signed 2/5/43

correct age is especially important. Physicians: please write the causes of death clearly

VS 3

G 00748 ✓ G 00748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 626 Pitcher St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore ✓
(If outside city or town limits, write RURAL and give town)
(d) Street No. 626 Pitcher St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME James Proctor

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ervie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 17, 1896

8. AGE: Years 47 | Months 0 | Days 16 | If less than one day hr. min.

9. Birthplace Upper Marlboro, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Gladys Stepney
(b) Address 626 Pitcher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5, 1943 (month) (day) (year)

(c) Cemetery or crematory
Location Upper Marlboro, Md.

18 (a) Funeral director Mrs. George W. Mullen
(b) Address 1631 Druid Hill Ave

19 (a) Date received OCT 5 - 1943 (b) Registrar's signature Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-3 1943 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/30 1943 to 9-3 1943, and that I last saw him alive on 9-3-1943.

Immediate cause of death
a. Acute pneumonia — Duration 1 week
Due to Acute Cardiac Dilatation
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Kaplan M.D.
Address 1600 N. Eden St. Balto Md

2901 Edmondson Ave

S 00749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G 00749 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 Poplar Grove St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 Poplar Grove St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Angelina Alagna

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Francesco
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1 1872

8. AGE: Years 70 | Months 9+ | Days 3 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Georgio Carunello
13. Birthplace Italy

MOTHER
14. Maiden Name
15. Birthplace Italy

16 (a) Interment Daughaty
(b) Address 618 Poplar Grove St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8-43 (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frank J. Pipitone
(b) Address 518 E. Baltimore St

19 (a) [illegible] Huntington Ave. Registrar
(b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4th 1943 at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1942 to Feb 4 1943 and that I last saw h[illegible] alive on Jan 3 1943.

Immediate cause of death: Hypostatic pneumonia + degenerations.
Due to Generalized arteriosclerosis
Due to
Other Conditions Chronic nephritis

Duration: Several years

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Michel, M.D.
Address 2901 Edmondson Date signed Feb 5 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct and is especially important. Physicians: please write the causes of death clearly and

G 00750 ✓ G 00750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Cause and age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 642 E. 28th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 642 E. 28th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel A. Harris

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M. | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Sarah Harris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1873

8. AGE: Years 69 | Months 9 | Days 31 | If less than one day hr. min.

9. Birthplace Alex, Va (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER 12. Name Samuel Harris Sr.
13. Birthplace Va

MOTHER 14. Maiden Name Martha Harris
15. Birthplace Va

16 (a) Informant Sarah Harris
(b) Address 642 E. 28th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1900 Brandon

FEB 5 - 1943

(Date rec'd by registrar) (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3, 1943 at 9:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1942 to Feb 3 1943 and that I last saw her alive on Feb 1 1943

Immediate cause of death Acute Stenosis

Due to Arteriosclerosis

Due to age; Ford Worse Medi dist

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration: 2 m 3 4 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos H. Wright

Address 1209 Madison ave Date signed 2/4/43

Huntington Hillsman, M.D.

G 00751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00751

46B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St. & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Wyanoke Ave.,
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. MAMIE TORBERT

3 (b) If veteran, name war: —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	

6 (b) Name of husband or wife MR ROBERT R. TORBERT
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Sept. 28, 1885

8. AGE: Years	Months	Days	If less than one day
57	4	7	hr. min.

9. Birthplace MARYLAND (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name MR. JOSEPH ALLEN
13. Birthplace Penn.

MOTHER
14. Maiden Name FANNIE REED
15. Birthplace MARYLAND

16 (a) Informant MR ROBERT R Torbert Husband
(b) Address 701 Wyanoke Ave. City

17 (a) 2/8 (Burial, cremation, removal) (b) Date thereof 2/8/43 (month) (day) (year)

(c) Cemetery or crematory Moreland Memorial
Location Taylor Ave

18 (a) Funeral director Leonard J. Roach
(b) Address 5305 Harford Rd

19 (a) Huntington Williams (Signature of local registrar)

FEB 5 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4 1943 at 9:36 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1943 to Feb 4 1943 and that I last saw her alive on Feb 4 1943.

Immediate cause of death	Duration
Cardio - Resp failure	
Due to Gastric Hemorrhage	2 days
Due to Generalized Abdominal Carcinomatosis from Carcinoma of Stomach	? ?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 1-29-43
Major findings of operation: Generalized Abdominal Carcinomatosis from Ca. of Stomach
Date of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence At M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank H. Ridgely M.D.
Address Union Memorial Hospital Date signed 2-4-43
Baltimore, Md.

G 00752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 330

G 00752 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3131 Lawnview Av
(c) Hospital or institution: 8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3131 Lawnview Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Barbara K. Dippold

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F. M.
5. Color or race W
6 (a) Single, married, widowed, or divorced. S
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 22, 1873
8. AGE: Years 69 Months 2 Days 11 If less than one day hr. min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Martin Dippold
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Fleischman
15. Birthplace Germany

16 (a) Informant Miss. Mary Dippold
(b) Address 3131 Lawnview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Buck
(b) Address 5305 Harford Rd

FEB 5 1943 (Date registered) Wellington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 1943, at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 31 1943, to Feb 3 1943, and that I last saw h- alive on Feb 2 1943.

Immediate cause of death Cerebral hemorrhage.

Duration

Due to

Due to

Other Conditions Arteriosclerosis — Hypertension. 10 Days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. J. Schmidt, M. D.
Address 701 N. Fremont Ave Date signed 2/4/43

Not age is especially important. Physicians: please write the causes of death clearly and

G 00753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G 00753 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4309 Willoline Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4309 Willoline Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Natalie Zawadsky

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Frederick Zawadsky
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1894

8. AGE: Years	Months	Days	If less than one day: hr.	min.
48	5	9		

9. Birthplace Russian (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Phillip Dementuik
13. Birthplace Russian

MOTHER
14. Maiden Name Pelgia ?
15. Birthplace Russian

16 (a) Informant Frederick Zawadsky
(b) Address 4309 Willoline Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 7-43 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Anne Arundel County

18 (a) Funeral director John G. Trebincky
(b) Address 423 S. Paca St

19 (a) FEB 5 - 1943 (Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 1943 at 3 05 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Chronic myocardial degeneration — Duration

Due to acute pulmonary edema

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Fretwell M.D.
Medical Examiner.
Date signed Feb 4 1943

Correct age is especially important. Physicians: please write the causes of death clearly and fully.

VS 6

G 00754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G 00754 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1534 E Pratt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1534 E Pratt St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MAXIN KLOCHKOW or Mat Kloshko

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-4417

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1849

8. AGE: Years 53 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(City, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name ?
13. Birthplace Russia

MOTHER
14. Maiden Name ?
15. Birthplace Russia

16 (a) Informant Annie Klochko
(b) Address 1534 E. Pratt St.

17 (a) Burial (b) Date thereof Feb 6-43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Anne Arundel County

18 (a) Funeral director John G. Gretzinger Jr
(b) Address 423 S. Paca St

19 (a) Feb 5 1943 (b)
(Signature of registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1st 1943 at 4 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Z. Williams Jr M.D.
Coroner Medical Examiner
Date signed 2-1-43

VS 6

42-B 00755 ✓ G 00755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County HARford
(c) City or town Forrest Hills P.O.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Mae Amos

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-1-39

8. AGE: Years	Months	Days	If less than one day
56	1	43	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name JAMES AMOS
13. Birthplace Md

MOTHER 14. Maiden Name MARY BAUBLITZ
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8-43 (month) (day) (year)
(c) Cemetery or crematory St James
Location Marston Md

18 (a) Funeral director Marshall & Reed
(b) Address Sandtaville Md

FEB 5 1943 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1943 at 10.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 27 1943 to Feb 4 1943 and that I last saw h. ~~CR~~ alive on Feb 4 1943

Immediate cause of death Cerebral Hemorrhage thrombosis — Duration

Due to Congenital Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert W. Solomon M.D.
Address J. Hopkins Hosp Date signed 2/5/43

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

Registered No. C 007516

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1418 Patapsco Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Schwartz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Wesley W. Schwartz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26, 1859

8. AGE: Years	Months	Days	If less than one day
83	4	9	hr. min.

9. Birthplace Pittston, Pa. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles R. Gorman
13. Birthplace Pa.

MOTHER
14. Maiden Name Mehetabel Schooley
15. Birthplace Pa.

16 (a) Informant Mrs. B. B. Carpenter
(b) Address 5 Maple Sts., W. Pittston, Pa.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-5-43 (month) (day) (year)
(c) Cemetery or crematory
Location Pittston Pa.

18 (a) Funeral director William J. Tukenhoff Sons
(b) Address Pittston Pennsylvania

19 FEB 6 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 1943 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Bronchial Carcinoma	M.T.M.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 2/5/43.

VS 6

0757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

Registered No. G 00757

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3028 Walbrook Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3028 Walbrook Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie E. Ross

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Alexander S. Ross

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27, 1849

8. AGE: Years 93 yrs. Months 10 Days 7 If less than one day hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Samuel Winks
13. Birthplace Not Known

MOTHER
14. Maiden Name Elizabeth Glass
15. Birthplace Not Known

16 (a) Informant Miss Elizabeth Ross
(b) Address 3028 Walbrook Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1943 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Aves.

19 FEB 6 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4, 1943, at 6 Hr. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 4 1943, to Feb 4th 1943, and that I last saw her alive on Feb 4th 1943.

Immediate cause of death
Heart Failure
Senile Regulation of Heart
Due to Chronic Nephritis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation Not
Major findings of operation

of autopsy: No

Duration
7 days
8 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Herbert E. Zapp M. D.
Address 3048 N. North Ave. Date signed 2/7/43

VS 8

00758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B Registered No. F 00758

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2310 Roslyn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 Roslyn Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Susan Nolan Stewart

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John E. Steward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July22 1870

8. AGE: Years	Months	Days	If less than one day
72	6	11	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Nolan
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Charles F. Stewart
(b) Address 2310 Roslyn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Cemetery
Location Baltimore, Md

18 (a) Funeral director Wm. J. TICKNER & SONS INC.
(b) Address North & Pa Aves.

19 (c) FEB 6 - 1943 Huntington Williamsburg

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3, 1943 at 12:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 13 1944, to Feb 4 1943, and that I last saw h[illegible] alive on Feb 3rd 1943.

Immediate cause of death Carcinoma of Stomach

	Duration
a.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Goldberg
Address 2462 Eutaw Pl. Date signed 2/4/43

VS 3

G 00759 ✓ G 00759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2129 Madison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2129 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Infant Patricia Stothard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col.

6 (a) Single, married, widowed, or divorced Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1943

8. AGE: Years | Months | Days -1 | If less than one day 12 hr. min.

9. Birthplace 2129 Madison Ave; Balto, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business —

MOTHER | FATHER

12. Name Albert Stothard

13. Birthplace Baltimore, Md.

14. Maiden Name Vivian Bolton

15. Birthplace Washington, D.C.

16 (a) Informant Vivian Bolton

(b) Address 2129 Madison Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/4/43 (Month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location

18 (a) Funeral director Adolphus Hall

(b) Address 9 E Eager St Balto

19 (a) (Informant's signature) (b) Huntington Williams, M.D.

FEB 6 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1943, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1943 to 1943, and that I last saw h alive on Feb 4 1943.

Immediate cause of death

Asphyxia

Due to Prematurity (30 wks)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy —

Duration: 1 day

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Huntington Williams M.D.

Address 2143 Madison Date signed 2/7/43

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. G 00760

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1034 S. Sharp St;
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1034 S. Sharp St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNIE KING DOWNS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife William Downs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1892

8. AGE: Years	Months	Days	If less than one day
50 52	8	4	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Frances Howard
15. Birthplace N. C.

16 (a) Informant Mr William Downs
(b) Address 1034 S. Sharp St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Cem.
Location Anne Arundel Co., Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) FEB 6 1943 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4, 1943 19 at 9:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 22 1943, to Feb 4 1943, and that I last saw her alive on Feb 4 1943.

Immediate cause of death	Duration
Chronic Cardio-renal disease	
Due to Unknown	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John W. Gaines M. D.
Address 6636 W. Baltimore Date signed 2/5/43

VS 180

00751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G 00761 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1122 N. Fremont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1122 N. Fremont
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Thormavia

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife Brenzie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1906

8. AGE: Years	Months	Days	If less than one day
36	2	10	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business "

FATHER
12. Name James Landon
13. Birthplace Maryland

MOTHER
14. Maiden Name ?
15. Birthplace Maryland

16 (a) Informant Sarah Boone
(b) Address 1122 N. Fremont Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 2-6-43 (month) (day) (year)
(c) Cemetery or crematory Arlington Cem.
Location Arlington, Md.

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Druid Hill Ave.

19 FEB 6 1943 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/5 1943, at 3:15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to natural death on the day stated above.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D. Medical Examiner.
Date signed 2/5/43

VS 6

G 00762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G 00762

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette + Calhoun
(c) Hospital or institution: Franklin Square
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2022 Wilken Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thelma L Sagha

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 22, 1942

8. AGE: Years 5 | Months 5 | Days 13 12 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Louis J. Sagha
13. Birthplace Cincinnati Ohio

MOTHER 14. Maiden Name Delphine Causey
15. Birthplace Missouri

16 (a) Informant Mr. Louis J. Sagha
(b) Address 2022 Wilken Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-43 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3401 Frederick Rd

18 (a) Funeral director Harry H. Wilken
(b) Address 4101 Edmondson Ave.

19 (a) 2/6/43 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20

28. DATE OF DEATH February 4 1943, at 4 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1943, to Feb 4 1943, and that I last saw her alive on Feb 4 1943

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis E. Thompson Jr. M. D.
Address East Lanvale St. Date signed 2/6/43

VS 8

G 00763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G-00763
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1721 N. Regester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1721 N. Regester St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rosa Dausch

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Henry W
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1880

8. AGE: Years	Months	Days	If less than one day
63	-	14	13 hr. min.

9. Birthplace Freeland, Ba Hrn. Co.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name ? Schlafam
13. Birthplace N. Freedom, Pa.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Henry W. Dausch
(b) Address 1721 N. Regester St.

17 (a) Burial (b) Date thereof 2/8/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. John the Baptist
Location New Freedom, Pa.

18 (a) Funeral director M. W. E. Pippels Sons
(b) Address Homestead & Ann Sts.

19 (a) Feb 6 1943 (b) Huntington Williams, M.D.
(month) (day) (year) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6 1943, at 8 35 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1943 to Febr 4 1943, and that I last saw [illegible] alive on Feb. 4 1943

Immediate cause of death Cerebral Hemorrhage — Duration 1 week

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Strenger, M.D.
Address 1402 Eastern Date signed 2-5-43

00764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30

Registered No. 6 00764

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
7-3
(d) Street No. 705 George Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK DOUGLAS HASTEY

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 218-14-3987

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1890

8. AGE: Years 52 53 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace Charlotte, North Carolina (Town, county, and state)

10. Usual Occupation PAINTER

11. Industry or business

FATHER
12. Name SKARVER HASTEY
13. Birthplace NORTH CAROLINA

MOTHER
14. Maiden Name CORNELIA JONES
15. Birthplace NORTH CAROLINA

16 (a) Informant RECORDS • US MARINE HOSPITAL
(b) Address BALTIMORE, MARYLAND

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 6, 1943 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Baltimore, Md.

18 (a) Funeral director Mrs. Lucey W. Williams
(b) Address 1639 Monthaven Ave.

19 FEB 6 - 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 2, 1943 at 7:20 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Jan. 2, 1943 to Feb. 2, 1943 and that I last saw him alive on Feb. 2, 1943

Immediate cause of death: Valvular heart disease, aortic regurgitation — Duration: Unk.
Due to: Syphilitic aortitis — Duration: Unk.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Maryland. Date signed 2/3/43

VS 180

G 00765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13R

G 00765

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1207 N. Durham St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-7
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 N Durham St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sinious Hester

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 23 1924

8. AGE: Years	Months	Days	If less than one day
20	2	11	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Mess Boy
11. Industry or business U. S. C. G.

FATHER
12. Name Sidney Hester
13. Birthplace NC

MOTHER
14. Maiden Name Queeni Toles
15. Birthplace Va

16 (a) Informant Sidney Hester
(b) Address 1207 N Durham St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 6 43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto. Co.

18 (a) Funeral director Rayner Sanders
(b) Address 1612 E. Preston St

19 (a) FEB 6 - 1943 (Date rec'd by registrar)

Huntington Hall Registrar

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1943 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1943 to Feb 4 1943, and that I last saw h. alive on Feb 4 1943.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 1 Year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alland R. Lafon M.D.
Address 622 N. Bond St Date signed 2/9/43

G 00766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

G 00766 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Ave
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 54 N. Morley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John. R. Gutch
3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret Gutch
6 (c) If alive, give age 72 years
7. Birth date of deceased (mo., day, yr.) April 26th 1870

8. AGE: Years	Months	Days	If less than one day
72	9	9	hr. min.

9. Birthplace Md. (State, country, and state)
10. Usual Occupation Retired Engineer
11. Industry or business B. & O. R.R.

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Margaret Gutch
(b) Address 54 N. Morley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8th 1943 (month) (day) (year)
(c) Cemetery or crematory London Park Cem. Location Balto

18 (a) Funeral director Bagley F. Dill
(b) Address 1501 E. Fort Ave

FEB 6 1943 Huntington Williams, M.D. (Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5 1943, at 12.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1943, to Feb 5 1943, and that I last saw h alive on Feb 3 1943

Immediate cause of death
Respiratory failure
Due to Cerebral Hemorrhage

Duration
36 hours

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Zapp M. D.
Address 3101 W Baltimore Date signed 2/6/43

G 00787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

730 Registered No. G 00787

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2420 Maryland Ave.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 T
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2420 Maryland Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3 (a) FULL NAME ANNA C. WHITESIDE

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Edgar I. Whiteside
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1882

8. AGE: Years	Months	Days	If less than one day hr.	min.
60	9	6		

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name John R. Schaefer
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Anne E. MacClellan
15. Birthplace Baltimore, Maryland

16 (a) Informant Edgar I. Whiteside
(b) Address 2420 Maryland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/43 (month) (day) (year)
(c) Cemetery Lorraine
Location Windsor Mill Road

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

FEB 6 1943

(Local registrar) Huntington Williams M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 19 at 2 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1942 to Feb 5 1943 and that I last saw h alive on Feb. 4, 1943.

Immediate cause of death Pernicious Anaemia — Duration 2½ mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Aplastic anemia (Pathologist)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo E Wells M. D.
Address [redacted] Edmondson Ave. Date signed

G 00768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G 00768 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 608 Winans Way
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Winans Way (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Rachel E. Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1861

8. AGE: Years	Months	Days	If less than one day
82	--	30	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Alexander Robinson
13. Birthplace N. Y.

MOTHER
14. Maiden Name Mary Robinson
15. Birthplace Ireland

16 (a) Informant Mrs. Virginia Atkinson
(b) Address 2809 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

FEB 6 1943

(Date received by registrar) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH FEB 4 1943 at 10.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from FEB 1 1943 to FEB 4 1943 and that I last saw h[illegible] alive on FEB 4 1943.

Immediate cause of death
Cerebral Hemorrhage — Duration 2-4-43

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Wilson M.D.
M. D.

Address 682 Washington Blvd Date signed

G 00769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 482

Registered No. G 00769

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2517 Huron
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2517 Huron (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Martha M. Gray

3 (b) If veteran, name war — | 3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Clifton Gray
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 10, 1894

8. AGE: Years 48 | Months 3 | Days 24 | If less than one day ___ hr. ___ min.

9. Birthplace Statesville N C. (Town, county, and state)

10. Usual Occupation Laundress

11. Industry or business

FATHER
12. Name Samuel Hall
13. Birthplace Statesville N C.

MOTHER
14. Maiden Name Nancy Burke
15. Birthplace Statesville N C

16 (a) Informant Clifton Gray
(b) Address 2517 Huron

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-6-43 (month) (day) (year)
(c) Cemetery or crematory Statesville
Location North Carolina

18 (a) Funeral director Mrs Nate R. Williams
(b) Address 322 N Schroeder St

19 (a) Filed Feb 6 1943 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1943 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1942 to Feb 4 1943 and that I last saw h[illegible] alive on Feb 4 1943

Immediate cause of death Carcinoma of uterus | Duration 8 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H Watts M. D.
Address 515 N Washington St Date signed 2/8/43

correct age is especially important. Physicians: please write causes of death clearly and legibly.

G 00770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G 00770 182N Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 19 S. Calhoun St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 S Calhoun St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SANDRA LEE WALBERT

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife ✓
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Jan 14, 1943

8. AGE: Years	Months	Days	If less than one day
		21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name William A. Walbert
13. Birthplace Rock Hall Md

MOTHER 14. Maiden Name Anna May Coleman
15. Birthplace Rock Hall Md

16 (a) Informant Mr William A. Walbert
(b) Address 19 S. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/1943 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location 2930 Pulaski Hy.

18 (a) Funeral director Stull Conner & Co
(b) Address 90 & 93 Wolfe St

19 FEB 8 1943 (Filed by Registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6, 1943 at 8 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Asphyxiation — Duration

Due to: Suppuration from bed clothes

Due to:

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation: No

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. A. Wollenweber M.D.
Asst Medical Examiner.
Date signed 2-6-43

G 00771 G 00771

AB78015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo 20 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Anchorage Hotel-Broadway & The Mall (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Tittle

212-16-4667

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
NO	NONE	M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29-1880

8. AGE: Years	Months	Days	If less than one day hr	min
62	5	7		

9. Birthplace Ga. (Town, county, and state)
10. Usual Occupation Box Repairer
11. Industry or business

FATHER 12. Name Richard Tittle
13. Birthplace Ga.

MOTHER 14. Maiden Name Catherine HALE
15. Birthplace Ga.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 9/43 (month) (day) (year)
(c) Cemetery or crematory HOOKERS CEM.
Location HOOKERS Ga.

18 (a) Funeral director Lilly & Zeiler F.H.
(b) Address 403 S. WOLFE ST.

19 FEB 9 1943 Huntington Williams Reg.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-5 1943 at 8:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-16 1942 to 2-5 1943.
and that I last saw h/ him alive on 2-5 1943.
Immediate cause of death Uremia — Duration 3 days
Due to Cardiac decompensation — 3 mos.
Due to Arteriosclerotic V.H.D.
Other Conditions Abscess left leg
(Include pregnancy within 3 months of death)
Date of operation 12-18-42
Major findings of operations Abscess left leg
of autopsy none.

PHYSICIAN: Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry J. Davis M. D.
Address Balt. City Hosp. Date signed 2-5-43

G 00772 ✓ G 00772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 6

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED: BALTIMORE
(a) State Md. (b) County ~~Anne Arundel~~
(c) City or town Baltimore LANSDOWNE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 618 Washington Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME WHIDBY, Stanley ✓

3 (b) If veteran, name war: NC
3 (c) Social Security Account No.: NONE
4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: S
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 21, 1942
8. AGE: Years | Months: 5 | Days: 15 | If less than one day: hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation infant
11. Industry or business

FATHER
12. Name J. C. Whidby
13. Birthplace Belford, Georgia

MOTHER
14. Maiden Name Elizabeth Wimp
15. Birthplace Clairmont, Georgia

16 (a) Informant Hospital records
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 8/43 (month) (day) (year)
(c) Cemetery or crematory GAINESVILLE CEM.
Location GAINESVILLE GEORGIA

18 (a) Funeral director Lilly & Zeiler
(b) Address 403 S. ~~HOLLEE~~ ST. Washington Parkway

19 FEB 9 19[illegible] (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5 1943, at 11 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1943, to Feb 5 1943, and that I last saw h in alive on Feb 5 1943.

Immediate cause of death: meningitis — Duration: 2 days
Due to: meningococcus
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Margaret H. D. Smith M. D.
Address Sydenham Hosp Date signed 2-6-43

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

G 00773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164c

G 00773 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. th 4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 328 N. Greene St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Virgil Graham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Emma Ruth Graham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 8th 1921

8. AGE: Years	Months	Days	If less than one day
21	10	26	hr. min.

9. Birthplace ~~Harlowton~~ Mean W. Va. (Town, county, and state)
10. Usual Occupation Machine operator
11. Industry or business Cumming Pipe Co

FATHER
12. Name A. L. Graham
13. Birthplace ~~Harlowton~~ W. Va

MOTHER
14. Maiden Name ~~Harlowton~~ Martha Daniels
15. Birthplace " W. Va.

16 (a) Informant Albert Herzeg
(b) Address Old Bridge, N. J.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Oak Wood
Location Princeton W. Va

18 (a) Funeral director Hunicutt Bros
(b) Address 127 E. Paul St

19 (Date received by local registrar) Huntington W. Va (Registrar)

CERT # 104

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/4 1943 at 7.10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to Suicide death on the day stated above.

Immediate cause of death: Bullet Wound Chest, Right.

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 2/4/43 at 7.00 P M
(c) Where did injury occur? Baltimore (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Bullet Wound Rt. Chest

23. Signature Hugh A Jackelly M.D. Medical Examiner
Date signed 2/5/43.

G 00774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00774
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) ~~State~~ Pennsylvania (b) County
(c) City or town Hanover (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 York Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs John Henry Ruth (Hilda Ruth)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Mr John Henry Ruth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1889

8. AGE: Years	Months	Days	If less than one day: hr.	min.
53	4	10		

9. Birthplace Manchester Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Mr Henry Jacob Hoffacker
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary A. Benford
15. Birthplace Pennsylvania

16 (a) Informant Adolph Hoffacker
(b) Address Hanover Pa.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 10 1943 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Hanover Pa.

18 (a) Funeral director W. G. Feser
(b) Address Hanover Pa.

FEB 8 1943 (Date rec'd by registrar) Huntington Williams Mortuary

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH February Seventh 1943, at 12 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from February 2nd 1943. to Feb. 7th 1943. and that I last saw h m alive on February 7th 1943.

Immediate cause of death: Respiratory Failure — Duration

Due to Pleural Effusion

Due to Carcinoma of Lung (Sed. Biopsy suggests Metastasis.)

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maryland Edward Day M. D.
Address Union Memorial Hosp. Date signed 2-7-43

G 00775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 477

✓ G 00775 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West Baltimore General Hosp
(c) Hospital or institution:
Rayner & Dukeland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 - 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2312 Bryant Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Lipsitz

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-2533

4. Sex

5. Color or race

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1904

8. AGE: Years 38 | Months 6 | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business Archers Laundry

FATHER
12. Name Samuel Lipsitz
13. Birthplace Russia

MOTHER
14. Maiden Name Cecelia Leventhal
15. Birthplace Russia

16 (a) Informant Benjamin Lipsitz
(b) Address 2312 Bryant Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb, 7, 1943 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

Date received FEB 8 1943 (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/5 1943, at 4:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/3 1942 to 2/5 1943 and that I last saw h— alive on 2/5 1943.

Immediate cause of death Primary Carcinoma Lung, Right

Duration 4 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. V. Compagno
Address W Baltimore Gen Hosp Date signed 2/5/43

G 00776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

182W Registered No. G 00776

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5406 Clover Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD Robert TRALINS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 7, 1943

8. AGE: Years	Months	Days	If less than one day
	1	29	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frank Tralins
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Ruth Lipnick
15. Birthplace Baltimore Md

16 (a) Informant Frank Tralins
(b) Address 5406 Clover Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb, 5, 1943 (month) (day) (year)
(c) Cemetery or crematory Harbor Washington Blvd.
Location Washington Blvd.

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 FEB 7 1943 (Date) Registered by registrar Huntington Williams

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 1943 at 7:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquest) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Asphyxiation

Due to: Suffocation from bed clothes

Due to:

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-5-43 at 6 P M
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Covered by blankets

23. Signature H. L. Weldenmeyer M.D.
Medical Examiner.

Date signed 2-6-43

G 00777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00777 Registered No. 134a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Lanvale St
(c) Hospital or institution: Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Alabama (b) County
(c) City or town Birmingham (If outside city or town limits, write RURAL and give town)
(d) Street No. 908 Linwood Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME Louis Levy

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Frieda Schaffer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 53 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Hotel Auditor

11. Industry or business

FATHER 12. Name Benjamin Levy

13. Birthplace Poland

MOTHER 14. Maiden Name Jennie Levy

15. Birthplace Poland

16 (a) Informant Frieda Levy

(b) Address 908 Linwood Rd Birmingham Ala

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 2-7-43 (month) (day) (year)

(c) Cemetery or crematory Birmingham Ala

Location

18 (a) Funeral director Jack Levin Inc

(b) Address 1432 E. Baltimore St

19 (a) Filed (Date received by Registrar) (b) Signature of Registrar Hunting ter Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6 1943 at 2.25 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Circulatory collapse following Pentocaine anesthesia — Duration

Due to (a)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence Feb. 6 1943 at M

(c) Where did injury occur? Johns Hopkins Hosp (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? hospital While at work? yes (Specify type of place)

(e) Means of injury spinal anesthesia Pentocaine

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed Feb. 6 1943.

G 00778 ✓ G 00778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Fairmount St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 41

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1404 E. Balto St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME RUBIN RUBINSTEIN

3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-09-9316

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Rachael
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Russia (town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Jerome Rubinstein
(b) Address 1404 E. Balto St

17 Burial (b) Date thereof 2-6-43 (month) (day) (year)
(c) Cemetery Mt Carmel
Location Old Woodstock Corp

18 (a) Funeral director Louis Levin & Sons
(b) Address 1439 E. Balto St

FEB 8 1943 (b) Huntington Williams Funeral Home

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6 1943, at 12:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1943, to Feb 6 1943, and that I last saw him alive on Feb 6 1943.

Immediate cause of death	Duration
Acute Pulmonary Edema	
Due to Cardiac Failure	
Due to	
Other Conditions Inguinal Hernias	

(Include pregnancy within 3 months of death)
Date of operation Feb 2, 1943
Major findings of operation: Benign Prostatic hypertrophy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. R. Schwartz M. D.
Address Sinai Hospital Date signed 2-6-43

3

G 00779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00779 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 834 N. Carey St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 834 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John J. Griffin
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Colored | 6 (d) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Sophronia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9 1874

8. AGE: Years 68 | Months 9 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (State or foreign country)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name James E. Griffin
13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Adelaide O'Neil
15. Birthplace Baltimore, Md.

16 (a) Interment Sophronia Griffin
(b) Address 834 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7 1943 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. George W. Mullen
(b) Address 634 Mount Street

19 Feb. 4 1943 (Date filed by registrar) Hunter for Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1943 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to Feb 3 1943 and that I last saw h[illegible] alive on Feb 2 1943

Immediate cause of death

Duration

Cardio Vascular Renal Disease 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Hughes M.D.
Address 443 Arund[illegible] Date signed Feb 5/43

VS 1

G 00780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94W

✓ G 00780 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00?
(e) Length of stay in Baltimore (yrs., mos., or days) 70 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County --------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 827 Union Ave (If rural give location)
(e) Citizen of foreign country? ------ (Yes or No)
If yes, name country ------

3 (a) FULL NAME FRANK H. KELLY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Elizabeth Thomas
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) -------- 1873

8. AGE: Years	Months	Days	If less than one day
70	---	----	-- hr. --- min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business -----

FATHER
12. Name Michael Kelley
13. Birthplace Maryland

MOTHER
14. Maiden Name Not obtainable
15. Birthplace Not obtainable

16 (a) Informant Paul R. Kelley
(b) Address 4362 Shamrock Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

FEB 8 - 1943 (Date rec'd by registrar)
(b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5, 1943, at 12:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ autopsy thereon and from the evidence obtained by said I. (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Z. Wollenweber M.D. Medical Examiner.
Date signed 1-5-43

VS 6

G 00781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G 00781

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St
(c) Hospital or institution:
Home for Incurables -
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo. 24d
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md - (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W. 40th St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME McElroy, Patrick Henry. McElroy

3 (b) If veteran, name war: -
3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15, 1879

8. AGE: Years	Months	Days	If less than one day
63	1	20	hr. min.

9. Birthplace Balto. Md -
(Town, county, and state)
10. Usual Occupation -
11. Industry or business -

FATHER
12. Name James McElroy
13. Birthplace Maryland

MOTHER
14. Maiden Name Kate Bann
15. Birthplace Maryland

16 (a) Informant M. E. Whalen
(b) Address 700 W. 40th St - Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director Wm. U. Meakes & Son
(b) Address 805 N. Calvert St.

FEB 6 1943 (Date rec'd by registrar) Huntington Willis Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 5th 1943 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 13th 1942 to Feb. 5th 1943, and that I last saw him alive on Feb 5th 1943.

Immediate cause of death: Coronary Thrombosis — Duration 1 day

Due to Arteriosclerotic Cardio-Vascular Disease — Several years

Due to

Other Conditions Arthritic Deformans — 6 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Conrad Wolf, M.D.
Address 11 E. Chase St. Balto. Md. Date signed 2/5/43

G 00782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 00782
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5502 Fair Oaks Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5502 Fair Oaks Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard J. Norton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Mary M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1874

8. AGE: Years	Months	Days	If less than one day
68	2	24	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Richard Norton
13. Birthplace Ireland

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Margaret Norton
(b) Address 5502 Fairoaks Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Leonard F. Ross
(b) Address 6305 Harford Rd.

19 Filed 2-7-43 (b) Registrar Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/5 1943, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to 2/5 1943, and that I last saw him alive on 2/5 1943

Immediate cause of death Hypertension
Cardio Vascular
Renal

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Myles J. Fuller, M.D.
Address 5703 Harford Rd. Date signed 2/7/43

42811 G 00783

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46

Registered No. G 00783

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 N. Bradford (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Bolek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 12-11-87

8. AGE: Years 55 | Months 1 | Days 22 | If less than one day: hr. min.

9. Birthplace Md (town, county, and state)

10. Usual Occupation Laborer - City

11. Industry or business City Employee

FATHER
12. Name Charles Bolek
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Annie Meca
15. Birthplace Czech

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road, Baltimore, Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

Filed FEB 8 1943 (Date filed by registrar) (b) Huntingtown Williams M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1943 at 10:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN-22 1943 to Feb 3 1943 and that I last saw HIM alive on Feb 3 1943

Immediate cause of death: Vascular Collapse — Duration

Due to Carcinoma of rectum c metastases

Due to Peritonitis + Septicaemia

Other Conditions

(Include pregnancy within three months of death)

Date of operation 1/24/43

Major findings of operation: Glues infiltrated & Carcinoma

Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. K. Address J. H. K. Date signed 2/4/43

G 00784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43D

G 00784
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 416 S. Bouldin Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 416 S. Bouldin Street
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Charles V. Olsen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Anna (nee Prochazska)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/19/68

8. AGE: Years 74 yrs | Months 11 | Days 15 | If less than one day: hr. min.

9. Birthplace Sweden
(Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Elizabeth Olsen (daughter)
(b) Address 416 S. Bouldin Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road, Baltimore, Md.
(a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

7-1943
Huntington Williams M.D.
(Filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1943, at 3:09 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1942 to Feb 4 1943, and that I last saw h[illegible] alive on Feb 3 1943.

Immediate cause of death Cerebral Thrombosis
Hypertension Cardiovascular Disease

Due to Cerebral Hemorrhage

Due to None

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

Duration
Jan 21 1943

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. E. Schimunek M. D.
Address 842 S. Ann Ave. Date signed 2-5-43

VS 8

G 00785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00785 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 224 N Luzerne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 63

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town 224 N Luzerne (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto Md (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Curry

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Florence Curry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Mar 9 1859

8. AGE: Years 83 | Months 2 | Days 27 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Marine Engineer

11. Industry or business: Retired

FATHER
12. Name: James Curry
13. Birthplace: Dont Know

MOTHER
14. Maiden Name: M. ?
15. Birthplace: " "

16 (a) Informant: Mr Harris Myers
(b) Address: 818 N Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feby 8 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cem
Location: City

18 (a) Funeral director: Wilson Funeral Home
(b) Address: 200 E Baltimore St

FEB 7 1943
Registered by registrar: Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/6/43 19 at 4:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1943 to Feb 5 1943 and that I last saw h[illegible] alive on Feb 5 1943.

Immediate cause of death: Cerebral Hemorrhage — Duration: Feb/43
antecd. Hypertension — 5 yrs.
Due to: Arterio Sclerosis — 5 yrs.
Due to: —
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation: —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature: Louis F. Krumeich M. D.
Address 222 N. Kenwood Ave Date signed Feb 7/43

VS 2

G 00786 G 00786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1918 N. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1918 N. Fulton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 6.0 years

3 (a) FULL NAME Katherine Esmond

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	white	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1 1868

8. AGE: Years	Months	Days	If less than one day
74 75	3	4	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Housework

FATHER
12. Name John Esmond
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Kuhn
15. Birthplace Germany

16 (a) Informant Miss Catherine Roth
(b) Address 234 - 12th St. N.E. Washington DC

17 (a) Removal (b) Date thereof 12/9/43
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Wash DC
Location Wash DC

18 (a) Funeral director W W Deal Co
(b) [redacted] 16 1st N.E. Wash. DC
(Date rec'd by registrar) (Huntington Williams) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 5 1943 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 7 1943, to Feb. 5 1943, and that I last saw h.e alive on Feb. 4 1943.

Immediate cause of death — Duration

Coronary Thrombosis — 1 Day

Due to —

Due to Myocarditis — 1942

Other Conditions

(Include pregnancy within 3 months of death)

Major findings
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Brown M.D.
Address 1662 W. North Ave. Date signed 2/8/43

VS 8

G 00787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00787 Registered No. 112

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Saratoga & Cadwert Sts

(c) Hospital or institution: Mercy Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ days

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Rockdale (If outside city or town limits, write RURAL and give town)

(d) Street No. 3612 Eastmoor Rd. (If no definite location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Marian E. Law Law

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 216-03-2030

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Mary Law

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1882

8. AGE: Years	Months	Days	If less than one day
60	7	20	hr. min.

9. Birthplace Penn.

10. Usual Occupation Office Manager PURCHASING AGENT.

11. Industry or business Davison Chemical Co.

FATHER

12. Name Hezekiah Law

13. Birthplace Penn

MOTHER

14. Maiden Name Ida Hemdle

15. Birthplace Pa

16 (a) Informant Asst. Administrator

(b) Address Mercy Hosp

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8, 1943 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn Md.

18 (a) Funeral director G. Howard Strong

(b) Address 3707 W North Ave

FEB 7 1943 Huntington Williams Funeral Home (Signature of registrar)

VS 110

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1943 at 7.55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1943 to Feb 4 1943, and that I last saw him alive on Feb 4 1943.

Immediate cause of death Respiratory Failure — Duration: Unknown

Due to Status Asthmaticus

Due to

Other Conditions Upper respiratory infection

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William A. Ahearn M.D.

Address Mercy Hosp Date signed 2/7/43

G 00788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 176

Registered No. G 00788

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General H
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 126 S. Wolfe St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SIGMUND E PISAREK

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-16-3801

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1924

8. AGE: Years 19 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Rigger

11. Industry or business BETHLEHEM

FATHER 12. Name LUCJAN PISAREK

13. Birthplace POLAND

MOTHER 14. Maiden Name SOPHIA SCZEPANKOWSKI

15. Birthplace POLAND

16 (a) Informant LUCJAN PISAREK

(b) Address 126 S. Wolfe st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-9-43 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary. Location Balto. Md.

18 (a) Funeral director George A. Weber.

(b) Address 705 S. Caroline st

19 (a) FEB 8-1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 6 1943, at 2.55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 25/6

(a) Accident, suicide, or homicide accident

(b) Date of occurrence 2-5-43 at 11 a.m. M

(c) Where did injury occur? Bethlehem Steel Co. Sparrows Point Md. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)

(e) Means of injury Struck by crane

23. Signature H. A. Wallenmaier M.D. Asst Medical Examiner.

Date signed 2-6-43

VS 6

G 00789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00789 Registered No.

1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: Jno. H. Balto Fem'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 Light St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry E. Waters

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 20-1858

8. AGE: Years	Months	Days	If less than one day
84	1	10	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Paper Worker (Retired)

11. Industry or business

FATHER
12. Name George T Waters
13. Birthplace Md

MOTHER
14. Maiden Name Cornelia Collins
15. Birthplace Md

16 (a) Informant Mrs Sophie E Cooper
(b) Address 715 Light St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-43 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

FEB 7 1943 (Date rec'd by Registrar) (By) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/4 1943 at 7.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/29 1943 to 2/4 1943 and that I last saw him alive on 2/4 1943

Immediate cause of death: Bronchopneumonia — Duration

Due to:

Due to: Arteriosclerosis heart disease

Other Conditions: Chr. glomerulonephritis

Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Mangano M.D.

Address 1213 Light Street Date signed 2-4-43

VS 280

G 00790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48W

G 00790 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1823 N. Appleton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 Oakbarton Av. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katherine Stallings

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-9711

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Arthur B. Stallings
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1892

8. AGE: Years	Months	Days	If less than one day
50	5	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Seamstress
11. Industry or business – Artistic Neckwear Co.

MOTHER | FATHER
12. Name Chas. Wm. Roth
13. Birthplace Balto., Md
14. Maiden Name Emma Kasserina –
15. Birthplace Balto., Md. Etowah?

16 (a) Informant Mrs. Carrie Jagelski
(b) Address 28 E. Read St. (Long Ln)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 9, 1943 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem.
Location D.C. Co., Md.

18 (a) Funeral director A. Leonard Evans
(b) Address 1400 E. Baltimore St

19 (Date received) FEB 7 1943 (Registrar) Huntington Williams, M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6, 1943 at 1:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 17 1942 to Feb 6 1943. and that I last saw h. alive on Feb 5 1943.

Immediate cause of death
Carcinoma
Cervix Uteri
Due to
Due to
Other Conditions Hypertension & Nephritis Chronic
(Include pregnancy within 3 months of death)
Date of operation Nov 21, 1942
Major findings of operation: Abdominal & Vaginal Hysterectomy
autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John G. Schwenck
Address 337 S. Charles St Date signed 2/6/43

G 00791 FEB 7 1943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 150

G 00791 FEB 7 1943

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & John St.
(c) Hospital or institution: Hospital for Women
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 Mt. Royal Avenue (If rural, give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Irene Marion Conner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife ———

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 9th 1896

8. AGE: Years	Months	Days	If less than one day
46	2	26	hr. min.

9. Birthplace Brooklyn, N. Y. (Town, county, and state)

10. Usual Occupation Practical nurse

11. Industry or business

FATHER
12. Name Charles S. Conner Sr.
13. Birthplace New York N.Y.

MOTHER
14. Maiden Name Mamie Cahill
15. Birthplace New York N.Y.

16 (a) Informant J. Powell (Nurse)
(b) Address Hospital for Women

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/8/43 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location New York N. Y.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul st

19 (a) [illegible] registrar) (b) Huntington Willis Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 6 1943, at 12:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-31 1942, to 2-6 1943, and that I last saw h[illegible] alive on 2-5 1943.

Immediate cause of death: Cardiac failure — Duration

Due to: anaemia from carcinoma of breast (ca)

Due to ———

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Y. Sprunt M. D.

Address [illegible] Date signed 2-6-43

G 00792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9-19
(c) Hospital or institution: St. Joseph's Hospital (D.O.A.)
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101 walnut Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clayton L. Albright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) ~~Single, married, widowed or divorced~~ Married

6 (b) Name of ~~husband~~ wife Edna Ewana

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5th 1892

8. AGE: Years 50 | Months 7 | Days 29 | If less than one day hr. min.

9. Birthplace Van Wert, Ohio
(Town, county, and state)

10. Usual Occupation Special Policeman

11. Industry or business Pa. R. R.

FATHER 12. Name Joseph Albright

13. Birthplace Pa.

MOTHER 14. Maiden Name Rachael "

15. Birthplace "

16 (a) Informant Grayson L. Hale

(b) Address 4311 Belmar Ave

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 2/8/43 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Parkwood

Location Parkville Md.

18 (a) Funeral director William Cook Inc.

(b) Address 1317 St. Paul st

FEB 7 - 1943
Date rec'd by registrar

Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/4 1943 at 2:00 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Fracture 9 ribs left; ~~also~~ sanguineous pleurisy, left; atelectasis lung, left;

Due to arteriosclerotic cardiovascular - renal disease

Other Conditions Cirrhosis of liver
History of chronic alcoholism
(Including pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 24 1943 at ~~sundown~~ M
(c) Where did injury occur? ~~unknown~~
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ~~unknown~~ While at work? ~~unknown~~
(Specify type of place)
(e) Means of injury ~~unknown~~ - said to have fallen

23. Signature Robert Lee Yeatman M.D.
Medical Examiner.
Date signed Feb. 5 1943

VS 6

G 00793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1190

G 00793 Registered No.

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 Elkins Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Paul Herbert LANGREHR.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
—	—	Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 19 1942

8. AGE: Years	Months	Days	If less than one day
	2	17	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Chas. M. Langrehr
13. Birthplace Baltimore

MOTHER 14. Maiden Name Lillian Phelps
15. Birthplace Baltimore

16 (a) Informant Chas. M. Langrehr
(b) Address 1618 Elkins Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/43 (month) (day), (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Baltimore, Md.
18 (a) Funeral director Thos. J. Kenny
(b) Address 16 E. Hoffman St.

FEB 7 - 1943 (Death rec'd by Registrar) (b) Harrington Williams, M.D.

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/6 1943, at 2 Y.S. A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/5 1943, to 2/6 1943, and that I last saw h[illegible] alive on 2/6 1943.

Immediate cause of death Bilat. bronchopneumonia

Due to

Due to

Other Conditions Influenza

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul A. Langrehr M. D.
Address 1213 Light Street Date signed

G 00794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00794
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave.,
(c) Hospital or institution: Melrose Nursing Home,
(d) Length of stay in hospital or inst. (~~26 hrs.~~ or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Havre de Grace
(If outside city or town limits, write RURAL and give town)
(d) Street No. 827 S. Washington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. ANDREW L. LYON

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NO

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4.1866

8. AGE: Years	Months	Days	If less than one day
76	8	2	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Druggist
11. Industry or business

FATHER
12. Name George T. LYON
13. Birthplace Md.

MOTHER
14. Maiden Name Maria Pennington
15. Birthplace Md.

16 (a) Informant G. TAYLOR LYON
(b) Address Havre De Grace Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 9.1943 (month) (day) (year)
(c) Cemetery or crematory ANGEL HILL CEMETERY
Location HAVRE DE GRACE, Md.

18 (a) Funeral director John A. Mitchell Sons
(b) Address 1900 EUTAW PLACE

19 (a) FEB 7 1943 (b) [illegible] for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/6/43 19 at 8 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/31/43 19 to 2/6/43 19, and that I last saw h[illegible] alive on 1/6/43 19

Immediate cause of death Coronary Embolism
Due to Cerebral Hemorrhage
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 12 hrs

Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 4309 Hk Rd Date signed 2/7/43 M.D.

VS 8

G 00795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G 00795 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 129 S. Clinton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 129 S. Clinton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna M. Baumgart

3 (b) If veteran, name war: *****
3 (c) Social Security Account No.: *******

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband/wife: John H. Baumgart
6 (c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): Mar. 1, 1895

8. AGE: Years	Months	Days	If less than one day
47	11	5	hr. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: House Work
11. Industry or business

FATHER
12. Name: Noah Horney
13. Birthplace: Maryland.

MOTHER
14. Maiden Name: Anna E. Spilker
15. Birthplace: Maryland.

16 (a) Informant: Mr. John H. Baumgart
(b) Address: 129 S. Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/1943 (month) (day) (year)
(c) Cemetery or crematory: St. Stephen's Cemetery
Location: Brndshaw, Maryland.

18 (a) Funeral director: John A. Moran
(b) Address: 3009 E. Baltimore St.

19 (a) [illegible] (b) Victor Williams, M.D. Registrar
[illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 5. 1943 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/27 1943 to 2/4 1943 and that I last saw h[illegible] alive on 2/3 1943

Immediate cause of death: Carcinomatosis

Due to: Carcinoma of the Left Breast

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Charles Flinn
Address: 3215 Eastern Ave Date signed 2/5/43

G 00736 BALTIMORE CITY HEALTH DEPARTMENT G 00736

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave.,
(c) Hospital or institution:
Melrose Nursing Home, 12-3
(d) Length of stay in hospital or inst. ~~DAYS~~ days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2615 Barclay St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Gertrude I. Beck,

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Harry W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29, 1889

8. AGE: Years	Months	Days	If less than one day
53	10	27	hr. min.

9. Birthplace Adamstown Frederick Co. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Fenton Thomas
13. Birthplace Araby, Md.

MOTHER
14. Maiden Name Adelaide S.Sumter
15. Birthplace Cedar Rapids, Iowa

16 (a) Informant John Fenton Thomas
(b) Address 1202 N. Charles Street

17 (a) BURIAL (b) Date thereof 2/9/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick, Md.

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Payson Aves.

Feb 10 1943 Huntington for Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/6/43 19 4:46 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/30/43 19 to 1/6 19 43.
and that I last saw h[illegible] alive on 1/6/43 19

Immediate cause of death

Cardio Vascular Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
5 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. W. Thomas M. D.
Address 4307 York Rd Date signed 2/9/43

VS 3

G 00797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G 00797

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp. ||
(d) Length of stay in hospital or inst. (yrs., mos., or days) d.o.a.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1312 Bolton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ernest Brooks Hancock

3 (b) If veteran, name war

3 (c) Social Security Account No. 241-01-5620

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Carrie Hancock.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 22, 1886

8. AGE: Years	Months	Days	If less than one day
56	9	15	hr. min.

9. Birthplace Lancaster, S. C. (Town, county, and state)
10. Usual Occupation Ship Fitter
11. Industry or business Ship Yard.

FATHER
12. Name Jack Thomas Hancock
13. Birthplace S. C.

MOTHER
14. Maiden Name Martha Knight.
15. Birthplace S. C.

16 (a) Informant Mrs. Carrie Hancock.
(b) Address 1312 Bolton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Oakland Cem.
Location ~~Leonard~~ Hannapolis N.C.

18 (a) Funeral director C. Vernar Lemmon
(b) Address 4611 Park Heights.

FEB 7 - 1943 (Date rec'd by registrar)

(a) (b) Huntington Williams M.D.

VS c

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 1943 at 9 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage, spontaneous — Duration

Due to hypertensive cardio-vascular disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Feb. 7 1943.

G 00738 Baldrige

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G 00738

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St
(c) Hospital or institution: South Baltimore Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5330 Woodland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Baldrige
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife Clara Smith Baldrige
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1868

8. AGE: Years	Months	Days	If less than one day
74	10	23	hr. min.

9. Birthplace Michigan (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER 12. Name Miles Baldrige
FATHER 13. Birthplace Michigan

MOTHER 14. Maiden Name Unknown
MOTHER 15. Birthplace

16 (a) Interment Recorded
(b) Address Balto Hospital

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 7/43 (month) (day) (year)

(c) Cemetery or crematory
Location Coldwater, Michigan

18 (a) Funeral director Harry H. Witzke
(b) Address 1101 Edmondson Ave

FEB 8 1943 (Huntington Williams M.D. Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1943, at 4 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1943 to Feb 7 1943, and that I last saw him alive on Feb 7 1943.

Immediate cause of death: Bronchopneumonia
Due to Acute Pneumonia, lobar
Due to
Other Conditions

Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Mangano M. D.
Address 1213 Light St Date signed

VS 250

G 00739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00739

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens
(c) Hospital or institution: St. agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Lucerne Park (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 Barnard Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elmer E Ford Sr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31-1860

8. AGE: Years 82 | Months 10 | Days 6 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Painter Coverer

11. Industry or business B & O R R

FATHER 12. Name Geo. Ford

13. Birthplace Md

MOTHER 14. Maiden Name Sara Robinson

15. Birthplace md

16 (a) Informant Estella Kelly

(b) Address 1118 Arbutus St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 2/9/43 (month) (day) (year)

(c) Cemetery or crematory Westminster Cemetery
Location Baltimore Md

18 (a) Funeral director H. H. Wiltzius
(b) Address 1000 Edmondson Ave.

19 (a) (Date rec'd by registrar) FEB 8 1943 (b) Interment in Williamsport Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-6 1943, at 9:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 31 1943 to Feb 6 1943, and that I last saw him alive on Feb 6 1943.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Arthur Rankin

Address St. Agnes Hosp Date signed 2-9-43

VS 8

00800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 46 KG 00800

1. PLACE OF DEATH: Pronounced dead at
(a) Baltimore City, Maryland 1:45 A.M. 2-5-43
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 D
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3025 Keswick Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Bender Rapp

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 218-10-7032

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mrs. Rapp

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec 20 - 1875

8. AGE: Years 67 Months 1 Days 14 If less than one day hr. min.

9. Birthplace: Pennsylvania
(Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name Daniel J. Rapp
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Emma E. Bender
15. Birthplace Pennsylvania

16 (a) Informant: Mrs. Henry B. Rapp
(b) Address 3025 Kelwick Rd.

17 (a) Burial (b) Date thereof 2/8/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mays Chapel
Location Chestnut Ridge, Balto Co. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 (a) 1043 Huntington Williams M.D.
(Local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1943 at P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to Feb 4 1943 and that I last saw him alive on Feb 4 1943

Immediate cause of death: Coronary occlusion — Duration: Years

Due to: Arteriosclerotic heart & coronary disease — Duration: Years

Due to:

Other Conditions: Pleura effusion rt. due to neo plasm type unknown — Duration: 6 mo

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation (Autopsy)

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Rapp Jr. M. D.
Address Union Memorial Hosp. Date signed 2-5-43

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 250

00801 T.B 74613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 00801 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore City Hospitals
(c) Hospital or institution: 4940 Eastern Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore P. 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 706 Bond St 710 Bethel
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jerome Barrett

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26/1908

8. AGE: Years	Months	Days	If less than one day
34	-	11	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Foundry Work
11. Industry or business

FATHER
12. Name Thomas Barrett
13. Birthplace Maryland

MOTHER
14. Maiden Name Minnie Wakinfuse
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address Records) 4940 Eastern Ave

17 (a) Burial (b) Date thereof Feb. 9. 43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Old Frederick Rd.

18 (a) Funeral director William Cook Inc.
(b) Address 317 St Paul St Street

19 FEB 8 - 1943 Huntington, West Virginia
(Date received by Registrar) (Registration District)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/17/43 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/12 19 42 to 2/17 19 43 and that I last saw him alive on 2/16 19 43

Immediate cause of death: Pulmonary Tuberculosis — Duration 7.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Jordan
Address Balto. City Hosp. Date signed 2/17/43 M. D.

00802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G 00802 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madeira ave 8th
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 76 days
(e) Length of stay in Baltimore (yrs., mos., or days) age 1. yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2436 Maryland Ave. (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie E. Bandel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Female	White	Single.	—	years

7. Birth date of deceased (mo., day, yr.) Dec 3, 1870

8. AGE: Years	Months	Days	If less than one day
72 73	2	5	— hr. — min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housekeeper.
11. Industry or business —

FATHER
12. Name Isaac Cook Bandel
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Margaret Bridge
15. Birthplace Balto. Md.

16 (a) Informant Mrs John C. Sterling
(b) Address 2436 Maryland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 9. 43 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director William Cook Inc
(b) Address 1217 N Bal st

19 FEB 8 - 1943 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/7/ 1943, at 8.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/21 1943 to 2/7 1943.
and that I last saw h[illegible] alive on 2/7 1943

Immediate cause of death	Duration
Heart failure.	
Due to Metastatic CA of Peritoneum	
Due to Acute.	
Other Conditions Anemia	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr Maurice Hurd
Address Md. General Hosp Date signed 2/9/43

VS 3

00803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

G 00803

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Gen'l Hosp 1725
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 W. 23rd St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isabelle Watts

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	W.

6 (b) Name of husband or wife Thomas H. Watts

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25th 1869

8. AGE: Years	Months	Days	If less than one day
73	3	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Donnelly
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Delaware

16 (a) Informant James F. Watts
(b) Address 856 W. 32nd Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 10-43 (month) (day) (year)
(c) Cemetery or crematory St Mary's Cem. Hampden Location Hampden Baltimore City

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St Paul Street

19 FEB 8 — 1943 Huntington Williams M.D.

V3 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 1943, at 11:25 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death 2nd and 3rd degree burns	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 12/7
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb 6 1943 at 8 P M
(c) Where did injury occur? 405 W. 23rd St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Burning clothes on fire

23. Signature Huntington Williams M.D. Medical Examiner

Date signed Feb 7 1943

00804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00804

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 Gold Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 Gold Street (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Sarah E. Wilson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife James Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 70 | Months 5 | Days — | If less than one day hr. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

PARENTS

12. Name John Brison

13. Birthplace Balto, Md

BEFORE MARRIAGE

14. Maiden Name Jane R. Trusty

15. Birthplace Baltimore, Md

16 (a) Informant James E. Wilson

(b) Address 504 Gold St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/43 (month) (day) (year)

(c) Cemetery or crematory Mt. Lebanon

Location Baltimore County.

18 (a) Funeral director Mrs. Ida Bailey

(b) Address 1421 Jefferson St

19 (a) FEB 8 - 1943 (b) Wm. H. Williams, M.D. (Date rec'd by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1943 at 9:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1943 to Feb 4 1943. and that I last saw h[illegible] alive on Feb 4 1943.

Immediate cause of death | Duration

Apoplexy — | 4 days

Due to Arteriosclerosis | a

Due to | b

Other Conditions | c

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Edward Wilson M.D.

Address 1421 Eutaw Pl Date signed Feb 9 1943

VS 8

00805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 5 Ec 00805

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga Streets
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. St. Anthonys Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Rink

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 9 - 1934

8. AGE: Years	Months	Days	If less than one day
8	1	27	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Dorothy Rink
15. Birthplace BALTIMORE MD.

16 (a) Informant Hospital Records
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) **(b) Date thereof** FEB. 8/43 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Zeller INC.
(b) Address 403 S. MOLFF ST.

19 FEB 8 1943 Huntington Williams M.D. Registrar
(Date received by Local Registrar)

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH February 5 1943, at 8 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 5 1943 to Feb. 5, 1943, and that I last saw him alive on Feb. 5 1943.

Immediate cause of death Teratogenic Sarcoma of Left Kidney

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James G. Stegmeier M. D.

Address Mercy Hospital Date signed Feb. 5 1943

G 00806

00806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 124a

Registered No. _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address _____
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) _____
(e) Length of stay in Baltimore (yrs., mos., or days) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County _____
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 N. Chester St
(If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) FULL NAME Elmer Morgan

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Virginia

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 4 - 6 - 1901

8. AGE: Years 42 | Months 9 | Days 12 | If less than one day: _____ hr. _____ min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation NONE

11. Industry or business _____

FATHER 12. Name Wesley Morgan
13. Birthplace MD.

MOTHER 14. Maiden Name UNKNOWN
15. Birthplace _____

16 (a) Informant _____
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 8/ 43 (month) (day) (year)
(c) Cemetery or crematory CRISFIELD CEM.
Location CRISFIELD MD.

18 (a) Funeral director John Bradshaw
(b) Address CRISFIELD MD.

Filed 2-8-1943 (Date rec'd by registrar) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5 1943 at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19__ to 19__, and that I last saw h__ alive on 19__.

Immediate cause of death Acute alcoholism with hyperpyrexia of coma
Duration 1 week

Due to _____

Due to _____

Other Conditions _____

(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: (Fatty liver, cerebral edema)

of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)
(e) Means of injury _____

23. Signature Howard S. C. Thomas

Address Johns Hopkins Hosp. Date signed 2/6/43

VS 280

G 00807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

G 00807 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2416 E. Eager St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Caruso

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1885

8. AGE: Years 57 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Foreman Balto City

11. Industry or business Water Dept

FATHER 12. Name Edw Caruso

13. Birthplace Baltimore

MOTHER 14. Maiden Name Eliza Pike

15. Birthplace Balto

16 (a) Informant Mrs Lena Baker

(b) Address 2416 E Eager

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8 43 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto

18 (a) Funeral director Ulrich Funeral Home

(b) Address 2004-8 Allen

FEB 8 - 1943 Huntington Williams, M.D. (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/4 1943 at 12:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. Mc Donnell M.D. Medical Examiner

Date signed 2/5/43

VS 4

G 00808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓33✓ Registered No. G 00808

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2704 NORTH CHARLES STREET
(c) Hospital or Institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1/2 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE CITY (If outside city or town limits, write RURAL and give town)
(d) Street No. 2704 NORTH CHARLES STREET (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME NANNIE GARDINER ZIEGLER.

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NO

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Samuel P. Ziegler

6 (c) If alive, give age: 85 years

7. Birth date of deceased (mo., day, yr.) June 19.1859

8. AGE: Years 83 | Months 7 | Days 27 | If less than one day: hr. min.

9. Birthplace A.A.Co. Md. (Town, county, and state)

10. Usual Occupation home duties

11. Industry or business

FATHER
12. Name ELI H. GARDNER
13. Birthplace MD.

MOTHER
14. Maiden Name Caroline Thomas
15. Birthplace A.A.CO. MD.

16 (a) Informant Samuel P. Ziegler
(b) Address 2704 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feby 8.1943 (month) (day) (year)
(c) Cemetery or crematory DRUID RIDGE
Location Pikesville, Balto.Co. Md.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 EUTAW PLACE

FEB 8 1943 (Date rec'd by Registrar) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH FEBRUARY 5 1943 8.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from FEB 1 1943. to FEB 5 1943. and that I last saw h er alive on FEB 5 1943.

Immediate cause of death — Duration

BRONCHIO PNEUMONIA FEB 1 1943.

Due to (INFLUENZA)

CHRONIC MYOCARDITIS 1940.

Due to

ARTERIOR SCLEROSIS 1940

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy NO

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Chas. Abbaticchio M. D.
Address 3013 ST PAUL ST. Date signed FEB 6.

VS 8

G 00809 G 00809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1520 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Frank Hudson
3 (b) If married, name was
3 (c) Social Security Account No. 298-16-9663
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Cora Pattison Hudson
6 (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) Aug 21-1878
8. AGE: Years 64 Months 5 Days 17 If less than one day hr. min.
9. Birthplace Ohio (town, county, and state)
10. Usual Occupation Apartment Operator
11. Industry or business
FATHER 12. Name Robert F. Hudson
13. Birthplace Ohio
MOTHER 14. Maiden Name Nettie Clark
15. Birthplace Ohio
16 (a) Informant Dr. R. C. Hudson
(b) Address 606 Bosley Ave Towson Md
17 (a) Burial (b) Date thereof Feby 9 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Cemetery or crematory Maple Grove
Location Ravenna, Ohio
18 (a) Funeral director John Mitchell Towson
(b) Address 900 Eutaw Place
FEB 8 — 1943 Huntington Hillcrest Md
(Date rec'd by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7, 1943, at 1 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1, 1931, to Feb 7, 1943, and that I last saw him alive on Feb 7, 1943
Immediate cause of death Heart disease, Vascular, Coronary Thrombosis — Duration 2 Days
Due to Arteriosclerosis — Unknown
Due to
Other Conditions Pernicious Anemia — 7 yrs.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature R. C. Hudson M.D.
Address Towson, Md. Date signed 2/9/43

VS 8

G 00810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1190 Registered No. G 00810

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3710 8TH St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Mikulski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 27, 1943

8. AGE: Years	Months	Days	If less than one day
		11	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Walter Mikulski
FATHER 13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Eleanor Casalino
MOTHER 15. Birthplace Pennsylvania

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-43 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location

18 (a) Funeral director Bernard C. Hart
(b) Address 121 E. Fayette St.

19 FEB 8 - 1943 (Date received by registrar) (b) Huntington Maryland Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 7 1943. at 12 o'clock M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 27 1943 to Feb 7 1943 and that I last saw [illegible] alive on Feb 7 1943

Immediate cause of death: Atelectasis — Duration 11 Da.

Due to

Due to

Other Conditions Acute Gastro enteritis.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Atelectasis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Zebley
Address 1213 Light St. Date signed 2/8/43 M. D.

VS 250

G 00811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

G 00811 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Carlton Street
(c) Hospital or institution: St Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2714 Orleans St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Anna ~~Schaner~~ Schaner

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-14-5222

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1879

8. AGE: Years	Months	Days	If less than one day
33	9	2	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Saleslady
11. Industry or business Bakery

FATHER
12. Name John P. Schaner
13. Birthplace Germany

MOTHER
14. Maiden Name Gertrude Meinechein
15. Birthplace Germany

16 (a) Informant Mrs. Gertrude Schleichner
(b) Address 2714 Orleans St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

19 (a) FEB 8 - 1943 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-3 — 1943. 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2 1943. to 2-5 1943. and that I last saw h[illegible] alive on 2-6 1943.

Immediate cause of death

Coma

Due to Diabetes

Due to

Other Conditions Acute Gangrenous pyelonephritis

(Include pregnancy within 3 months of death)

Date of operation 2-2-43

Major findings of operation Acute Gangrenous pyelonephritis

If autopsy, state

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M.D.
Address St Joseph's Hospital Date signed 2-5-43

VS 3

G 00812

BALTIMORE CITY HEALTH DEPARTMENT 13a

CERTIFICATE OF DEATH

Registered No. G 00812

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1800 N. Wolfe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1800 N. Wolfe St. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

3 (a) FULL NAME FRANK LUDWIG OPITZ

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Helene Opitz

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1870

8. AGE: Years 72 | Months 11 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Die Sinker

11. Industry or business Engraving process

FATHER
12. Name Morris Wilhelm Opitz
13. Birthplace Germany

MOTHER
14. Maiden Name Emilie Schirmer
15. Birthplace Germany

16 (a) Informant Mrs. Helene Opitz
(b) Address 1800 N. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/43 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem.
Location Lot 83 Area X

18 (a) Funeral director H. Sander & Sons
(b) Address North Ave. & Broadway

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

Huntington Hillcrest, M.D.

FEB 8 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4 1943, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 19__, to Feb 4 1943, and that I last saw him alive on Feb. 4 1943.

Immediate cause of death: Pernicious Anemia — Duration: 1 yr.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernst Fischer M. D.
Address 1823 N. Wash St. Date signed 2/5/43

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 00813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 170 G 00813

G 00813

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d.
(e) Length of stay in Baltimore (yrs., mos. or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2104 Harford Ave (If rural give location)
(e) Citizen of foreign country? — No — (Yes or No)
If yes, name country

3 (a) FULL NAME William Henry Magill

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April - ?. 1855

8. AGE: Years 87 | Months 86 10 | Days ? | If less than one day — hr. — min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John Magill
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Hannah (unknown)
15. Birthplace Balto Md

16 (a) Informant Mr. Jas. R. Duerling
(b) Address 2104 Harford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-43 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery
Location E. North Ave. Balto

18 (a) Funeral director Jos. Jourdenais & Son
(b) Address 1614 Park Ave

19 (a) FEB 8 - 1943 (Date rec'd by registrar) (b) Wanting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4 1943, at 11 20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull

Due to accident

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Feb. 2-1943 at 5 P M
(c) Where did injury occur? Guy & Aisquith Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work? No (Specify type of place)
(e) Means of injury pedestrian struck by auto

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Feb. 4 1943

VS 6

G 00814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87

G 00814 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2506 Hermosa Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2506 Hermosa Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George P. Zulauf

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary A. Zulauf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29th. 1865

8. AGE: Years	Months	Days	If less than one day
78	0	8	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business (Retired)

FATHER
12. Name Conrad Zulauf
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Fleckenstein
15. Birthplace Germany

16 (a) Informant Mrs. G. P. Zulauf
(b) Address 2506 Hermosa Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 9th. 1943 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Maryland

18 (a) Funeral director Leasin Funeral Home
(b) Address 7401 Belair Road
Feb 10 1943 Hunter for Williams, M.D. Registrar
(Date filed by registrar)

VS 3

MEDICAL CERTIFICATION P.

20. DATE OF DEATH Feb. 6th. 1943 19 , at 10.15 M.

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 1 1940 to Feb 6 1943 and that I last saw h[im] alive on Feb 6 — 1943

Immediate cause of death: Cerebro-Spinal Sclerosis — Duration 3 years

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations: —

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: none
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature K. K. Gayly M.D.
Address 5106 Harford Rd. Date signed 2/8/43

G 00815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G 00815 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 1/2 Hour

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2730 Wilkens Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES N. SNYDER

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 20 1871

8. AGE: Years 71 | Months 11 | Days 15 | If less than one day: hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Street Cleaner Retired

11. Industry or business

FATHER
12. Name John Snyder
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Ruechling
15. Birthplace Germany

16 (a) Informant William F. Snyder
(b) Address 3416 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8/43 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director William Cook Inc
(b) Address 217 St Paul Street

19 (a) FEB 8 1943 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 5, 1943, at 1:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy found that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death: Hypertension and Cerebral Hemorrhage — Duration:
Due to: Disease
Due to:
Other Conditions: No
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. J. Wallenmeier M.D.
Medical Examiner.
Date signed 2-5-43

VS 6

G 00816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 00816

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 910 Warner St

(c) Hospital or institution: ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hours

(e) Length of stay in Baltimore (yrs., mos., or days) ✓

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County ✓

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 910 Warner St

(If rural give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country ✓

3 (a) FULL NAME Lillie Palmer

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Louis Palmer

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Dec 3 1896

8. AGE: Years 55 Months 2 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business Homemaker

FATHER

12. Name John Spence

13. Birthplace Md.

MOTHER

14. Maiden Name Annie Worford

15. Birthplace Md.

16 (a) Informant Louis Palmer

(b) Address 910 Warner St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/43 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial Park

Location Hammonds Ferry Rd

18 (a) Funeral director Isaiah L. Brown Son

(b) Address 1084 Monty Murray St

19 (a) FEB 8 (Date received by local registrar) (b) Registration No. ____

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 5 - 1943 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1 - 20 - 1943 to 2 - 5 - 1943 and that I last saw h[illegible] alive on 2 - 4 - 1943.

Immediate cause of death Endocarditis

Due to ✓

Due to ✓

Other Conditions ✓

(Include pregnancy within 3 months of death)

Date of operation ____

Major findings of operations ____

of autopsy: ____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____ at ____ M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)

(e) Means of injury ____

23. Signature James C. Carter M. D.

Address 1016 N. Eutaw St Date signed 2-7-43

(Over)

G 00817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 60817 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 705 J alley
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County C
(c) City or town Balto. (If outside city or town limits, write NONE and give town)
(d) Street No. 705 J. alley (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Liggie Cottman

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1283

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name James Harris
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Smith
15. Birthplace Maryland

16 (a) Informant John Jones
(b) Address 705 J alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co Md

18 (a) Funeral director Isaiah L Brunson
(b) Address 1058 W Monty Omery Street

19 (a) (Date rec'd by registrar) 1943 Washington Hill Baltimore Md

VS Form FEB 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 - 5 - 1943 at 6 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 2 - 1 - 1943 to 2 - 6 - 1943 and that I last saw h[illegible] alive on 2 - 4 - 1943

Immediate cause of death — Duration

Endocarditis

Due to —

Due to —

Other Conditions Angina

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature James Carter M. D.
Address 1016 E. Eutaw Date signed 2-7-43

G 00818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1700

G 00818 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 206 South Vincent St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph H. Seigle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Annie Seigle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 17 1859

8. AGE: Years	Months	Days	If less than one day
83	5	20	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Simon Seigle
13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mary Seigle
(b) Address 206 South Vincent St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 10 1943 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Lots Roll C. x B. M. Walter
18 (a) Funeral director Pritz & Struebing
(b) Address

19 FEB 9 1943 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH February 6, 1943, at 9:25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inspection & Inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Crushing of chest — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 1943
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence February 5 1943 at 9:30 A.M.
(c) Where did injury occur? Fratt & Howard Sts., Baltimore, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? not
(Specify type of place)
(e) Means of injury Struck by auto
23. Signature H. L. Williams M.D. Coroner Medical Examiner.
Date signed 2-6-43

VS 6

G 00819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G 00819 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2113 Allendale Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2113 Allendale Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME KATHERINE A. LIPS

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	none	female	white	widow

6 (b) Name of husband or wife John G. F. Lips
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/28/1861

8. AGE: Years	Months	Days	If less than one day
81	3	7	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Bernard Coyle
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Ann McKenzie
15. Birthplace Va.

16 (a) Informant Miss Emily R. Lips
(b) Address 2113 Allendale Rd.

17 (a) Burial (b) Date thereof 2/8/43
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (b) Huntington Williamson, M.D.
(Date rec'd by registrar) Registrar

FEB 8 - 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 5, 1943, at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 19 , to 2-5 1943 and that I last saw h R R alive on 2-4 1943.

Immediate cause of death CEREBRAL ARTERIOSCLEROSIS — Duration 10 YRS.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1129 St. Paul St. Date signed 2-5-43

G 00820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 171

G 00820 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 T
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3219 Belmont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jeanne Mary Foreman

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3, 1931

8. AGE: Years	Months	Days	If less than one day
11	5	3	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation student
11. Industry or business

FATHER
12. Name Harry Foreman
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Elizabeth M. Schriefer
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Foreman, mother
(b) Address 3219 Belmont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by registrar) (b) [illegible] Registrar

FEB 9 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/6/43 1943 at 9:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/21 1943 to 2/6/1943 and that I last saw h[illegible] alive on 2/6/1943.

	Duration
Immediate cause of death Ruptured appendix Heart failure	
Due to Ruptured appendix	
Due to [illegible]	
Other Conditions Liver disease Anemia.	

(Include pregnancy within 3 months of death)

Date of operation 1/31/43
Major findings of operation: Ruptured appendix
of autopsy: Ruptured Appendix Peri-tonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place) While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Maurice Shub M.D.
Address Maryland Gen. Hosp. Date signed 2/7/43

G 00821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1938

G 00821 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 Diamond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Randolph Wallace

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years 80 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Retired Merchant

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Feb 8 1943 (month) (day) (year)

(c) Cemetery or crematory Mount Calvary

Location

18 (a) Funeral director Adolphus Stabler

(b) Address 918 Druid Hill Ave

19 (a) FEB 8 - 1943 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 29 1943 at 3 55 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerosis cardiovascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner

Date signed Jan 29 1943

VS 6

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 7/12 DAY OF 1963 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH #97501 AND ENDING WITH #100821 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: Loretta Byrne

END OF REEL